Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Embassy of Switzerland
Swiss Cooperation Office in Albania

REPUBLIKA E SHQIPËRISË
MINISTRIA E MIRËQENIES
SOCIALE DHE RINISË

United Nations
ALBANIA

UNDP
Empowered lives.
Resilient nations.

UNITED NATIONS SUPPORT TO SOCIAL INCLUSION IN ALBANIA PROGRAMME

A REVIEW OF THE DISABILITY ASSESSMENT SYSTEM IN ALBANIA

REPORT

ACRONYMS:

CRPD	Convention on the Rights of Persons with Disabilities
EU	European Union
HCII	Heal care Insurance Institute
ICD	International Classification of Diseases
ICF	International Classification of Functioning, Disability and Health
LASI	Local Agency of Social Insurance
MC	Medical Commission
MCWCA	Medical Commission for Work Capability Assessment
MCDB	Medical Commission for Determining Blindness
MoH	Ministry of Health
MSWY	Ministry of Social Welfare and Youth
PwD	Persons with Disabilities
RDSI	Regional Directorate of Social Insurance
SII	Social Insurance Institute
SSS	State Social Service
UHC	University Health Center
UN	United Nations
WHO	World Health Organisation

This report is commissioned by United Nations Development Programme (UNDP) in Albania, in the framework of the "United Nations Support to Social Inclusion in Albania" programme funded by Swiss Agency for Development and Cooperation.

Tirana, April 2014

Prepared by: Kristina Voko, Sidita Fortuzi

Reviewer: Mirela Bylyku

Translated in English by: Majlinda Nishku, Evis Cerga

TABLE OF CONTENTS:

EXECUTIVE SUMMARY

A. CONTEXT OF THE REVIEW

Persons with disabilities are not yet fully integrated in the Albanian society. During the recent years, a range of legislation and policies relevant to the promotion and protection of the rights of persons with disabilities has been approved in Albania. The National Strategy on Persons with Disabilities (2005) and the associated action plan have identified the measures that need to be undertaken in order to improve the living conditions of persons with disabilities in relation to education, employment and social services, with a focus on abilities and competences of the individuals rather than on their impairments. In addition, the Social Protection Strategy (2007) defines the cash benefits and social services for persons with disabilities and highlights the Government's commitment to develop the capacities of persons with disabilities, facilitate their independent living, and enhance their participation in the lives and development of their communities. Both these strategies have an important common element: the commitment to shift from a medical model of disability assessment to a bio-psycho-social one, in line with European Union and United Nations standards.

To achieve this goal, the Social Protection Strategy outlines a number of commitments, including the transformation of medical commissions into multidisciplinary teams focusing not just on "diagnosis confirmation" but also on the assessment of barriers encountered by persons with disabilities; provision of information to persons with disabilities about necessary medical interventions and existing social and rehabilitation services available; a phasing out of the medical model by focusing on the social aspects associated with disability; involvement of medical and psycho-social professionals specialized by age and disability group; promotion of the use of the International Classi¬¬fication of Functioning, Disability and Health; establishment of a new assessment system in line with the recommendations of the Convention on the Rights of Persons with Disabilities; and conducting studies on matching benefits to the needs of the person, in order to ensure the provision of the necessary support in overcoming obstacles.

The above commitments were further reinforced by Albania's ratification of the United Nations Convention on the Rights of Persons with Disabilities in February 2013. The implementation of the Convention obligates the state parties to take measures to ensure that persons with disabilities enjoy full rights, and therefore, to make improvements in the disability assessment system, enabling the transition from the medical to the bio-psycho-social one.

Despite these changes in the domestic regulatory framework, there has been no significant change in the disability assessment system during the recent years. The system continues to operate on the basis of medical commissions that focus only on diagnosis confirmation, bypassing such important components as the assessment of an individual's support needs and integration ability. In this context, the Ministry of Social Welfare and Youth (MSWY) will undertake a series of reforms with a view to changing this system towards a bio-psycho-social model that conforms with international standards. To support the MSWY in the process of reforming the disability assessment system, in line with the recommendations of the Convention on the Rights of Persons with Disabilities and for the application of the criteria of the International Classification of Functioning, Disability and Health, the UNDP Project "Supporting Social Inclusion in Albania" conducted this review of the disability assessment system.

B. AIM AND METHODOLOGY OF THE REVIEW

The aim of this review is to present a comprehensive assessment of the current disability assessment system in Albania, by:

- Describing the regulatory framework (legal, policy and procedural documents) related to the disability assessment commissions;
- Providing an overview of the current state of disability assessment committees, particularly in terms of their distribution; composition and duties; operating criteria and procedures; data collection system applied; interagency cooperation; workload and performance, etc.;
- Identifying legal, systemic, institutional and/or individual problems and loopholes in the disability assessment system, in the light of the provisions of the Convention on the Rights of Persons with Disabilities.

In order to accomplish the above objectives and to make the findings of this assessment more comprehensive, the data were gathered by combining primary and secondary data from a variety of sources.

The secondary data were gathered through a systematic and thorough review of the existing literature in the field of disability and its assessment, as well the data available in the system.

The primary data were collected through interviews with key informants; interviews and focus groups with representatives of disability assessment commissions and other health professionals that are part of the referral system; and interviews with beneficiaries (persons with disabilities and representatives of their associations). In total, in the course of this review, about 50 persons were interviewed and participated in focus groups, in Tirana, Korça, Fier, Kukës, Lushnje and Elbasan. The primary data were collected during the period February - April 2014.

C. STRUCTURE OF THE REPORT

With the above-mentioned objectives in mind and based on the primary and secondary data collected as part of this review, this report is organized into seven chapters, including the first chapter which presents the methodology of the review.

The second chapter of this report, **'The Regulatory Framework',** summarizes the conventions, laws, regulations, decisions as well as important national and international policies which should guide the disability assessment system in Albania. On the one hand, the presentation of the most important international documents is important, not only for the focus in respecting the rights of persons with disabilities, but also because they pay particular attention to disability assessment and encourage the shift from a medical to a social model. On the other, the presentation of the national regulatory framework is equally important because it regulates disability assessment and the procedures tied to the process. Details of the regulatory framework will also be referred to in the following chapters; however, this chapter provides the reader with a summary outline of what will follow in more detailed form in the subsequent chapters.

The third chapter, **'Organization and composition of medical commissions for work capability assessment'**, briefly introduces the secondary and primary findings regarding the number, distribution, organization and composition of the disability assessment commissions at the regional and superior level across the country. Given the diversity of the organization and composition of these committees, this chapter summarizes the regulatory framework that prescribes the organization, functioning and composition of the commissions, the current situation in the country, and identifies the main problems associated with them.

The fourth chapter, **'Eligibility criteria for disability schemes'**, provides a comprehensive overview of the existing legal framework regulating the types of benefit schemes based on the presence of a disability, as well as the sub-groups of each of these schemes. In addition, this chapter summarizes the eligibility criteria for access to each of these schemes; the conditions individuals must meet to be included in the disability assessment scheme, procedures and criteria applied, as well as benefits that can be claimed.

The fifth chapter, **'Procedural for the referral to the medical commission for work capability assessment'**, summarizes the procedures, documentation, but also the path that an individual must traverse from the moment the disease appears until it is assessed by the commission. Due to the existence of various benefit schemes and different institutions responsible for each scheme, the procedures to be followed by each individual until the moment of their assessment by the MCWCAs or MCDB are different. This chapter summarizes the procedures to be followed and documentation to be filed, both by benefit scheme and by level of assessment, i.e. whether it is an assessment by the regional MCWCAs, superior MCWCA, or a re-assessment.

Chapter six, **'Disability assessment criteria'**, summarizes the criteria applied by the MCWCAs and MCDB in assessing persons with disabilities and designating them as beneficiaries of a certain scheme or subgroup. This chapter describes the existing criteria that are applied, problems associated with these criteria, as well as the inability of the existing system to adopt different assessment criteria based on the bio-psycho-social model.

Chapter seven, **'Beneficiaries and size of benefits from the disability benefit schemes'**, summarizes the main statistics available in the existing system on the type and rate of benefit for each benefit scheme, including the number of beneficiaries. An analysis of these data provides useful information about the actual load on the system, but also about the effects of the current system's conditions, procedures and assessment criteria on the number of beneficiaries and their groupings.

D. THE MAIN FINDINGS OF THE REVIEW

Below are summarized the key findings identified from this review:

- In spite of the changes that have occurred in the recent years, the regulatory framework in Albania remains fragmented and focuses on assessing an individual 's ability to work, and is still far from establishing the effective mechanisms that would allow a shift from the medical model of disability assessment to a social one.
- Despite an increase in the number of MCWCAs, their number is still too low to effectively cope with the demands of quality assessment. Most MCWCAs are involved in both the assessment of persons with disabilities and the assessment of work invalids, in spite of the fact that the conditions, procedures and criteria applied to the two groupings in terms of their eligibility for

social protection schemes are different. Most of the MCWCAs are not specialized in the assessment of the medical criteria associated with certain morbidity areas.

- MCWCAs consist only of medical doctors, thus excluding from the process psychosocial professionals who would help provide a comprehensive assessment of an individual's needs to overcome social barriers to their inclusion. The human resources at the disposal of the assessment system are limited, as are the variety of specialisms represented and knowledge of the specific criteria and procedures for benefitting from existing schemes.
- The eligibility criteria for benefitting from social protection schemes remain fragmented and focused on cash payments and fail to take into account the individual's socio-economic conditions and their level of functionality. The main criterion in the benefit schemes is closely linked to the | absence or presence of contributions to the social security scheme, thus leading to differences in the amount of benefit allowance received between people suffering from the same condition and severity of illness.
- Due to the existence of various benefit schemes and various institutions on which payments for each scheme depend, the procedures to be followed by an individual up to the moment of assessment are different. These procedures are largely bureaucratic and organized in such a way that the entire burden falls on the individual. In some cases, the disability assessment procedures are vague or unregulated by the existing regulatory framework and the volume of documentation to be submitted is considerable.
- The disability assessment criteria applied by MCWCAs are exclusively medical in nature and continue to focus only on the confirmation of the diagnosis that led to a given disability, thus preventing a more comprehensive assessment of the individual's needs for support. The medical criteria, although improved, still need to be revised with a view to including several diagnoses, reviewing the medical requirements associated with establishing the level of severity of the condition and the amount of benefit that can be claimed, as well as deadlines for re-assessment and duration of eligibility for benefitting from a given scheme.

1. METHODOLOGY

In order to accomplish the above objectives and to make the findings of this assessment more comprehensive, the data were gathered by combining primary and secondary data from a variety of sources.

A. SECONDARY DATA

The secondary data were gathered through a systematic and thorough review of the existing literature in the field of disability and its assessment, as well as the data available in the actual system.

The aim of the literature review was to identify the regulatory framework, procedures and criteria on which the present disability assessment system is based, as well as the national and international standards that should guide this system in line with the Convention on the Rights of Persons with Disabilities. For this reason, the literature review was focused on, but not limited to, a review of international documents, national legal framework and policy documents on disability, as well as reports of previous studies conducted in the field.

In addition, the secondary data include data made available by the present system (MSWY, SII, and SSS) regarding the number and distribution of assessment commissions, their composition, and the number of persons assessed over the years.

The secondary data gathered during the first phase of the review served as bases for the development of the instruments that were used to collect the primary data on the ground.

B. PRIMARY DATA

The primary data were collected through interviews with key informants, interviews and focus groups with representatives from disability assessment commissions and other health professionals that are part of the referral system; as well as interviews with beneficiaries (persons with disabilities and representatives of their associations).

Interviews with key informants – In the course of the review, 18 interviews were conducted with key informants from decision-making institutions, which aimed to gather information on the actual distribution, composition and functioning of the disability assessment system, as well as to identify any gaps in the system. Interviews with key informants also helped identify more detailed data sources on the number of people benefitting from the system and a disaggregation into further categories (categories of disability; disability levels/groups; numbers of carers; etc.). The data gathered from the literature review and interviews with key informants contributed to the development of more detailed instruments that were used to gather data from professionals and beneficiaries of the system. The key informants interviewed in the course of this review were representatives of different decision-making and monitoring institutions, responsible for the establishing the procedures and criteria of disability assessment, such as: the MSWY, SII, SSS, HCII, MoH, etc.

Interviews and focus groups with professionals – This section of primary data was gathered through the interviews and focus groups conducted with professionals involved in the disability assessment

system. Thus, during the second phase of this review among those who were interviewed and included in focus groups where applicable were: professionals in the referral system (GPs, specialists, Medical Commission (MC) members in polyclinics, professionals from tertiary medical services); members of regional and superior MCWCAs and MCDBs; as well as professionals from the medical expertise sector at SII and SSS.

Given the large number of regions and limited time frame, the interviews and focus groups were conducted in 6 regions of the country: Tirana; Korça; Fier, Kukës, Lushnja and Elbasan. The Tirana region was selected because of its characteristic features, including its large network of health services, large number of professionals involved in the disability assessment system, and the presence of bodies that exist only in Tirana (the MCDB, the Superior MCWCA, etc.). The selection of the other participating regions aimed to provide the best representation of the various geographical areas in Albania, various sizes of the areas covered, the demographic characteristics of the population (urban vs. rural population ratio, migratory movements, etc.), based on MSWY recommendations.

In addition to face-to-face interviews with about 30 professionals at all the levels of the disability assessment system in the above mentioned regions, MCWCA representatives in other regions were also contacted electronically and asked to answer to some open ended questions on the specificities of each region. This turned out to be the most challenging part of the fieldwork, as most of the professionals contacted in this way failed to respond within the set deadline.

The interviews in this category focused on the distribution of the commissions, their composition and roles, data gathering systems, interagency cooperation, workload and performance, etc. Special attention was paid to the identification of various legal, systematic, institutional or individual (knowledge and capacities) gaps that the professionals encounter in the course of exercising their functions.

Interviews with beneficiaries of the system – Nine beneficiaries of the system were and representatives of their associations were also interviewed in the context of the review. These interviews were very important as the information gathered through them enabled us to identify the features and problems related to the functioning of the disability assessment system from the beneficiaries' perspective.

The primary data for this report were gathered during the period February-April 2014.

2. REGULATORY FRAMEWORK

This chapter provides a summary of the laws, conventions, regulations, decisions and important national and international policies which must guide the disability assessment system in Albania.

2.1 INTERNATIONAL DOCUMENTS

In addition to ensuring protection and promotion of the rights of persons with disabilities, the key international documents developed in the recent years have placed special importance on the definition of disability, in order to enable the shift from a medical model to a social one. Worthy of special mention in this context are three important international documents which have and should guide the procedures of disability definition and assessment, as well as the system of social protection and support that follows from them.

Convention on the Rights of Persons with Disabilities (UN 13 Dec 2006)

Albania ratified this Convention in 2012. The CRPD (Convention on the Rights of Persons with Disabilities) represents the highest standards of protection of the rights of persons with disabilities. It also represents a fundamental paradigm change in the approaches to disability at the national and international level.

The Convention guarantees to all persons with disabilities full and equal enjoyment of all their freedoms and fundamental human rights and respect for their dignity. The CRPD affirms the rights of persons with disabilities by a) clarifying the principles of human rights in the context of persons with disabilities; b) providing an authoritative model for use in the formulation of national laws and policies; c) establishing effective mechanisms for monitoring the rights of persons with disabilities; d) setting international standards regarding the rights and freedoms of persons with disabilities; e) laying the foundations for a broader participation and independence of persons with disabilities worldwide and f) making it a requirement to draw the opinions of persons with disabilities and their representative organizations, as emphasised by the motto “Nothing About Us Without Us”.

According to CRPD, persons with disabilities are defined as “those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society, on an equal basis with others”. This definition is crucial as it shifts the focus shifts from the individual’s ‘handicap’ to the functional constrains experienced by people with disabilities as a result of the barriers they encounter in their milieu.

‘Council of Europe Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of persons with disabilities in Europe 2006-2015’ (Council of Europe 2006)

This plan provides detailed objectives and measures in every aspect of disability. It pays special attention to the assessment of persons with disabilities by recommending that all countries, including those that are part of Eastern Europe, adopt and use the social model of disability assessment, through taking concrete measures at the earliest stage possible, by:

I. ensuring that no disabled person shall be discriminated against in their access to health services and medical data;

II. ensuring that people with disabilities or (where not possible due to the origin, nature, or extent of their disability) their representatives, carers or lawyers are involved in and consulted on their care plans, medical interventions or any treatment and rehabilitation offered;
III. recognizing the need for early intervention and establishing effective measures for the assessment and treatment of injuries at the earliest stages, and by developing effective guidelines for early intervention and action measures.

International Classification of Functioning, Disability and Health (WHO)

This classification is recommended by the World Health Organisation (WHO) as a fundamental instrument for identifying different types and levels of disability that are necessary for obtaining data and statistics that will help inform policy formulation at the national level. The Classification (commonly known as ICF) is a schedule providing descriptions of situations related to human functioning and restrictions thereof and serves as a framework or background against which information is organised. It structures the information in an easy-to-understand, interconnected and easy-to-use manner.

The main objective of the classification is to provide a uniform and standard language and information for describing health conditions and health-related states. It provides definitions of health components as well as of other components related to well-being and functioning, such as education and employment. The domains covered in this classification may therefore be seen as health or health-related domains. These are described in terms of body, individual, and societal perspectives by means of two basic lists (1) a list of body functions and structure, and a list of domains of activity and participation thereof.

In an attempt to specifically address the needs of various groups, the classification also specifically deals with the criteria for assessing disability and functional limitations among children and young people, which are provided in a separate instrument known as ICF-CY.

In spite of the CRPD recommendation that both these classifications be used in assessing disability, and the fact that they have been translated into Albanian, they have yet to be implemented in Albania.

2.2 THE ALBANIAN REGULATORY FRAMEWORK

This chapter will introduce the general legal framework applicable to the processes of assessment of persons with disabilities, from two main perspectives. The first perspective is historical and provides some background to processes and practices of the past while at the same time helping to gain a better understanding of the current situation.

The second perspective introduces the existing body of legislation regulating the disability criteria and procedures associated with the process. The regulatory framework will be presented in more detail in the following chapters, however, this chapter provides the reader with a summary of the laws, strategies, policies and guidelines that exist in the field.

A. HISTORICAL BACKGROUND[1]

Between 1946 and 1993 Albania applied the Eastern European model of pensions and disability, which was a common feature of all the countries in the socialist bloc. The pensions system was regulated by Law No. 4171 of 13/04/1966 “On State Social Insurance in the SPRA”, which set the criteria for

[1] PAdapted from Studim i kuadrit ligjor mbi vlerësimin dhe komisionimin e aftësisë së kufizuar në Shqipëri (A review of the Legal Framework on Work Capability Assessment in Albania), ADRF, 2008

determining disability. This law remained in force until May 1993, when a new law in the area of social insurance was introduced. Some of the provisions of the law were amended in 1993, including those on disability.

Under Law no. 4171 of 09.13.1966, in addition to free medical services, a worker or employee was eligible for state protection in case of disability and was entitled to an 'invalidity pension' following disability assessment procedures that were defined and regulated by special bylaws. It has to be noted that the main priority of the assessment was to check the patient's health condition, because it was presumed that all Albanian citizens over 14 years of age who were not in education, were in employment, thus the issue of being insured was automatically resolved. The Expert Medical Commission would then determine the causes that gave rise to the disability and the time it arose, and would assign the individual to one of the 'invalidity groups'.

The law clearly defined the category of persons who were entitled to disability benefits, the eligibility criteria, the disability tiers or groupings and the body responsible for carrying out the assessments.

What is specific about this law is the way it regulates disability and rehabilitation of persons with disabilities. It is worth mentioning that there is more leeway allowed in the legal definition and specifications of invalidity and disability, in contrast with the present social security law which focuses particularly on the regulation of eligibility criteria and types of invalidity pensions and is then further complemented by decisions of the Council of Ministers.

Pensions are granted to all those who became invalids during the national liberation war, workers or employees who became disabled while in employment or within 30 calendar days after leaving the job, or even within two years of leaving work if the disability was the result of an accident at work or occupational disease that occurred before their departure. In the old law, accidents at work were considered in conjunction with the disability and were not addressed in separate chapters.

People who had become disabled after they had stopped working in order to join their spouses abroad received disability payments. It is worth emphasizing that special legal protection was afforded to students attending courses and schools, or university students who received disability benefits if they had been in employment for a year prior to that, or who had not been in employment, but had become disabled in the course of vocational or educational internships.

The law also stipulated that beneficiaries of the law were persons who become disabled while serving in senior official positions, or those who became disabled in the course of completing the obligatory military service. Disability was granted to the above categories when they lost partially or completely their ability to work.

According to the degree of loss of work capability, disability was divided into four groups:

- The first group included those who had completely lost the ability to work and were in need of care by other people;
- The second group included those who had completely lost the ability to work;
- The third group included those who had lost the ability to work in their profession or craft, but who were able to do other simpler jobs which were determined by medical labour expert committee;

- While the fourth group consisted of those persons who could not do long hours in their profession, but were able to work if they did fewer hours.

In the cases when disability was caused in the national liberation war or by an accident at work or occupational disease, the invalidity pension was granted regardless of the worker's or employee's seniority at work. For persons who become disabled because of a general condition or an accident at work, seniority was taken into account and this was provided in the law under defined age groups. The amount of the disability pension was determined by disability category as a percentage of the average monthly salary, which was 85 % for the first group, 70 % for the second, 60 % for the third and 40 % for the fourth salary.

In conclusion, it is worth noting that the legal framework of the time focused then and still continues to operate as a means to assess the work capability of an individual. In addition, the duty of the state was simply to determine and pay monthly invalidity payments that were granted to this category of people to help them meet their everyday needs.

B. THE CURRENT LEGAL FRAMEWORK ON DISABILITY ASSESSMENT

Over the years, the legal framework has undergone several changes which have brought some improvements in the assessment of persons with disabilities, starting from 1993 onwards. However, the assessment system, from the point of view of the study and analysis of the legal basis, is clearly oriented towards the loss of capability to work and therefore is mostly concerned with providing definitions and a schedule of conditions (medical model), with a view to establishing the degree of loss of work capability and not determining the existing abilities and skills, let alone establishing the extent of needs and level of support.

Although there are some legal provisions that address rehabilitation for the purposes of recovering certain skills in certain periods, which should, in principle, serve to get the individual back to work, either in the same position they held before becoming disabled or another suitable position, in reality the system is not oriented toward rehabilitation or return to the open labour market. These provisions only apply to people who have been or are part of the social insurance scheme. Whereas in relation to people who have not made contributions to the social security scheme or who are not eligible for it because of their age, legal provisions are almost non-existent.

Below there are summaries of the laws, regulations and policy documents, which regulate the categories, criteria and procedures applied in the disability assessment process in Albania. The following list cannot be considered exhaustive in relation to the provisions of the regulatory framework on the rights of persons with disabilities in the country, many of which will be presented in the following sections of this report.

- *Constitution of the Republic of Albania 52/1*

"Everyone has the right to social security in old age or when unable to work, according to a system established by law".

This article defines two main categories benefiting from Social Security:

- The category of old age, which is defined in detail in the social security law, which is in principle 65 years for men and 60 years for women;

and

- People who become unable to work, who are naturally regulated by the respective legislation, mainly the social security law;

According to Article 59, under "Social Objectives", the state with its constitutional powers, using the means at its disposal, and in support of private initiative and responsibility, aims, among others, the highest standard of health, physical and mental potential; providing education and training skills for children, young people, and unemployed persons, to the best of their abilities; care and help for the elderly, orphans and the disabled, health rehabilitation, specialized education and integration of disabled people in society, as well as continuous improvement of their living conditions;

Besides the Constitution, there is the law on social insurance which underpins the entire system of bylaws regulating disability assessment and benefits from disability schemes.

- *Law no. 7703, of 11.05.1993 "On Social Insurance in the Republic of Albania", as amended.*

The law provides for the payment of disability benefits to people who have become totally or partially disabled during the insurance period, as a result of an accident at work, an occupational or general condition. There are several types of payments received by people with disabilities, based on their relevant category and the way their disability was caused. With regard to the loss of ability to work, Law no. 7703 of 11.05.1993 "On Social Insurance in the Republic of Albania", as amended, classifies disability into three groups: a) Partial invalidity, when the insured person loses the ability to work in his/her profession or his recent job but can perform other duties as defined by the MCWCA's decision; b) Full disability when an insured person is not capable to do any kind of work; c) Full disability and in need of care. Accidents and professional diseases are regulated in specific categories.

- *Regulation on the Organization, Rights, Duties and Functions of the Medical Commission for the Assessment of the Work Capability of Invalids of 30.05.2005*

The Regulation sets out the rights, duties and functioning of MCWCA. The MCWCA operates within the SII and is directly answerable to it.

Assessment of the work capability of disabled persons is regulated by the *Disability Assessment Regulation, issued by MSWY in cooperation with the Ministry of Health, with order no. 362 of 26.02.2007.*

The regulation defines the types of diagnoses, symptoms and key features, as well as assessment of the degree of gravity of the condition, in order to establish the amount of benefit due and any deadlines for the future reassessment of the applicant. While the assessment of people with work-related disabilities is based on the *Regulation on the Definition of Occupational Diseases, adopted by KMD No. 369 of 28.06.2007.*

Three instructions are worth mentioning and analysing here, which deal with the procedural aspects of the 'Regulation on the Organization, Rights, Duties and Functions of the Medical Commission for the Assessment of Work Capability of Invalids of 30.05.2005. These are:

- *Instruction Nr. 558 of 26.10.2009 'On the registration, identification and transfer of patients within health institutions, pursuant to the referral system'*

- *Order of the Minister of Health no. 526 of 12.10.2009, 'On the implementation of the referral system in health care'*

- *Regulation No. 1 of 21.10.2008 'On the determination, management and payment of pensions'*

Regulation No. 1 of 24.09.1993 'On the definition of accidents at work and work-related accidents'

This regulation provides a definition of accidents and sets out the rules for recording accidents at work.

- *Regulation No. 7, of 06/16/1994 'On additional medical care for rehabilitation, lower-rate benefit and adequate compensation for damages'*

Pursuant to Law 7703, a person who suffers an accident at work or from occupational disease, shall receive, for as long as he/she remains disabled, additional compensation or any training necessary to recover the lost ability. In addition, this regulation provides the steps to be taken by any person who meets the above-mentioned criteria in order to claim the relevant benefits.

- *Regulation 'On the issuance of temporary sick leave due to disability' of 05.10.1993*

This regulation sets out some steps that a person suffering from temporary disability must follow to obtain the necessary documentation. Under this rule, in order to claim temporary inability to work, the insured person must submit a medical report issued by medical professionals from Public Health Institutions, or from private health institutions subcontracted by the ISS. Medical sick leave on the basis of temporary incapacity to work due to general illness, accident at work, or occupational disease, is issued by a medical professional at the Health Institution where the patient's medical records are kept, who has the right to issue sick leaves of a duration between 1 to 14 days.

- *Decision No.788 of 14.12.2005, 'On the definition of accidents at work and work-related accidents'*

It is a decision similar to Regulation No. 1 of 24.09.1993 on accidents at work and work-related accidents.

- *Decision no. 369 of 28.06.2007, 'On the determination of occupational diseases'*

The decision specifies the list of occupational diseases (an occupational disease is any condition caused by exposure to risks arising from work activity) as per approved list attached to this decision.

- *Order No. 362 of 26.02.2007 'On the Adoption of the Regulation on the medical criteria for disability assessment'*

This order regulates the activity of MCWCA, and contains a list of medical criteria and diagnoses, which guide the MCWCA in their decision whether benefit payments due to disability should be granted.

C. SPECIAL STATUSES

Persons with disabilities can be assessed and are eligible for additional benefits and special equipment based on special statuses, as provided by:

- *Law No. 8098 of 28.3.1996 "On the Status of the Blind"*

All fully or partially sighted persons, whose condition is born or acquired, and who, according to the medical criteria, are unable to work under normal conditions, are eligible to receive this status and the benefits deriving from it.

- *Decision no. 671 of 15.12.2000 (as amended by Decision no. 221 of 10.04.2003) 'On the Establishment of the Commission for Determining Blindness'*

According to this decision, the Medical Commission on Blindness MCB is the body responsible for assessing persons who are eligible to benefit from the status of the blind. The Commission has its headquarters in Tirana and is subordinated to the General Administration of Social Assistance and Social Affairs. The number, composition and mode of operation of the Committee are determined by the Minister of Social Welfare and Youth. The MCB performs its duties and exercises its rights in the same way as other MCWCAs, as provided in Council of Ministers' Decision no. 277 of 06.18.1997, "On eligibility criteria for obtaining the status of the Blind Person".

- *Decision no. 277 of 06.18.1997 (as amended by Decisions no. 301 of 06.27.2002, No. 549 of 11.07.2002; no. 643 of 30.9.2004; No. 870 of 18.6.2008; and No. 1325 of 01.10.2008) " On obtaining the status of the blind person"*

This decision establishes the rules to be applied by the commission in relation to all persons who benefit under Law 8098 of 28.03.1996. These commissions must examine applications by any interested parties, regardless of their age or work status, to determine the extent of their ability to work.

- *Law no. 8626 of 22.6.2000 (as amended) On the Status of Paraplegic and Quadriplegic Persons"*

This law benefits all paraplegics and quadriplegics, regardless of age, time, location and insurance status.

- *Decision no. 31 of 01.20.2001 (amended by Decisions No. 302 of 27.06.2002; no. 619 of 7.9.2006; and No. 871 of 18.6.2008) 'On the Benefits arising from the Paraplegic and Quadriplegic Status'*

The Medical Commission for Work Capability Assessment (MCWCA) reviews all applications submitted by persons who have become paraplegic or quadriplegic for work-related reasons, who are eligible under Law No. 8626 of 22.6.2000.

- *Law no. 7889 of 14.12.1994 (as amended by Law 8052 of 21.12.1995 and Law 9143 of 16.10.2003) 'On the Status Work invalids'*

The invalidity status is enjoyed by people who have suffered injuries as a result of an accident at work, or who suffer from a condition, occupational or otherwise, who are in receipt of invalidity pensions from the social insurance system pursuant to Law no. 7703 "On Social Insurance in the Republic of Albania" (as amended).

- *Decision No. 869 of 18.06.2008, On the implementation of Law no. 7889 of 14.12.1994, "On the Status of Work invalids"*

This decision provides for an extra benefit on top of the disability pension for all the persons claiming benefits under the "Status of Work invalid" as amended.

- *Regulation no. 29/1 of 21.3.2003 on the criteria and administration of equipment for disabled people (as amended by Decision no. 81 of 05.02.2003)*

This regulation establishes the rules and body responsible for dealing with the management of equipment for the disabled. According to this regulation, the SSI manages the provision of disabled people with simple mobility equipment, motorized mobility vehicles (bicycles, tricycles), including vehicles adapted for use by disabled people, various orthopedic devices, special hearing aids and visual equipment, cardiac devices etc.

D. POLICY DOCUMENTS

- *Decision of the Council of Ministers no. 8 of 7.01.2005 "On the Adoption of the National Strategy for People with Disabilities"*

For the first time, under the "Disability Assessment" chapter, a detailed explanation is provided of the assessment of persons with disabilities and the present state of affairs. The strategy provides a number of recommendations for the resolution of the as yet unresolved problems with disability assessment. The recommendations made in the strategy are the following:

- Ensure membership of a representative of associations of people with disabilities in the composition of the MCWCA, as well as the right of appeal.
- Based on the principle of inclusion, participation, equal opportunities and self-determination, the MCWCAs should ensure free and barrier-free access to persons with disabilities.
- The assessed persons have the right to see the documentation relevant to their assessment. They have the right to obtain copies of their assessment. MCWCAs should provide people with disabilities with all the necessary information, in a format that takes into account their limited ability (for instance, blind people should be provided documents in Braille)
- Measures should be taken to raise the awareness of assessed people in relation to the legislation in force and their rights.
- The routine annual disability assessment should not focus disproportionally on the disability itself and in its medical aspects, at the expense of the necessary measures for their participation in society.

- *Decision no. 80 of 28.01.2008 "On the Adoption of the Sectoral Strategy on Social Protection and the Action Plan for its Implementation"*

The strategy aims to improve the quality of life for persons or families in need. The assessment of persons with disabilities has a particular place in this strategy and the strategy includes objectives to be achieved in the course of its implementation. The objectives of the strategy include the following measures:

- A gradual transformation of MCWCAs and MCBs into multidisciplinary bodies carrying out multidimensional assessments of persons with disabilities, focusing on the ability rather than the disability of disabled people;
- Informing persons with disabilities and their families about any available medical interventions,

rehabilitation therapies, existing services etc.;

- A gradual phasing out of the medical model and inclusion of the social aspects, such as functionality and participation of persons with disabilities;
- Contracting medical and social professionals who are experts for the particular age group and type of disability of the persons being assessed, thus paying particular attention to the specific needs of each age group for development and rehabilitation, care and services, protection and representation etc.;
- From 2010 onwards, promotion of the ICF Manual on Disability Assessment by educational and medical facilities, MMRS, MH and disability assessment commissions.
- Establishment of a new system of disability assessment which reflects the social model, in accordance with the requirements of the Convention on the Rights of Persons with Disabilities and other international documents;
- Explore the possibility of grading payments by severity of the disability, age and degree of independence etc., to provide the necessary support to the persons with disabilities.

Except for the provisions of the above policy documents, it seems that the issue of the assessment of people with disabilities has not been included in "National Action Plan for the Implementation of the Stabilization and Association Agreement".

In conclusion of this chapter, is worth mentioning that with the adoption of the "National Strategy for Persons with Disabilities' in 2005, the Albanian government has clearly increased its attention on disability. This document seeks to highlight and provide action measures in relation to the improvement of the disability processes.

The same stance is reflected by the Sectoral Strategy of Social Protection, which means that the Albanian Government has already given priority to reforming the assessment system in order to better adapt it to the needs of persons with disabilities.

3. ORGANIZATION AND COMPOSITION OF MEDICAL COMMISSIONS FOR WORK CAPABILITY ASSESSMENT

This chapter includes a brief overview of secondary and primary findings regarding the number, distribution, organization and composition of the Medical Commissions for Work Disability Assessment (MCWCA). Given the wide diversity in the organisation and composition of these commissions, this chapter seeks to summarize the legal framework that regulates their organization, functions and composition, the current situation in the country, as well as the main issues related to these dimensions. The procedures and the assessment criteria applied by these commissions will be explained in the subsequent chapters.

3.1 LEGAL FRAMEWORK

The organization, distribution and composition of the MCWCA are regulated by the Regulation, date 30.05.2005 'On the Organization, Rights, Duties and Functions of the MCWCAs'.

Pursuant to this regulation, MCWCAs are established at the regional and the superior level.

Regional MCWCAs are set up within the Regional Directorates of Social Insurance (RDSI) or Local Agencies of Social Insurance (LASI), which, based on the types of disability and disability situation in their catchment areas, make decisions on the number and types of specialised commissions and the experts involved in each of them. The members of the Regional MCWCA are proposed by the medical authorities at the regional level, following RDSI requests for specialists, who undergo a process of selection and obtain the approval of the SII. To be eligible, MCWCA members must be practitioners in inpatient health institutions and should have at least 5 years of experience as medical specialists. The most experienced physician is appointed chair of the MCWCA, although this detail is not included in the regulation.

Law No. 10 447 of 14.07.2011 defines the 'Rules for the organization and functioning of the Superior MCWCA'. The law amended the composition of the commission to include a lawyer in addition to the existing three medical experts. The law envisions that the chair and the three members of the Superior Commission are appointed by joint proposals by the Ministry of Finance, Ministry of Health, and Ministry of Social Welfare and Youth. The Ministers propose two candidates for each vacancy in the Superior Commission. The fourth member of the Superior Commission is proposed by the Ministry of Justice and should be a jurist by profession, with experience in the judiciary. The members of the Superior Commission exercise their functions independently and in accordance with their professional principles. Before sitting in the Superior Commission, the members must take the oath in a public ceremony organized by the Ministry of Finance, Ministry of Health and the Minister of Social Welfare.

Among other things, the Superior Commission must carry out monthly monitoring of the regional MCWCAs. These inspections are intended to cover every prefecture in the country at least once a year. In addition, inspectors and inspection directorates inspect the assessment files of the regional and central directorates of the ISI and SSS respectively.

Given that the Ministry of Health and the Institute of Social Insurance share the same procedure, all members of the regional and superior MCWCAs are excused from the daily job in the health institution in order to participate in the assessment days. According to the regulation, the regional MCWCAs should gather at least 3 times a month and the Superior MCWCAs at least once a month.

In relation to the assessment of blindness, there is special commission known as the Medical Commission for Determining Blindness (MCDB), which is based and operates in Tirana but covers the entire country. The organization and functions of this commission are based on Special Decision of the Council of Ministers, No. 671 of 15.12.2000 (as amended) "On the establishment of the Medical Commission for Determining Blindness".

3.2 CURRENT SITUATION

Based on the data made available by the SII, at the time this review was carried out, there were a total 39 Regional MCWCAs and 7 Superior MCWCAs at the national level. In addition, there is also the Medical Commission for Determining Blindness (MCDB), based in Tirana.

Most regional MCWCAs carry out the assessment of both work invalids and disabled persons, except for Durrës and Tirana, where there are two separate MCWCAs dealing with work invalids and people with disabilities respectively. This is also the case with the Superior MCWCAs which are organized at the national level and located in Tirana; namely 6 MCWCAs deal with the appeals of work invalids and one MCWCA examines appeals lodged by people with disabilities.

Given the differences in the organization and composition of regional MCWCAs, MCDB and superior MCWCAs, the findings below are shown separately for each type of commission.

A. REGIONAL MCWCAs

Regional MCWCAs operate at the prefecture (RDSI) level and they typically cover similar numbers of population in the districts that make up a certain prefecture. This implies that all the districts of the country have at least one functioning MCWCA operating centrally at the prefecture (RDSI) level and additional MCWCAs, in the case of large districts (LASI) level.

Based on the size of the area covered and the number of MCWCA in each district, different operation modes were observed:

- (Stationary) MCWCAs based at the centre of the prefecture (RDSI level) that also cover the assessment needs of persons living in geographically adjacent districts (i.e. the MCWCA in Fier also covers Mallakstra)
- MCWCAs set up at the prefecture level but who also function as mobile teams who periodically go to adjacent districts with low numbers of claimants in order to assess their needs on location (i.e. the Kukës MCWCA visits the neighbouring Has district once a month)
- MCWCAs set up in districts that are not prefecture centres (at the LASI level) and cover the respective district's needs. (i.e. the MCWCAs of Pogradeci and Kolonja, which are part of the prefecture of Korça, but cover the respective districts.)

In addition, the specialties covered by the MCWCAs are different in various areas of the country. According to the SII representative's interviews, this division is suited to the needs and demands of each district, although sometimes specialty coverage was limited due to the lack of available specialists in each area. In the larger districts there are usually two MCWCAs, one covering "Pathologies", and the other covering "Specialties". However, as shown below, the particular designation of the "Specialty" commissions may vary according to the medical specialists available in each district, or due to an increased demand for the assessment of certain symptomatologies (invalids' conditions). Therefore, in certain districts there are special MCWCAs on "Surgery" or "Neuropsychiatry".

An exception to this rule is the classification of MCWCAs by specialty in Tirana where, due to the large coverage area, increased number of applications, and the availability of medical specialists, there are 5 different MCWCAs grouped according to related medical specialties.

In addition, the frequency of MCWCA meetings varies from area to area, as do their operational modalities and the number of applications to be examined in each area. For instance one or two commissions (such as the MCWCA in Skrapar) were reported to meet less than once a month, although the regulation specifically provides that the commissions shall meet at least once a month.

According to the regulation, MCWCAs shall be comprised of three to five members, including medical consultants from the SII and SSS who alternate with each other depending on the nature of claimants' assessment needs. Therefore, in the cases where the same MCWCA carries out the assessment of both PwD and work invalids, the SSS expert consultant sits on the commission when it assesses persons who apply for PwD benefits. While in the case of work invalid assessments, it is the ISI doctor who sits on the commission. Both doctors are voting members of the 3 to 5 member strong commissions, as foreseen by the regulation.

Regardless of the standard procedure of the composition of the MCWCA, not all assessment commissions meet these criteria; for instance, in some areas the commission may have more than 5 members, while elsewhere, for reasons of geographic distance, no consultant doctors from the SSS or SII sit on the commission, as is the case of the Kolonja district commission. Our data showed that all the members of the functioning MCWCAs meet the 5-year experience criterion envisaged in the regulation.

Based on the above and on the data provided by SII and SSS representatives, the overall number of SII medical experts at the RDSI and LASI levels is 25, and the number of SSS expert doctors at the Regional Directorates is 12, i.e. one for each region. Only recently, SSS doctors have become full-time members of the regional directorate organisational charts and the majority of them were appointed in the last 6 months, between October 2013 and April 2014.

As a result of the above changes, the organization and composition of regional MCWCAs at each prefecture are separately shown in Annex I of this report, which also provides details of the operational modalities, specialties, catchment areas and frequency of assessments. Additionally, the composition of the commission and the doctors' specialties are also shown for each prefecture.

B. SUPERIOR MCWCAs

Superior MCWCAs only operate in Tirana and review appeals against assessment decisions made by regional MCWCAs. There are seven standing superior MCWCAs, of which 6 are organised by specialty

group and review invalidity complaints, and one reviews PwD complaints for the entire country. Until 2009 there was also an additional special Cardiology Commission responsible for reviewing complaints at the Superior MCWCA level.

The division and the composition of the superior MCWCAs are shown in the table below:

No.	Superior MCWCAs by speciality	Specialties of the members
I/1	PN/Phthisiatry	PN/Phthisiatry
2		PN/Phthisiatry
3		Allergology
4		Pneumology
5		Pneumology
II/6	Pathology	G/Hepathology
7		Hematology
8		Rheumatology
9		Endocrinology
10		Nephrology
III/11	Neurology	Neurology
12		Neurology
13		N/Surgery
14		N/Surgery
IV/15	Surgery	Surgery
16		Surgery
17		Urology
18		R/Oncology
19		Surgery
V/20	Orthopedics	Orthopedics
21		Orthopedics
22		Orthopedics
VI/23	PS/Ophthalmology	Psychiatry
24		Psychiatry
25		Psychiatry
26		Ophthalmology
VII/27	PwD	N/Paediatrics
28		Orthopedics
29		Ps/Paediatrics
30		Paediatrics

C. MCDB

This commission operates only in Tirana and reviews requests for the assessment of blindness by people throughout Albania. The commission operates under the supervision of the SSS and consists of 5 members (3 medical specialists, one SSS doctor and one representative of the Association of Blind Persons). The administrative procedures are followed by a SSS employee. This commission meets weekly.

3.3 PROBLEMS IDENTIFIED

Based on the above data and the information collected through the interviews with representatives of most of the above-mentioned MCWCAs, a number of problem areas were identified which relate to MCWCA distribution, organization, composition, and meeting frequency.

The number of regional MCWCAs is deemed insufficient to respond to all assessment requests of the claimants in a timely manner. Consequently, there are many problems such as many claimants need to travel for hours and wait long lines in order to submit all the documentation, receive information on the status of their file, or to be assessed by the commission; some applicants had to wait more than the 30-day time limit established to be assessed as in some districts, the MCWCA would only meet once a month (or less in the cases of areas covered by mobile MCWCAs); expert medical consultants said they are not allowed sufficient time to carry out a thorough review of all records on file, to write their summary reports for the assessment, and to enter all the data electronically in the new system that was being implemented by almost all the SSS regional directories; the medical members of the MCWCAs said it was almost impossible to assess all the selected applicants in just one day, and this was one of the reasons the assessment were reported as cursory and based only on the documents on the file etc. Geographical distance was another concern expressed by the interviewees in relation to MCDB assessments being held only in Tirana.

Based on the information gathered from some MCWCAs, the number of files reviewed and assessments made during a normal work day reached 40-50 in some districts, and up to 150-200 in others. The situation was even worse in those districts where there is only one commission. In the districts where the commissions are divided by specialties (i.e. pathology, surgery, neuropsychiatry) in all cases the largest workload was reported by the commissions assessing PwDs or dealing with SSS-managed files. This problem was mainly encountered in the commissions that assess neuropsychiatric conditions, due to the nosological dynamics of this specialty which constitutes half the assessment workload. Thus some of the districts that were visited or contacted for this study, on the day of neuropsychiatric assessments, the number of PwDs assessed reached 100 (e.g. in Tirana, Korcë, Fier). The situation was difficult both for the professionals and the claimants and their families.

Therefore, a constant proposal made by the interviewees was the division of commissions assessing PwDs from those assessing invalidity. The situation was even more problematic in the case of many MCWCAs which lack medical specialists for children such as paediatricians, paediatric psychiatrists, neuropediatricians etc., as seen from the tables above.

Shortages of specialists were reported in most regional MCWCAs. This fact in itself carried many problems, such as: medical experts and commission members reported that in most cases the missing specialists were not replaced by others with similar specialties, such as neuropsychiatry or Ophthalmology; the fact that most commissions had joint procedures for all nosological entities led to most commissions lacking specialists of the fields prescribed in the regulation; even when the specialists was present, they would make decisions on their own while other doctors had no say in the decisions and were only asked to countersign them. Due to the lack of specialists in many districts, the problem of conflict of interest arose, as often the doctors who filled MCWCA forms were the same ones who did the assessment in the commission.

When asked, most MCWCA members said they had never received any training on the knowledge and skills directly linked to assessment procedures and criteria, such as the diagnoses that are deemed to lead to disability in each specialty. At the same time, however, most of them declared they do not need extra training since they follow the same procedures in the health institutions where they work. In spite of this attitude, during the interviews done for this study, in most cases the doctors admitted they were not familiar with some of the procedures, particularly those related to the different criteria of assessing PwD and invalidity.

In addition, most medical experts declared that in spite of the training they had received, they needed further training as most of them were new in these positions.

Furthermore, as seen in the above tables on MCWCA composition, some commissions were composed of only 2 doctors, and the third signatory was the medical expert from the SII and SSS. In these cases, if one member was missing, the assessment and file revision could be postponed to another day. On the other hand, some MCWCAs were made up of 5 specialists with the medical expert being the sixth signature, thus exceeding the number foreseen in the regulation.

Another problematic issue, which was brought up by the interviewees themselves, but also observed first-hand, relates to the state of the facilities where the assessment takes place. As mentioned above, in most cases, the meetings were held in LASI facilities; however, in certain circumstances they would also be held in other unfitting premises offered by the ISI or other regional health institutions. Most buildings do not meet the set infrastructural criteria. Often the size of the facility is not adequate and cannot accommodate all the applicants for assessment, or enable their medical examination. Thus, even when access to the building was possible, infrastructural conditions were unsatisfactory, or they lacked the basic furniture used for examinations, such as chairs, beds etc. Frequently, due to these problems, the examination of applicants who had difficulties walking (e.g. para-quadriplegics), were performed in the vehicles they had travelled in to come to the assessment.

In addition, many of the professionals interviewed talked about their concerns in relation to the location of their workplace which, although not used for assessment purposes, can be used to meet the applicants regarding the entire application, assessment and reassessment processes. Also, in many instances medical experts reported that they lacked the necessary equipment to efficiently manage the documentation, such as computers, etc.

4. ELIGIBILITY CRITERIA FOR INCLUSION IN DISABILITY SCHEMES

The following chapter provides a comprehensive overview of the existing legal framework that regulates types and conditions of eligibility in the existing schemes for all kinds for people with disabilities. Providing a full and detailed description was a challenge and presented a high degree of difficulty, mainly because the assessment of persons with disabilities is fragmented and compartmentalized scheme.

Thus, the criteria, benefits, assessment and procedures are scattered in various pieces of legislation. All this fragmentation creates a complex situation, affecting the entire chain of procedures related to the benefits that persons with disabilities enjoy under the legislation.

Disability benefit schemes in Albania are roughly divided generally into two main groups:

a) Persons who have made contributions to the social security scheme, i.e. people with an employment history (work invalids);
b) People who do not have an employment history, i.e. persons with disabilities for reasons unrelated to employment (PwD);

The latter group also includes persons with paraplegia, quadriplegia and the blind. These kinds of disability were included under the second grouping (b) because they are foreseen in the budget of SSS/MSWY and managed by this institution. In addition to the provisions of the law 'On Social Assistance and Social Services' these groups are also covered by special arrangements in laws (statutes) and bylaws regulating their rights and benefits.

For the purposes of defining the two groups, we have to refer to different laws.

(a) Benefit entitlement under the social security scheme

According to the Law no. 7703 "On Social Insurance in the Republic of Albania", as amended, the category of the work invalids, includes are full work invalids, partial invalids, invalids who have become such due to general diseases, accidents at work or occupational diseases.

(b) Benefit entitlement under disability scheme

As far as the category of people without an employment history is concerned, these are covered by Law no. 9355 "On economic assistance and social services" which means that there are "persons with disabilities"[2] for reasons unrelated to employment.

The above mentioned classification is directly connected to the contributions made to the social insurance scheme, i.e. a person's employment history which as reflected in the documentation held in social security institutions. Where the individual has a contribution record, they are covered by the first scheme. While people who have no record of contributions are treated under the second scheme.
As it will be shown in more detail below, in addition to the main division into these two main groups on legal and medical grounds, within each grouping there are a number of sub-groups, summarized in the

[2] The terminology used is different although both terms refer to people with disabilities. In order to differentiate, the following terminology will be used throughout the text: work invalids and persons with disabilities.

Table 1 below.

Further in the chapter are presented the various benefit types and schemes for people with disabilities under the present social protection system, as well as the criteria followed to further classify them within each the group. Initially the groups and subgroups of work invalids are addressed and then we continue with those of people with disabilities who are not work invalids.

4.1 PERSONS WITH DISABILITIES – WORK RELATED (WORK INVALIDS)

This section discusses the legal requirements for inclusion into work invalid schemes, according to the types of benefits provided for in the law on social insurance.

The Social Security system in Albania protects all economically active citizens, in case of reduction of their income due to maternity, old age, disability and loss of main earner in the family. The Social Security system provides for the duty to protect all individuals in employment who receive lower incomes due to temporary incapacity caused by illness, accident at work, occupational disease or unemployment.

The Social Security system provides protection to Albanian nationals, stateless persons, and ex-Albanian nationals living abroad in accordance with conventions, bilateral agreements and SII rules; as well as to foreign nationals and stateless persons who work in Albania.

The general system of social security in Albania consists of:

- Mandatory insurance;
- Voluntary insurance;
- Supplementary insurance;
- Special state pensions.

The contributions made guarantee the cash payments that will be made to supplement the drop in income, up to an amount which is deemed sufficient to cover a minimum living standard, defined by the Council of Ministers.

Compulsory social insurance covers employees and other economically active persons (employers and self-employed).

If an insured person covered by the mandatory scheme cannot make any contributions for a given time or for reasonable causes, he/she has the right to make contributions under the voluntary scheme.

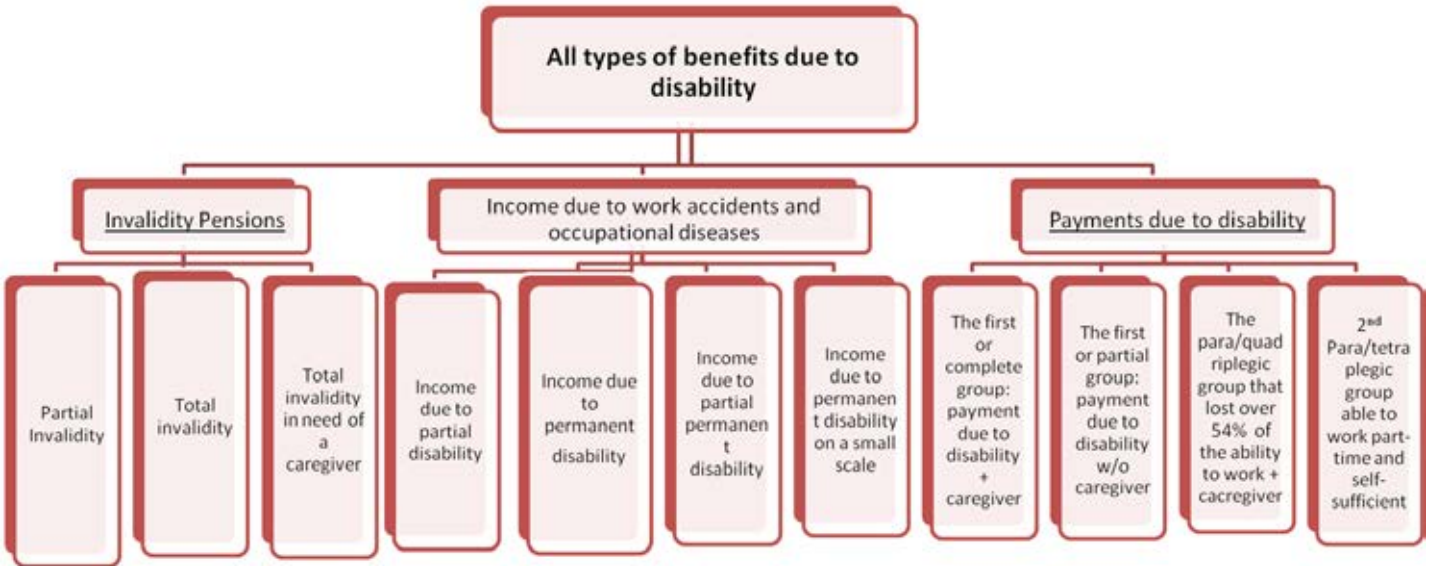

Table 1: Groups and subgroups of persons with disabilities: work invalids and Persons with disabilities, by benefit scheme

TYPES AND ELIGIBILITY CRITERIA FOR INCLUSION IN THE INVALIDITY SCHEME

The main piece of legislation that regulates the eligibility criteria for disability pensions is Law no. 7703 "Social Insurance in the Republic of Albania", as amended.

For its implementation, a number of regulations were adopted which govern the procedures, amounts, conditions, criteria, and duration of benefit:

- Joint Regulation of the Ministry of Health and Social Security Institute of 30.05.2003 "On the organization, rights, duties and functioning of MCWCAs dealing with invalidity";
- SII Regulation no. 1, of 19.10.2009, "On the administration and calculation of pensions";
- SII Instruction no. 2, of 05.10.2005 "On the calculation and indexing of estimated database and net salary for pension purposes";
- Regulation, of 24.11.2010, "On the adoption of the revised criteria".

Before starting with the detailed description of the criteria for inclusion in the invalidity scheme, it has to be noted that the scheme is divided into two main groups:

INVALIDITY PENSIONS FOR PERSONS SUFFERING FROM GENERAL DISEASES:

These are:

1) Partial Invalidity, when the insured person loses the ability to work in his/her most recent profession or job, but can perform other work as per definitions provided in the MCWCA decision;
2) Total invalidity, when the insured person becomes is incapable of doing any kind of work;
3) Total invalidity with care needs.

In the previous MCWCA decisions based on the old social insurance law (whose terminology is still used to this day in everyday situations), these invalidity groups were referred respectively as:

1. Group IV
2. Group II
3. Group I

Payments for insurance against accidents at work and occupational diseases (hereinafter income) Their types are:

1 Temporary disability benefits
2 Permanent invalidity benefits
3 Permanent partial invalidity benefits
4 Lower-scale permanent disability benefits

LEGAL CONDITIONS FOR INCLUSION IN THE INVALIDITY SCHEME

The first legal requirement which predetermines and preconditions all disability pensions and payments is the fulfillment of the six month period of temporary incapacity to work. Incapacity benefits (temporary incapacity to work) can be considered as some initial benefits from the insurance scheme to be followed subsequently by treatment under the invalidity scheme.

Temporary incapacity to work, for up to six months, is determined by the Medical Commission (MC), established in outpatient care institutions. In some cases this period may be either reduced or extended (depending on the diagnosis).

MCWCA becomes involved after the expiry of the six month period, and the law entitles it to extent the duration of the staid period for another three months, provided that it can prove that the individual shall not be declared an invalid. There is a tendency to be selective in choosing the persons who can become work invalids or not, by allowing additional 'incapacity' time (even beyond the six months). So, in the case of employed persons, these benefits are in some way 'the first port of call' which can potentially lead people to the invalidity scheme. However, what they have is yet to be considered a disability; at this stage it is a temporary condition. This is an important period which conditions and, to some extent, serves as the first selective process for entry into the disability scheme. This period should certainly exist for a great number of conditions, as it is a prerequisite for entry in the disability scheme; on the other hand, it serves as a guarantee on the part of the competent authorities, in terms of monitoring the progress of the disease in relation to the ability to work, and/or ensuring other employment opportunities by the employer and employee.

Benefit payments for temporary disability, as provided in the social security law, are received when:

- The person is ensured;
- There is a medical report[3] certifying that the person is temporarily unable to work;
- The person has not acquired this disability as a result of an accident at work or an occupational disease[4].

[3] Social Insurance Law, Article 23, paragraph 1: Temporary disability payments begin on the fifteenth day of the medical report".
[4] The insurance law includes some specific provisions on disabilities caused by accidents at work or occupational diseases. The conditions, benefits and criteria related to disabilities caused by work accidents and occupational diseases disability will be discussed separately below.

A person who meets the eligibility criteria for temporary disability benefits, receives a payment which is of 70% of the average daily wage calculated on the basis of the estimable base salary for the given calendar year, when the person has made insurance contributions for up to 10 years; and 80% when the individual has made contributions for over 10 years. In reviewing these cases, the MC refers to the medical guidelines also used by MCWCA.

PROBLEMS IDENTIFIED

As already mentioned above, in order to benefit from social support schemes, a person must be insured and have a report confirming the diagnosis of a condition which makes them temporarily unable to work. This would be the standard procedure for officially entering the invalidity scheme as a previously employed person. However, the criteria provided in the social security law, specifically Article 35[5], have changed, and it is now no longer a requirement to have been insured at the time of acquiring a disability to receive a disability benefit. In practice this means that it does not matter if the person was insured when he/she became ill. A person, who has not been insured for a long period of time, i.e. has not been paying any contributions and acquires during this time a general disease that is listed on the schedule of medical criteria, can claim invalidity benefits, provided that they have paid contributions for the minimum period as provided in the law.

If the individual was part of the scheme when the disability occurred, he/she is eligible for temporary disability benefit for a period of six months from the SII (Social Insurance Institute), while the individuals who at the time of the occurrence of the disability were not part of the insurance scheme shall not be eligible. Thus, the disability benefit gets assigned on the date of the occurrence of the disability (general illness), whereas the payment becomes effective six months, after the date of the beginning of the disability, to ensure that this period is exhausted.

Another addition to the scheme was that related to the fact that if an individual who has been employed does not meet minimum contribution period, he/she may benefit a reduced disability benefit, which concept we are going to elaborate further.

The six months period, being a pre-requisite for disability benefit eligibility represents a key period for the establishment of the beginning of the disability. Interviewed members of the Work Capability Assessment Commission (WCAC) stated that the date of disability commencement, which is calculated while focusing on requirement of exhaustion of the period of temporary inability to work, is one very important aspect that is analyzed carefully. Disability pension or size shall be determined based on that particular date.

On the other hand, due to amendments to Law on Social Insurance seem to create a situation with different impacts, regarding employed and self-employed individuals, leading to a disfavorable situation for the latter. Article 2 of law On Social Insurance establishes that mandatory social insurance provides for revenues for employed individuals, inter alia, the period of temporary disability, and labor invalidity and accidents at work. Whereas other economically active individuals, including employers and the self-employed are eligible to maternity, old age, disability and loss of family provider benefits. For self-employed individuals, social insurance does not cover them for temporary disability at the workplace or accidents at work. Hence, once such individual begins displaying signs of the disease which is included in the general medical criteria of assessment, and causes temporary disability, the calculation for the start of the period of invalidity becomes more difficult. This is the result of a condition established by the same law, and which is that an individual is not eligible to benefit from the disability scheme, prior

[5] The full invalidity details will be shown below, here is a description in order to highlight the problems related to the 6month calculations, that precede or should precede the invalidity pensions.

to the elapse of a period of six months of temporary disability to work. Under these circumstances, the files of individuals that meet the medical, but not the legal criteria stays for six months, artificially so, at the Regional Agency of SII.

According to the experts of SII, this adjustment is with regard to the very nature of the self-employed. In other words, since we are talking about a temporary period, the nature of the job or the conditions of work of the self-employed cannot be clearly defined. On the other hand, self-employed individuals do not pay contributions for eligibility in the scheme, like the employed do, because of Article 2, and the above mentioned explanations. However, the fact remains that these individuals during this period of time are not eligible to social insurance benefits when they are not able to work, the way this applies to the employed individuals.

Another period worth mentioning here, and which foreruns the period of temporary disability is that of fourteen days. The six months period of disability benefit mentioned above is conditional on a fourteen days medical report[6], which period is covered by the employer. With regard to this period, the Labor Code, in its article 130 provides that for a period of fourteen days, the employer shall reimburse to the sick individual not less than 80% of his/her salary, which period is not covered by social insurance contributions. The Code refers to the Law on Social Insurance. The fourteen days period represents an obligation of the employer vis-a-vis his employee, and his protection. But, part of the discussions could also include a review of this period/timeframe, with the view of making it longer for temporary disability benefits, and focusing on the recovery or rehabilitation of the individual, combining this with protection measures that would ensure that the individual remains in his job, and with other measures that need to be taken by the employers to tailor the working conditions to the disability.

Upon clarification of the first key moments for the eligibility in the disability scheme, either fourteen days or six months for temporary disability, we are moving on to the detailed description of types and criteria for the inclusion in the disability scheme, according to the types of pensions and entitlements mentioned above, provided for in Law no. 7703, dated 01.05.1993 (amended version) On social insurance in the Republic of Albania.

DISABILITY PENSION (NOT FOR WORK RELATED REASONS OR OCCUPATIONAL DISEASES)

A) PARTIAL DISABILITY

The status of Partial disability is granted when the insured person has completed the minimum period of insurance (Article 35 of the law on social insurance) loses the ability to work in his profession or his recent work, but can perform other work, under special circumstances, in line with the definition of the decision of the MCWCA

This definition leads to the accomplishment of several legal criteria that need to be met by the person that enters the partial disability scheme.

First, the person should be insured when he loses the ability to work in his profession or his recent work, and be able to perform another type of work, according to the decision of the MCWCA. However, although the fact the person should be insured is an essential element for this type of disability, it suffices for the person to be ensured at the time of disease occurrence, and observation of partial disability and should not be employed during reassessment by MCWCA.

6 The report is issued by a physician of the institution where the person has his/her medical records, i.e. a specialist physician or a dentist.

Second, the person should lose his ability to work due to recent disease general (not -related to accident or occupational disease). The disease should make part of the Regulation dated 24.11.2010 "On adoption of revised criteria". MCWCA certifies the disease.

Third, the person must also have completed the minimum insurance period of insurance, which is calculated according to the formula set out in Article 35 of the law on social insurance. The formula will be explained further below.

Upon completion of these terms, the person is entitled to partial invalidity/disability pension, for which the final decision is issued by MCWCA. Based on the decisions of MCWCA, a person in the category of partial disability may be subject to assessment in three different ways:

- 6 working hours in his/her profession, where later 2 hours of work will be covered by SII;
- 8 hours of easy work in another profession/job;
- ¾ of the norm/rate; this assessment is true for teachers, given that they do not have fixed schedule, but the working hours get assigned by the school, depending on different factors, where again ¼ is covered by SII.

Furthermore, during the re-assessments, these individuals are requested to bring payroll verification, in order for SII to make accurate calculation of the partial pension. In reality, persons who are assessed to be in the category of partial invalidity, according to the above mentioned three methods, even when they stop working and are no longer insured continue to receive invalidity pension, and this period is recognized as insurance period for old age pension eligibility. The fact that this pension continues to be issued falls against the purpose or nature of the invalidity pension because according to the definition the person should be employed and be working in the conditions defined by MCWCA. The lack of employment on one hand, and the existence of a medical condition, which limits the ability to work on the other are the reasons for the continuation of providing these pensions, and under such interpretation people who are assessed to be in the category of partial disabilities under the above three ways, even when they stop working, they continue to receive disability pension and this period is also recognized as contribution for old age pension benefits.

A problem that arises in connection with the definition of partial disability is the definition of the terminology 'special working conditions', which would make possible the work for a partial labor invalid. There are no definitions or guidelines regarding what would be considered "normal conditions" or "special conditions". The MCWCA reviews these conditions based on the diagnosis of a person, case by case.

It is assumed that based on such a decision, the person who is now unable to perform the work that he/she used to perform until now, will be transferred to a different work position where he/she can start working, after the assessment by the MCWCA. There is no definition about the new type of work, and whether it will be in the same company or institution or in a different one. In addition, there is no follow-up procedure of the recommendations issued by MCWCA, to guide the current employer of the said person or the person himself, about what would be considered appropriate conditions for that person, for the disability type, partial work or work with another employer. Beyond MCWCA's issued decision there is no defined role for the MCWCA. It is up to the person to require either in his current work arrangement or in the new one, conditions that meet the recommendations of the MCWCA.

B) FULL DISABILITY WHEN AN INSURED PERSON BECOMES DISABLED FOR ANY KIND OF JOB

This type of pension is obtained when the person has met the minimum insurance period and is unable to perform any kind of economic activity and where there is a strong impairment of physical damage (the law also provides for the inclusion of visual impairment as part of the physical damage).

First, the person must have completed a minimum period of insurance to be able to benefit the full disability pension. Minimum period of insurance is half of the difference of the age of the insured person at the time when he/she was disabled and the age of 20 years old[7]. As is made clear in this section, it is essential to establish the starting date of the disability, in order, to estimate the period of temporary disability, and after that to set the date for the starting of the pension eligibility.

Unlike partial disability whereby the person can perform some kind of work under certain conditions, in this case, the person is not able to perform any kind of work.

Another legal requirement that must be met is expiry of the 6 months period, during which the person has been issued a medical report for temporary inability to work, and which is valid for all types of disability pensions.

The definition indicates that a pre-requisite is for the person to have suffered severe amputation[8] or damage. The MCWCA determines the severity of the injury, but clearly the damage should be severe enough as to cause loss of ability to perform any kind of work. Actually, severe amputation or injury, according to medical criteria does not result to be as used in this definition. In reality, other diseases as well, which do not fall under "amputation" or impairments, are considered as diseases that lead to complete disability. As an example we can mention heart attacks.

However, in reality, there are cases of persons with paraplegia (a diagnosis, which may be considered as strong impairment) who can work and who do work in reality. Certainly, the conditions are not equal. Lack of access, lack of accommodation, make these people work in more difficult conditions than others. But the fact that such people work even in these conditions that are not equal to others, does not indicate their inability to work, but in fact is only indicative of the harsh conditions, based on the barriers they face. These conditions clearly, if they were provided for by the state or society (for example, access, transportation), would enable optimal employment, equal with others (where such conditions could be provided) or minimally similar conditions. The fact that these people work, looks like devalue the categorical decision "unfit for any kind of work" and speaks clearly for orientation toward the medical conditions and not a comprehensive assessment.

Some of the identified issues in regard to such a categorical decision are: lack of accessibility at the workplace; low levels of promotion of employment of persons with disabilities; high levels of discrimination; high rates of informality in the labor market; insecurity and other elements etc. Add to these problems, the severe damage, they make an individual to be considered as "unable to work" and even "unable to perform any kind of work" (any kind of economic activity, is the wording used in the law, but which refers to any kind of employment).

[7] The same formula is used for the partial invalidity pension.

[8] The terminology used is the same as in the Social Insurance law. Terms such as invalid, impairment or disability, are words that stress the diagnosis, and the disability itself. The authors of the report employed them to not confuse the reader. A separate conclusion will be related to the old terminology that is inappropriate and unethical.

C) FULL DISABILITY, IN NEED OF A CAREGIVER

Eligibility to this type of pension includes the same criteria, with a full disability pension, with the addition of the need for constant care from another person and for this purpose is given an additional charge of 15% of the assessment basis. The need for care is determined by the MCWCA.

INSURANCE FOR OCCUPATIONAL HAZARDS AND OCCUPATIONAL DISEASES[9]

Regarding the payments for insurance against accidents at work and occupational diseases, there are four different categories that benefit under these criteria. The procedures, size of benefits, and their duration are treated differently from the general diseases.

In the event of accidents at work or occupational diseases, there are some specific provisions, referred to in the law regarding the process of qualifications or requalification to regain the lost work skills. However, in Albania there are no vocational rehabilitation activities. Currently, this provision, in connection with the rehabilitation remains impossible.

The institution in charge of accidents at work and occupational diseases is neglected and under-developed recently due to a very low number of reporting of the number of the above mentioned. Another problematic aspect identified here by the representatives of the SII is the merger of a specific unit within the SII for accidents at work which has had had an adverse impact in terms of evaluation and management of these cases, even though dwindling in number recently.

A) TEMPORARY DISABILITY ALLOWANCE/BENEFIT

This type of allowance is paid in connection to an accident or occupational disease, which is proved by a competent medical expert commission (known as a MC medical commission, it's not yet MCWCA). The size of this allowance is 100 % of the average daily wage of the last 3 years, for 12 months. Unlike the temporary disability allowance, the period in case of accidents, as noted, is longer. Another noteworthy fact is that the employer in case of accidents or illnesses has no payment obligation, as in the case of 14 days period for general illnesses.

B) PERMANENT DISABILITY BENEFIT

In determining the permanent disability benefit we note that the skills lost as a result of an occupational accident or occupational disease is translated into percentages. Specifically, the benefit for permanent disability arises in case of loss of at least 67 % of working ability, certified by a MCWCA. The benefit size is equal to 80 % of the average wage of the last three years of work, but never less than the minimum standard of living, which is determined by the Council of Ministers. Actually, in Albania such minimum level has not yet officially defined

The person who receives such benefit, as in the case of full disability pension due to general diseases is eligible for an additional 15 %, when MCWCA decides that this person needs care. The person receives another additional allowance for his/her children.

[9] Note that, differently from the pensions of invalidity for a general disease, this amount is not considered a pension anymore, but an "income". It is permanent and is not subject to indexation, unlike all the other pensions.

c) PERMANENT PARTIAL DISABILITY ALLOWANCE

This type of allowance is applied in cases where a person, as a result of an accident or occupational disease has lost at least 33 % of working ability, as certified by an MCWCA. The size of this allowance is equal to a fraction of the 80 % of the average annual salary of the last three years, depending on the degree of loss of working ability, but in any case should not be less than 50 % and is defined in the regulations of the ISS.

d) MINOR PERMANENT DISABILITY ALLOWANCE

This type of allowance becomes available when there is loss of ability to work less than 33%, but more than 10 %, as certified by a MCWCA. It is lump sum, which is granted immediately.

Based on interviews with representatives of the SII, this type of allowance has never been made available. As noted, the regulatory framework attaches a lot of importance to loss of ability to work, as a result of an occupational accident or an occupational disease. The duration of benefits is longer, and also the calculation base is broader. In addition, the Labor Code provides for some rules regarding work accidents, while defining the responsibilities of the employer in connection to the prevention of occupational accidents and diseases, by determining the technical safety regulations or other responsibilities regarding the general conditions of hygiene and health insurance.

The labor Code contains provisions for the protection of employees, in cases where accidents are caused due to the fault of the employer. In these cases, the employer, in addition to compensation that the employee receives from the Social insurance shall pay for the difference between the damage and the compensation. The Code also provides for the accidents of persons who the employer has not registered and declared to be under his employment. In these cases, the employer shall have to incur all costs due to an accident or occupational diseases, as well as all damages that result from the failure to register.
A problem observed in the practice of assessment of persons injured due to an accident at work is the failure to register and declare the accidents at the State Labor Inspectorate and SII[10]. This certainly complicates and hinders the process of assessment of the loss of working ability. As mentioned above, currently, there are few cases declared of people injured at work. This may be for several reasons: people are not registered; they do not declare for fear of losing their jobs; benefits may be small in relation to the salary; situation is resolved between them and employers, avoiding institutional path, which can be complex and prolonged in case of conflict; etc.

Another problem is related to the inclusion of accidents at work in the Expenditure Unit, together with other types of pension, and not as a separate item, thus having an impact in their incomplete reflection. Respondents state that the levels of payments for accidents at work should be higher and should be also differentiated based on the level danger of working conditions.

4.2 PERSONS WITH DISABILITIES- NON-WORK RELATED (NON WORK INVALIDS)

As explained above, the following section we will cover the description of the terms for eligibility in the disability scheme of persons with disabilities, non labor invalids.

Law no. 9355, dated 10.03.2005 (amended) On assistance and social services, and the by-laws for its enforcement provide for the types and terms and conditions for the eligibility of persons with disabilities

[10] Decision of the Council of Ministers Nr.788, dated 14.12.2005, "On determining the accident in the work or due to the work" article 3.

in the disability scheme, for reasons not related to employment.

The law provides a definition of persons with disabilities in the frame of this Law. According to article 4, point 3, a person with disability (PWD) is an individual who has become disabled as a result of physical, sensory, intellectual, psychological / mental, congenital or acquired later in life due to accidents, temporary or permanent disease, which are not caused by reasons related to employment. As noted, the definition itself is focused on defining diseases or diagnoses. Unlike the definition of disabled workers, which the same is focused on diagnosis but in relation always to work skills or ability, in the case of PwD, note the fact that the causes of these diagnoses are not related to employment and no further assessment regarding employment is provided.

People with paraplegia and quadriplegia who are declared as such by decision of the MCWCA, regardless of the cause and age, benefit payment due to disability.

In addition, the above mentioned persons with disabilities who, through the decision of the medical commissions for the establishment of capability to work MCWCA, are in need for care benefit also a payment for the caregiver.

Until several years ago, only children and teenagers were eligible to benefit from this scheme until an age established in the law, who had not started working or where in school or attending training. However, with the amendments and changes to the benefit scheme, with the removal of the age restriction, we have a broader range of persons with disabilities benefiting from the social protection programs.
Already any individual may be a beneficiary of the disability scheme, provided he/she has justification that he/she does not have an employment history, and has a diagnosis included in the specific instruction for persons with disabilities[11], i.e. that meets the description of the definition of a person with disability, in line with law on social assistance and social services.

The group of persons with disabilities, in the context of Law on social assistance and social services[12] includes persons with the status of paraplegic and quadriplegic invalids. The group falls under and is covered by the law on social assistance and social services, but on other hand, the majority of the benefits are provided for in the context of specific legislation for this group: Law no. 8626, dated 22.06.2000, 'Status of persons who are suffering of paraplegia or quadriplegia', amended. This specific law is a frame law that provides for the rights of persons who are paraplegics and quadriplegics and it establishes some obligations for the government and entails several specific provisions regarding benefits of paraplegics and quadriplegics[13]. The first article of this law provides that from this law will benefit all paraplegic and quadriplegic individuals, irrelevant of their age, time, and venue of accident or time of insurance.

4.3 ELIGIBILITY CRITERIA FOR INCLUSION IN THE SCHEME DUE TO BLINDNESS

With regards to the group of blind people, they have a separated legal basis. The law no. 8098, dated 28.03.1996 "On the Status of the Blind ' is the basic law that governs the rights and benefits of the blind. Under this law are classified as blind all persons with complete or partial loss of sight, born or gained blindness, who according to the medical criteria are unable to work under normal conditions. Blind, will follow the procedures as listed below and become part of the scheme by the decision of the Medical Commission on Determining Blindness.

[11] Instruction No. 362, date 26.02.2007 "On the approval of the regulation on medical criteria for assessing the disability".
[12] The financing is done by the SSI / MSWY.
[13] Some of the benefits provided for in this law were repealed in the later years. The reimbursement of telephone, electrical energy and public transportation expenses have been reduced substantially.

All persons with disabilities with the completion of the initial criteria are assessed by MCWCA according to the procedures, which will be explained in a separate chapter below.

Another aspect that should be considered in connection with 'mix' of these two schemes (work invalids from SII and PwD from SSS), is the fact that some people are classified under both scheme. Thus, some people can be declared 'work invalids' because of the years of contributions and can at the same time have a medical diagnosis, which recognizes them, the status of a paraplegic, quadriplegic or status of the blind. In these cases, these people benefit from two or three schemes simultaneously (may be blind, paraplegic and work invalid). No statistics are provided for these categories, with three types of benefits simultaneously, although this number should not be high.

On the other hand the number of disabled people benefiting from work invalids status and another one might be considerable. This happens because the legal provisions on benefits in the statutes mentioned are distributed given regardless of the conditions, time and causes. So, in this context, these payments are received unconditionally, regardless other payments received also because of disability.

5.PROCEDURES FOR THE REFERRAL TO THE MEDICAL COOMISSION FOR WORK CAPABILITY ASSESSMENT

As presented in the previous chapter, persons with disabilities may benefit from different benefit schemes, mainly based on medical conditions and employment history. Thus, on one hand the type of diagnosis that leads to disability and its severity determines an individual's possibility to benefit from the schemes of disability, but also the opportunity to benefit from special statuses. Otherwise the employment history determines the scheme in which the person must apply for benefits, as explained above.

To this end, this chapter is a summary of the procedures, documentation and the paths that a person with disability should follow from the moment that the disability occurs, until the assessment by the MCWCA. Assessment criteria that are applied during the assessment will be introduced in the next chapter.

Because of the existence of different benefit schemes, but also due to the existence of different institutions from which benefits depend upon, the procedures to be followed by each individual until the assessment by the MCWCA or MCDB are different. Procedures that need to be followed and the documentation that needs to be filled in differ not only based on the relevant benefit scheme the individual is applying to, but also on the level of assessment, namely whether the procedure for assessment is performed by the regional or superior MCWCA, or the case when the individual is being reassessed.

Despite the above mentioned differences, the first step for starting the assessment with the MCWCA would be the existence of a diagnosis which would qualify the individual for disability. For this reason, despite the differences in procedures and documentation between benefit schemes, the first step is to receive a referral letter (recommendation) from the health care services for further assessment by MCWCA or MCDB.

Based on the above, this chapter will focus on:

1. The procedures for obtaining the referral letter for the assessment by MCWCA;
2. The procedures that needs to be followed for the first time assessment;
3. The complaint procedures related to the assessment/decision by the MCWCA;
4. The procedures regarding the reassessment.

5.1 PROCEDURES FOR OBTAINING THE REFERRAL LETTER FOR ASSESSMENT BY MCWCA

As mentioned above, a pre-requisite for the initiation of procedures for assessment by MCWCA is the existence of one or more diagnoses that can lead to disability. This step implies that the starting point of the procedure is related to obtaining a referral for the assessment by MCWCA, which describes and validates the medical situation of the individual.

The Regulation on the Organization, Rights, Responsibilities and Functioning of MCWCA for work invalids provides that all persons, who will be assessed by the MCWCAs for the first time, should be equipped with a referral letter. This document must be issued by an in-patient health service; and in some exceptional cases for which there is no need for hospitalization, this document can be issued by the

medical commissions (MCs) that are located in the out-patient clinics at the district level, for each district. The diagnoses excluded from the obligation of obtaining the referral letter from an inpatient institution are: eyesight diseases (surgical), orthopedics and after-burns conditions. These medical conditions are considered as evident, thus there is no need for hospitalization. Also, based on the changes as the result of the adoption of Law 44/2012 'On Mental Health', the procedures for the referral to MCWCA for people with mental disorders have changed, in line with the joint Order of the Ministry of Health and SSI no. 386, dated 17.06.2013. For this reason, the procedures for the referral to MCWCA for these individuals are described in a separate section, below.

The regulation regarding the assessment of disability contains provisions which relate only to the period from the admission in the in-patient service, whereby the individual is either supplied with or not with the referral letter for the assessment by MCWCA. The regulation makes no mention of the previous procedures that are required to be followed by individuals in order to receive in-patient care. The period prior to the admission in an in-patient institution is an important aspect, which must follow the procedures described in Order no. 526, dated 12.10.2009, on the implementation of the referral system in health care services. Regarding the implementation of this system, there is no information on how this system is applied when it comes to benefits due to disability, and we have to go with the presumption that it applies equally to all patients.

The referral system in the health care services is an important aspect, because it is deemed to be the so-called first filter for further identification and referral procedures in relation to persons with disabilities. However, based on the information gathered from interviews with key informants, the procedures for assessment and the request for referral letter to MCWCA remain a sole responsibility of the individual, who should have access to the information and all levels of necessary health care services.

Hence, except in cases of emergency admissions in the in-patient service, the individual must initiate the request for obtaining a referral letter to MCWCA through the General Practitioner (GP), who then must refer the individual to the relevant specialist. The specialist, based on the patient's request, refers him/her to the medical commissions (MCs) that operate in the out-patient clinics for cases when the diagnosis doesn't require admission, or alternatively to the in-patient service.

MCs are composed of three specialist doctors who, after taking into consideration the individual's medical history and performing the appropriate examinations, decide whether the person fulfils or not the medical criteria for being referred to the MCWCA. In the cases where an individual has been admitted to an emergency ward, or has required hospitalization for the purposes of the assessment of the ability to work, the referral letter should be compiled by the doctor in charge, should be signed/approved by other three physicians (among them the chief of department), and signed by the head of the institution (General manager or his deputy of the in-patient service).

The procedures to be used in the case of labour are described up to a certain extent in the law on insurance, as part of the provisions related to the temporary disability. Thus, the Regulation 'On the issuance of reports for temporary disability to work', dated 05.10.1993 foresees that for the recognition of the temporary disability, the insured person must submit a medical report, which should be issued by doctors of Health Institutions, public or private, that have a contract with the SII. Reports on general illnesses, accidents at work or occupational diseases are issued for a period of maximum 1-14 days. The MC[14], based on the recommendation of the doctor who keeps the clinical file, has the right to issue a report on temporary disability only after the completion of the period of 14-days. However, this

[14] Medical commissions (MC) are set up in the cities' ambulatory health care services by the Public Health Department (PHD) and Social Insurance Departments (SID) institutions. Medical Commissions are composed of 3-5 physicians (of pathology, surgery, neurology, cardiology, phthisiatry and the occupational diseases). MC is a permanent body under the authority of the institution where it is set up and accountable to the SII. Its members are appointed by PHD and RDSI.

regulation applies only in the cases of insured employees. Meanwhile, we should reiterate the fact that the law establishes that a large number of individuals benefit (full) disability pensions even if they are not insured at the time when the disease appears, but have been insured at some point of their life or have completed the military service.

SOME OF THE ISSUES ENCOUNTERED AT THIS PHASE OF THE PROCEDURE

Regardless of the fact that the regulation stipulates that the referral letters for the MCWCA must be completed clearly and accurately, and must contain all the required signatures, members of MCWCAs and the specialized doctors often claim that these letters are vague, the diagnosis is not properly specified or that documents lack the signatures or the necessary tests and examinations. In such cases, the specialized doctor must go and verify the documentation or require from the individuals that are being assessed to bring additional documents that prove or specify the diagnosis, in order to verify or precise the diagnosis which has been described in a way which is not clear or brings cause for suspicion.

In some districts, due to the lack of specialized doctors, the MCs or the medical conferences (in the in-patient services) are composed of the same doctors who make also part of MCWCA, raising questions about the possible conflict of interest across different cases. Also, due to lack of specialists, it was reported that in some districts the MCs consisted of only one specialist of the field, while the two other signatures were completed by physicians of other specialties, leaving thus the decision on the case up to one doctor's assessment.

Other issues pertaining to the medical criteria encountered at this phase shall be introduced in the next chapter.

PROCEDURES RELATED TO THE REFERRAL TO MCWCA OF PERSONS WITH MENTAL HEALTH DISORDERS

Regarding the assessment of persons with mental health problems, the procedures related to the referral to MCWCA have changed during 2013. Previously, the referral letters to the MCWCA could be issued only from in-patient psychiatric services, which meant that many of the individuals had to fictitiously be admitted to the hospital as part of the procedures related to the determination of the ability to work. Changes in the procedure came as a result of the adoption of the Law on Mental Health, no. 44/2012, dated 19.04.2012, where the paragraph 5 of Article 19 provides that:

'Voluntary treatment of a person with mental health disorders in in-patient mental health services cannot serve in any occasion for the purpose of assessment of the ability to work.

Based on the provisions of the new law, the regulation dated 30.05.2005, 'On the organization, rights, duties and functioning of MCWCA' has been amended. As a result, except in the cases where a person has been admitted to an in-patient service for reasons other than the assessment of the ability to work (emergencies), the referral letter for MCWCA has to be issued by the Medical Commission of Mental Health at the community level, established by order of the Minister of Health. Thus, according to Order no. 386, dated 17.06.2013, six commissions are established nearby the Community Mental Health Centres (CMHC) in Tirana, Shkoder, Elbasan, Vlora, Korça and Berat, where for each of them was determined the respective catchment area. Also, due to the characteristics of morbidity in this area, the referral letter for the MCWCA by the commissions at community centres can be issued only one year after the person's follow up is documented by the multidisciplinary team of these centres.

SOME OF THE PROBLEMS ENCOUNTERED AT THIS PHASE

Despite the fact that changes related to the referral procedures for MCWCA of people with mental health disorders were considered an important step towards respect for the rights of individuals, due to the cancellation of 'forced' hospitalization, some problems have been identified during the last months in the implementation of these changes.

The Community Mental Health Centres have a very wide catchment area to efficiently cover and provide services for the population. Hence, in many cases, even if the procedures were to be followed, the ongoing treatment of a patient in the course of one year would be unrealistic or fictitious. Also, despite the existence of such centres, in most of the areas, MCs have not been informed on the changes in the procedure related to the referral system for MCWCA.

Also, due to a prolonged procedure for receiving the referral letter (after one year of continuous follow-up), many individuals continue to be fictitiously admitted to in-patient services, in order to be referred sooner to MCWCA. These new procedures do not provide for exceptions for those disorders (mostly childhood ones) that aren't likely to be transitory and for which there is no need for such a long observation (e.g., autism) or for those persons who have a long history of illness, but have not previously submitted the request for assessment and are not followed by the community centres (e.g. may have proven history of hospitalizations in the past).

5.2 PROCEDURES FOR FIRST TIME CLAIMANTS

As mentioned in the introduction of this chapter, regardless of the fact that the procedures related to obtaining the referral letter to the MCWCA are the same for all individuals, the procedures that need to be followed and the documentation that must be completed are different according to the scheme of benefits to which the individual is applying to. For this reason, below will be separately presented the assessment procedures concerning work invalids, persons with disabilities and the blind.

PROCEDURES RELATED TO THE ASSESSMENT OF WORK INVALIDS

The legal framework that defines the rules and procedures to be followed by individuals to ensure their eligibility in the existing schemes is based on:

- Order no. 362, dated 26.02.2007, On Approval of the Regulation on the medical criteria for assessment of disability';
- Joint Regulation of the MoH and SII, dated 30.05.2003, 'On the organization, rights, duties and functioning of the MCWCA for the work invalids';
- Regulation No. 1, dated 21.10.2008 'On the appointment, management and payment of pensions';
- Regulation, dated 24.11.2010, 'On the approval of the revised criteria'.

The individuals who apply for benefits from this scheme must satisfy the conditions that are listed under the social insurance law (see eligibility criteria in the previous chapter).

The main document that establishes the right of individuals to start the procedures for assessment, under all circumstances, is the referral letter to the MCWCA, which is obtained following the aforementioned

procedures. An individual who has received a referral letter to forward it to MCWCA is usually advised to appear at the office of LASI about 2 months before the expiry of temporary disability timeframe, in order to get informed on the requirements on the administrative and medical documents that should be filed, while the other stage of the proceeding continues in LASI.

The procedure that needs to be followed and the documentation that should be submitted are foreseen in the Regulation for the Assignment, Administration and Payment of Pensions. According to this regulation, it is the individual himself that should makes a request for the disability pension at the Local Agency of Social Insurance, by filling an existing form in three copies: one for the individual; one that will be attached to the file with the required documentation; another that will be archived at LASI for one year. Along with this application form, the individuals must submit a folder with documents, which are listed in Annex II of this report. This list differs only in a few points for people who have applied to benefit from the scheme of disability income due to an employment accident, adding the need to file payroll receipts over a period of three years, as well as copies of the minutes of the accident.

When the file is complete with all of the above mentioned documents, the applicant should submit it to the LASI. The main role of the agency is that of accepting and registering the file. Besides accepting the documentation, the inspector performs a formal check regarding the submitted documents (according to the regulation, the inspector at this stage is responsible for receiving documents for all types of pensions). These are a set of documents, without which the registration of the application cannot be considered completed and then the inspector starts the procedures for setting the date for the person to be assessed by the MCWCA. The inspector has the legal obligation to inform the individuals about possible problems in relation to the documentation and its compilation.

At the same day of the submission of the complete documentation, the file is submitted by the inspector to the supervisor of LASI, who registers the request and sends it by mail or protocol to the RDSI within the same day, when LASI's headquartered are located within the RDSI, and within the week when they are not. The procedures entail some specific deadlines, although not explicitly expressed in number of days. At the RDSI, the documentation of the file gets separated by the Head of the Benefits Unit, when the inspector of this unit examines the legal documents, while the specialized doctor examines the medical documents. At this stage, there are no deadlines foreseen for the examination of the file. Also, during this period, RDSI must perform the verifications regarding the contributions' history, as stated by the individual himself in his/her file.

At this point, the specialized doctor evaluates the diagnosis and decides if it can be used to qualify the person for being assessed by the MCWCA or not. If the diagnosis is part of the medical criteria for the assessment of the individual at the scheme that he/she has applied for, the specialized doctor decides on the date of the assessment by MCWCA. If necessary, the doctor can verify the medical documents with the institutions that have issued them. In cases of a negative decision based on the medical documentation, the specialized doctor, according to the regulation prepares an official reply for the individual, where explanations the grounds for such refusal. Under all circumstances, the file is returned to the Head of the Benefits Unit. This is the second time which provides for a specific timeframe (the first time it is related to the submission of the files to LASI and RDSI, depending on the distance from each-other). The file should be submitted back to the Head of the Benefits Unit within five days from the moment a decision has been taken on whether or it will be presented or not to MCWCA.

If the file gets approved to be eligible, in line with the medical criteria, then it should be filled in with

the necessary data regarding the history of the contributions of the individual, accompanied with a brief report put together by the specialized doctors for the members of the commission. The individual should appear before the MCWCA on the determined date by LASI.

The MCWCA runs an evaluation of the file at the announced date and, for each case that it examines makes a decision on the ability for work of the said individual. The MCWCA's decision represents the main legal document, which is used for the calculation for the disbursement of the disability pension. This decision, like any other legal document, contains some important elements like any other administrative act. Thus, the document can be considered valid if it is clearly filled, without corrections, and contains the names of all the members of the commissions and their signatures. This is a responsibility of the members of the commission. The decision should also make mention of all the appeal bodies, as well as the foreseen timeframes for this procedure.

SOME PROBLEMS IDENTIFIED IN RELATION TO THIS PROCEDURE

The Regulation on the Organization, Rights, Duties and Functions of MCWCA foresees that the specialized doctor should announce the date for the assessment within 10 days from the moment of the receipt of the relevant file. Article 7 of this regulation stipulates that assessment of the individuals by MCWCA should take place within 30 days from the date of submission of such documents. However, it is not clear if this date refers to the submission of documentation to LASI, or alternatively to the date when the file has been reviewed by the specialized doctor.

The regulation does not contain any provision about written notification for the rejected cases. At this point, it is assumed that individuals have been informed about the potential rejection. The beneficiaries interviewed during this review reported that they had never been contacted and that there has been and there is no correspondence or written notices, while specialized doctors indicate that there have been almost no cases of refusal since all individuals are given a chance to be assessed by the MCWCA. The existing regulation does not make it clear what could be the means for appeal by an individual if the refusal for his case to MCWCA happens while his/her file is being reviewed by the specialized doctor of RDSI. This decision undoubtedly constitutes an administrative act, and as such it needs to have proper justification, and should be given within a certain deadline, and instruct the individual on the methods of appeal.

In practice, specialized doctors do this as part of their routine, in order not to cause any delays on the appointment of the date for assessment. This of course leads to undue burden for the specialized doctors. Actually, the individual that is supposed to obtain information at LASI, goes from LASI to RDSI to be informed about any loopholes in the files, or to get additional information about the review of the file, duration of this review.

In theory, this information is supposed to be provided by the inspectors at LASI, but since they don't have the expertise to do so in terms of medical documents and diagnoses, these corrections remain to be performed only by the specialty doctors. From the organizational point of view, from the moment of the submission of the file, until the assessment by the MCWCA, there is no point of information, such as a contact number or a website where the persons can get information on the file and all developments in relation to it. This would definitely facilitate the work of all and will be in full compliance with the fulfillment of the right to information and the principle of transparency, which should characterize the process. Also, many times during this process there have been problems related to the verification of

years of contribution to the social insurance scheme, due to the lack of digitalized data.

PROCEDURES FOR ASSESSMENT OF PWD – NON-WORK-RELATED INVALIDS

The regulatory legislation in terms of the criteria used and the procedures to be followed for the assessment of persons with disabilities (PwDs) is similar and yet different from that for the work invalids. The procedure for the assessment of persons with disabilities begins at the local government units, where the individuals are required to submit a list of documents to the Social assistance and social care Unite. The basic document, as in the case of assessment of work invalids is the referral letter to MCWCA. The procedures for being equipped with a referral letter to MCWCA are the same as in the case of work invalids, with all of the above mentioned problems.

Based on Decision of Council of Ministers No. 618, dated 07.09.2006, all persons applying for disability assessment shall submit a list of documents to the social administrator at the local government unit, which is summarized in Annex II of this report.

Each month, the social administrator at the municipality or commune level submits to the specialized doctor of SSS a record, together with the appropriate documentation, of the persons who have applied to be submitted or re-submitted for assessment at MCWCA. The specialized doctor, after reviewing the file makes an evaluation if it meets the medical criteria, which cannot be evaluated by the social administrator, then registers it and announces the date of submission to MCWCA. The specialized doctor of SSS, same like the specialized doctor of RDSI, double checks the files and submits them to MCWCA. In most regions, the specialized doctor of SSS is also a member of the MCWCAs.

Following the assessment by the MCWCA, and the respective decision, the individual is informed in a specific form if he/she benefits from one of the two groups of disability or not (without the classification), and the file in any event is returned to the social administrators at the local government units. The social administrators are in charge of making available the disability pension (erroneously referred to as "social assistance") and ensuring that this amount gets monthly transferred to the bank account of the individual (and his/her guardian in the event that the individual is deemed to benefit from the first group of disability). During the period between the two commissions, the social administrators are the persons responsible for tracking down the payments and the situation of persons with disabilities.

In the cases when a certain individual does not meet the medical criteria, or when these criteria are not included as part of the benefit scheme for which the group is assessed, the individual, in addition to the decision in the standard specific form also gets informed about his/her right to appeal the decision of the regional MCWCA to the supreme MCWCA, as well as about the procedures that should be followed in this regard, as explained below.

SOME PROBLEMS IDENTIFIED IN RELATION TO THIS PROCEDURE

Given that social administrators have the responsibility to submit the requests for assessment of disability at the Regional Directorate of the SSS once per month, on a certain date, this procedure could create a situation whereby: i) there could be high volume of work regarding the recording and reviewing of the files by the specialized doctor at the initial moment of files submission; ii) if the file is submitted to the social administrator in the early days into the 30-days period, then even the timeframe for the submission of the file from the social administrator to the specialized doctor can run one month, that is the maximum

time foreseen for the whole procedure; this period may be even longer in the cases when there is large volume of applications for assessment of people with disabilities or where MCWCAs that assess this group, meet once per month.

Also, another problem that was reported by the specialized doctors of SSS was related to the fact that, due to the remoteness of many local government units, and due to the fact that there is only one specialized doctor for each prefecture, some of the files taken into consideration by the commission have loopholes in terms of medical records. The social administrators that receive the files only check the formal aspect, in other words, the completeness of the list of documents. In these cases, the return of the file to complete it with the necessary additional information would not only extend the time limits, but also the relevant costs for the individual and his/her family.

PROCEDURES RELATED TO THE ASSESSMENT OF BLIND

Persons with visual impairment (the blind) get assessed through different procedures from all the above categories. Blindness assessment is performed through a centralized system. The assessment of the blind was the competency of the regional MCWCAs until the entry into force of Decision no. 671, dated 15.12.2000 (as amended) and the establishment of the Medical Commission for Determining of Blindness (MCDB) under the jurisdiction of SSS and MSWY[15].The composition, number and modus operandum of this commission is determined by the Minister of MSWY. The Commission consists of five members, of whom three are experienced eye doctors, one doctor is the representative of SSS and a fifth member who is the representative of the Association of the Blind.

Blind persons who are subject to assessment and re-assessment in order to benefit from the 'Status of the Blind' should register themselves with the Social assistance and social care Unit at the local government level, in order to submit the list of documents that we introduced in Annex II of this report, which is less compared to the documents that need to be submitted by the work invalids.

The referral letter to MCDB is submitted by the MCs of the regional hospitals or out-patient clinics. The referral letter should be signed by an ophthalmologist. The Social assistance and social care units at the municipalities or communes shall within ten days submit the files for review at the disability assessment unit at the SSS. The latter, based on the requests appoints the date for assessment and informs the individual through the regional departments of SSS.

Some of the interviewed beneficiaries reported that the current procedure is not very convenient, mainly due to the location of the commission (only in Tirana), which increases the costs for the respective individuals.

5.3 PROCEDURES FOR COMPLAINING AGAINST A COMMISSION'S DECISION

Within 30 days from the date of the decision taken by the Regional MCWCAs, the person may appeal the decision to the superior specialized MCWCAs. The request is submitted in writing at the RDSI, in the case of the persons who have applied to benefit from the scheme of work invalids, or to the regional directorates of SSS for the persons who have applied to benefit from the scheme of people with disabilities – not for work related reasons. These directorates shall then submit the individual's request to SII and SSS within 10 days. Along with the request, the specialized doctor should include as part of the file sent to the superior MCWCA a detailed report with the arguments for the decision taken

[15] Article 1 of the Decision provides for its independence from the General Administration of the Social Services. This provision is in the legislation for blind people only.

by the regional MCWCA. At this stage of the process, the individuals play a secondary role, since the file is completed by the specialized doctor. The individuals receive only the decision of the MCWCA, which he/she can disagree with, and wish to appeal since he/she is deemed not to belong to a certain group, i.e. not benefiting from the social insurance scheme, or because he/she does not agree with type or classification of invalidity related to the size of the benefit or the need for care.[16] Information on the appeals procedure shall be obtained by the individual via the response of the MCWCA, which in line with Code of Administrative procedures determine the timeframe for the appeal, as well as the body to which the appeal should be addressed.

The detailed answer, together with the grounds for MCWCA's decision is not made available to the individual. Based on the interviews conducted with the specialized doctors, failure to issue the document is related to professional reasons relating to the medical diagnosis, since only medical doctors, members of MCWCAs may pass judgments and only the superior specialized MCWCAs can judge over the decisions of the Regional MCWCAs. Specialized doctors often claim that due to the specific nature or the legal relation that arises during the evaluation of the ability to work, these decisions may be taken only by specialized doctors hired from the regional or superior MCWCAs.

Following the process of appeal, the superior MCWCA is obliged to make the assessment of the individual that is appealing the decision of the regional MCWCA within two months from the date of the receipt of the complaint. If for any reason, the individual does not appear twice in consecutive turns, the superior MCWCA decides to refuse the appeal and the file is returned to the regional directorates of SII or SSS. The regulation does not explain how the process of information takes place in practice, related to the date to appear before the Superior MCWCA, given that it is located only in Tirana and the applicants can come from all around the country.

The decision of the superior MCWCA is final. It cannot be altered by the regional MCWCA, within the timeframe noted in the decision. When the individual assessed by the Superior MCWCA claims an aggravated health condition, the regional MCWCA may take a decision, while providing the arguments for such a change. But in these instances there is need for approval by the superior MCWCA, and the decision will take a final form once it gets the no objection from the superior MCWCA.

THE DECISION OF THE SUPREME MCWCA MAY NOT BE APPEALED

Lack of an opportunity to appeal the MCWCA's decision is more an exception than a rule in the administrative practice. The Administrative Procedure Code sanctions the right to the administrative appeal. The right to appeal is an essential legal instrument for the realization of one's rights. The appeal is a constitutional principle, which clearly incorporates the principle of the right of the individuals to address the court in defense of his/her rights and freedoms, and the right for compensation in the event that the individual suffered damage caused by state institutions due to their illegal acts or omissions[17]. However, going back to our concrete case, the Social Insurance Law until 2011, included as its integral part Article 35, which provided for that the decision of the Superior MCWCA is final, and therefore could not be appealed before the court. It should be reiterated that the impossibility of appeal, in this case, is related only with to the medical expertise, i.e., medical decision (not the procedures), because of the special nature of this law. This legal impossibility shall in no case refer to the legal process. Therefore, such a decision can be challenged before courts, but the decision of medical expertise cannot be challenged. Article 35 was amended by Law no. 10447 dated 14.07.2011. This law didn't change the lack of possibility for appeal of the Superior MCWCA decisions; therefore they still remain incontestable in the court of law.

[16] Other cases of appeal to the superior MCWCA are foreseen in the section 12 of the 'Regulation on the Organisation, Rights, Duties and Functions of the MCWCAs'.
[17] Article 42 and 44 of the Constitution of the Republic of Albania.

The re-shaping of the superior MCWCA was the result of a ruling in the case "Dauti vs. Albania" before the European Court of Human Rights (ECHR). The question was referring to a violation of Article 6, paragraph 1, of the European Convention on Human Rights (ECHR), namely access to courts and due process. ECHR set the discussion on the nature of the Superior MCWCA, whether it is an independent and impartial within the meaning of Article 6, paragraph 1, of the ECHR. The Court concluded that the Superior MCWCA, as it operates (and still continues to be in such a format), it is not independent and impartial, judging by the mode of election of its members, the composition, as well as the lack of oath by its members. Members do not have any guarantees for their irrevocability from the positions and can easily be subjects of pressure, being selected by SII and MoH. The decision also referred to other cases judged by this court. According to them the ECHR notes that the commission has no qualified lawyers in its composition. As a result of the above-mentioned law, measures have been taken by the government to reflect all the shortcomings identified in the decision of ECHR, by formatting the whole structure of the Superior MACCW, in an effort to turn it into an independent and impartial body.

Still, this law has not yet been enforced. We have information from representatives of SII, who were in charge of drafting the bylaws, that lack of their approval has led to the inability to enforce the legislation. Something that needs to be discussed is the fact if an entity under the executive power can be an impartial body, and if yes to what extent.

5.4 RE-ASSESSMENT/RE-EXAMINATION PROCEDURES

Another aspect related to the assessment procedures by the regional MCWCAs is that of the re-assessment. The regulation foresees that persons with work invalidity can benefit from the scheme based on the assessment by MCWCAs for a period ranging from 1-to-3 years, depending on the diagnosis. Thus, for every diagnosis there is a related period of eligibility. The decision of thee MCWCA provides for the timeframe of re-assessment of the individual. According to the Rules for the organization and functioning of MCWCAs, the timeframe for the re-assessment should not be longer than one year, with exception for the cases when people suffer from irreversible health conditions unable to benefit from rehabilitation, for which the re-assessment timeframe can be extended up to three years. In reality, the specialized doctors and members of the commissions claim that the medical criteria should be revised in many respects, but especially in terms of timeframes foreseen in relation to re-assessment.

The request for the re-assessment should be re-submitted to LASI by the individual himself, who should also provide the documentation on the previous decision of MCWCA. The regulation "On the assignment, administration and payment of pensions' does not clearly define what documents does the individual need to fill again, at this stage of the procedure, as they should be listed in the previous decision of MCWCA, although the existing format on MCWCA's decision doesn't contain a specific section in this regard. Still, the individual must submit at any rate the medical history from his last assessment. The re-assessment should be made two months before the deadline set in the last assessment. The procedure followed in these cases in relation to the documentation is the same as the one followed for the assessment for the first time, explained above.

Regarding the re-assessment procedures for the persons with disabilities, who are not work invalids, the list of documents that should be submitted to the social administrator of the local government unit is the same with that of Annex II. These individuals should also submit their application two months before the expiry of the benefits' period. These deadlines are set in order for the individuals to continue to receive the disability benefit in the period in between the two assessments.

If the individuals of each of these schemes do not appear for the assessment on the scheduled date, they can be subject to assessment within the next two months, without losing the right to eligibility of the payment for the past few months retroactively.

Based on the respondents' feedback, the procedures related to re-assessment are deemed to be not so tiresome, mainly because of the simplicity of the medical documentation required for most of the cases. Thus, in most of the cases, during the re-assessment for the individual could suffice to submit the case history as provided by his/her doctor in charge.

Also, the relevant regulations provide that, in case of a change in the health conditions of an individual, that individual may require to be reassessed before the expiration of the previous assessment deadline. In these cases, the procedures and documentation required are similar to those used for the first time assessment.

MAIN PROBLEMS IDENTIFIED IN RELATION TO THE REFERRAL PROCEDURES FOR DISABILITY ASSESSMENT

Procedures that need to be followed by persons with disabilities are complex and, often, from their point of view, difficult, long and tedious. The persons with disabilities contacted for this review reported that they often encounter difficulties for gathering the required documentation, which in their opinion is unnecessary for most of the cases. This is due to the fact that Albania still lacks a digital archive system[18] that could facilitate the verification of beneficiaries of different schemes, or that could provide the necessary data on the assessed cases. Often times the beneficiaries complain about the deadlines related to the administration of their files by the institutions, the difficulties in receiving the necessary information on the process, lack of transparency on different stages of the procedures, etc. In reality, the entire process, until the submission of the file to LASI or to the social administrator, relies on the individual, which is considered to be the one who is interested to receive the disability payment. It is the individual who should gather all the necessary documentation, who gets in contact with doctors or health institutions, makes the request of information from the archives, etc. This situation is the result of the lack of collaboration between different institutions involved in the process that would have otherwise enabled the official exchange of information or access in the same database.

Another problematic aspect in this regard is related to the right of information of applicants, at different stages of the process. There is no formal system of information on the rights and opportunities that individuals have to benefit from the payment in the cash scheme, rehabilitation and other services. It goes without saying that specialized doctors mainly in polyclinics or hospitals provide individuals with information, but this information is not standardized or organized.

The system or procedures are set up in such a way that the burden falls on the individual and the latter is not facilitated or supported by the system. The individual plays an active role until the submission of the file, while later on, the applicant is considered to have a secondary role in the process.

[18] SII informs that the process for establishing a digital archive (for work invalids) is ongoing.

6. DISABILITY ASSESSMENT CRITERIA

In the previous chapters we discussed about the eligibility criteria that persons with disabilities must meet to benefit from the schemes, as well as the procedures that they should follow in order to be referred to the MCWCA. This chapter describes the assessment criteria that are followed during the assessment of persons with disabilities, in order to confirm the diagnosis that leads to a disability, as well as determining the degree of its severity, which is directly related to the size of benefits from social protection schemes.

Despite the provisions of both national and international legislation (i.e. NDS and CRPD) for the transformation of the disability assessment system from the medical to the social model, the assessment criteria in the Albanian context continue to be based only on the confirmation of the diagnosis leading to the disability. For this reason, the assessment focuses only on the medical criteria, without giving the opportunity for a more comprehensive assessment of the barriers faced by individuals in regards to independent living and social inclusion.

In addition, during the interviews conducted for this review, the members of MCWCAs reported that they rarely gave recommendations on the possibilities of rehabilitation, mainly as a result of: lack of sufficient time for the assessment of each individual, as well as lack of time to obtain more detailed information on his/her situation; lack of knowledge and abilities related to the assessment of social and economic issues or opportunities for the individual; lack of a network of supporting services in which the individual can be referred to; etc.

It is for this reason that the following procedures and criteria focus only on the efficiency and applicability of the existing medical evaluation criteria.

6.1 ASSESSMENT PROCEDURES

As mentioned in the previous chapters, during the assessment the individual must submit to MCWCA the file with the necessary medical documents, while the other documents related to meeting the eligibility criteria for benefits from the scheme have been previously reviewed by the staff of LASI or the social administrators. In the medical file, the most important document is the referral letter to MCWCA issued by the MC. Based on the referral letter and the diagnosis that it contains, the person must be informed in advance by the specialized doctor about other documents that need to be in the file, i.e. tests or other examinations that the individual should have with himself during the assessment (if not submitted already), as explained in the previous chapter. The list of medical documents that should be made available during the assessment is based on the regulation of medical criteria that will be presented below.

Assessment procedures differ significantly only at MCDB, where despite the examinations and referral letters included in the individual's file, comprehensive examinations are conducted for each case. So the decisions of this commission are based only on direct assessment carried during the assessment process.

Although in most cases, the MCWCAs and their composition are the same for persons with disabilities as

those for work invalids, the medical assessment criteria upon which the assessment of these two major groups is based are different. Also, same like with the eligibility criteria and assessment procedures, the assessment criteria for persons referred to the MCDB are different from the above two. For this reason, in this chapter as well, the assessment criteria and the problems related to those will be presented separately: a) assessment criteria for work invalids; b) assessment criteria for persons with disabilities - not for work related reasons; and c) the assessment criteria for blind persons.

6.2 ASSESSMENT CRITERIA APPLICABLE TO WORK-RELATED DISABILITY

The assessment criteria applied by the MCWCAs for the work invalids are based on the regulation dated 24.11.2010 'On approval of the revised criteria'. This regulation establishes the list of diseases that can lead to disability and serve as the grounds of confirmation on which a person can benefit from social protection schemes for this group.

The list of diseases is compiled based on the request of the SII for the review of the assessment criteria, in collaboration with the MoH. Hence, after the design of a guide format, all the UHC services were requested to develop a list of diseases associated with disability, based on the diagnostic criteria of ICD. The request was addressed to each head of service, based on which they were recommended to set up a working group. Each working group for every specialty had to develop the list of diagnosis, the diagnostic criteria (necessary tests / examinations to be performed and their parameters) on the basis of which the diagnosis can be confirmed and can determine the degree of severity of disease related to the disability group. Also, for each of the diseases and the degree of severity included in the list, the timeframe for the re-assessment or the maximum period of benefits from the scheme should be described.

Despite the above mentioned procedure, the representatives of the MoH and SII reported that the above steps have not been followed by all services, thus leading to: failure to review diseases associated with certain areas of morbidity; failure to establish consulting teams throughout the services as well as formulation of the assessment criteria; problems in referring to ICD criteria for some of the diseases; etc. In addition, even though the list of diseases and of their criteria is too broad and voluminous, many of the interviewed professionals reported that for illnesses with similar consequences, in different specialties, there are provisions for different recommendations regarding the degree of severity, the size of benefits, and the deadlines of re-assessment. Another concern is related to the fact that the list does not include some diseases which have started to spread only in the recent years.

In some instances, given that medical criteria are considered as the guiding criteria, the members of MCWCAs, based on an assessment of each case, reported that they decide to apply different criteria regarding the benefits associated with the group of disability, or the period of time required for assessment. In some other cases, physicians reported that despite their judgment on the aggravated health condition of the individual, they still have to assess the individual as belonging to 'no group' and to recommend the referral of the case to the superior MCWCA, given that the assessment criteria do not allow his/her inclusion in the scheme or continuation of eligibility (i.e. in case of tumors, where the criteria foresee that a person can benefit from the scheme for a maximum period of 2 years, despite the health complications that can occur during this timeframe).

In the event where, in line with the eligibility criteria, the individual applies for inclusion to benefit from the revenue scheme because of a professional disease, the MCWCA should base themselves on another set of medical criteria, which are established in the Regulation on Definition of Professional Diseases,

adopted by DCM no. 369, dated 28.06.2007.

Also, procedures and assessment criteria during assessment play an important role regarding the disability sub-categories. Thus, unlike in the case of individuals who fall under the category of full invalids, and who in the MCWCA's assessment are considered as "unable" to perform any kind of work, for the individuals that fall under the category of "partial invalids", the MCWCA must subject them to assessment and take a decision regarding the type and conditions of employment that the individual can perform in the future, based on the categories described in chapter 4 of this report. In relation to this assessment procedure, professionals reported significant difficulties for an objective assessment, mainly due to lack of a list/codification of occupations and skills that an individual must possess to fulfill them. This deficiency leads to difficulties in assessing the skills of the individual in performing his/her current job position, or in making recommendations for other job positions, more suitable for his/her health conditions

6.3 ASSESSMENT CRITERIA APPLICABLE TO NON-WORK-RELATED DISABILITY

The assessment of persons with disabilities is done in most cases by the same MCWCAs that perform the assessment of individuals who are work invalids, but in that case, the members of the commission would have to refer themselves to another list of medical criteria. This list is provided in the Regulation On the medical criteria for the assessment of persons with disabilities, approved by the joint order of the Ministers of MoH and MSWY, no. 362, dated 26.02.2007. This regulation includes a list of main diseases, which can lead to disability, but still it is a lot less inclusive than the list of diseases on which the assessment of work invalids is based.

The medical criteria for the assessment of each diagnosis in this list are not detailed enough (despite the fact that the terminology refers to ICD-10). Also, this list doesn't include the tests or examinations required to be submitted for the assessment, as well as their values which would lead to the inclusion of the individual in the benefit scheme. Despite the fact that the regulation provides for the periods of eligibility to benefit from the scheme for each of the diagnosis, still these criteria are considered to be guiding ones, which means that for some of the diagnosis, the members of MCWCA have to decide based on the health conditions of each individual (i.e. persons diagnosed with autoimmune system hemolytic anemia are eligible to benefit from the scheme for one year; after this period the benefit depends on the health conditions of that individual).

Based on interviews conducted with members of MCWCAs and the specialized doctors, some of the main problems associated with the existing medical criteria for the persons with disabilities are related to the following: restricted list of diseases included in this regulation, which leaves out a number of diseases that lead to severe disability; difficulties in the confirmation of some diagnosis due to lack of diagnostic instruments, especially in the case of psychiatric illnesses and mental disorders that constitute more than 50 % of cases assessed; 'unfair' limitations related to the group of benefits for some diagnosis (i.e. in cases of children suffering from pervasive developmental disorders, like autism, can be included only to the second 'group/level' or provided no right of disability; thus, despite the gravity of the health conditions and the obstacles in autonomy, there is no right to appoint a guardian); etc.

In addition, based on the reports of the professionals, the medical criteria for the assessment of persons with disabilities have not been adapted to include morbidity related to disability for adults, even though the adults have been included in this scheme as a result of changing conditions due to lack of contributions to

the social insurance scheme. Thus, the professionals reported that diseases that can occur in adulthood, such as major depression or some types of tumors, although included in the list of diseases for work invalids, are not included in the list of criteria for the assessment of persons with disabilities.

To address the above mentioned difficulties, professionals reported that in some cases, during the assessment of persons with disabilities, who are not work invalids, they also refer to medical criteria for work invalids, even though not all MCWCAs were equally "tolerant" in this regard. Also, many of the interviewed professionals and beneficiaries identified as a problematic aspect of the system the fact that even for the diseases for which the benefits are supposed to be granted on permanent bases (i.e. Hemophilia or severe mental retardation); the timeframe for the re-assessment is foreseen maximum once per year.

In this regard, one of the frequently reported problems was related to the assessment criteria of children who are diagnosed with the Deaf-Mute condition. In these cases, the criteria foresee that individuals can benefit from the scheme until the age of 7, except for the cases when there is the added presence of a mental 'deficit'. Some of the interview members of MCWCAs reported that they often are willing to diagnose a child with the condition of mental deficit, in order for him/her to be able continue to benefit from the scheme, mainly due to the social and economic difficulties of his/her household.

6.4 ASSESSMENT CRITERIA FOR VISUALLY-IMPAIRED PEOPLE

Despite changes in the procedure, the assessment criteria for persons with visual impairment (the blind) applied by the MCDP follow the same medical criteria as those defined in the regulation dated 24.11.2010, "On approval of the revised criteria". The main criterion of assessment for eligibility from the scheme is related to severity of visual impairment, which should be determined based on the examinations conducted during the assessment, regardless of the causes of the disability. Although the medical criteria in which the assessment refer to are reported to be the same, the professionals often report that people who apply for benefits from the scheme of blind status (MCDB) and work invalids (MCWCA) simultaneously, they may not evaluated equally by both commissions.

7. BENEFICIAIRES AND SIZE OF BENEFITS FROM THE DISBAILITY BENEFIT SCHEME

Based on the above mentioned definitions in the previous sections, as well as in line with the social protection afforded by the scheme in Albania, the assessment and the support of the PwDs is still based only on cash benefits from the cash payment scheme, where this category accounts for the most part of the social protection budget. Currently, the disability payments and services are based on the following categories of beneficiaries of disability payment: a) Blind persons, with total or partial loss of eyesight, either born this way or who have acquired it; b) Paraplegics and quadriplegics, irrespective of the cause or age; c) Persons with mental, physical or sensory disabilities; d) Work invalids that are eligible for invalidity pension and a monthly supplement on top of the invalidity benefit, in line with the status of work invalids.

The above mentioned division is important given that the only statistics collected at the national level on disability are based on the cash payment benefits that the persons included in the above categories receive, following an assessment by the MCAD and MCDB. An emphasis should be put on the fact that the statistics collected based on the beneficiaries of each scheme do not reflect the real number of PwDs given that the individuals that enjoy the status of "blind persons" or "para/quadriplegia" status may be beneficiaries of more than one scheme simultaneously.

Thus, based on the main disability categories, as well as on the sub-categories on the basis on the burden of disability the individual faces (as explained in scheme 1 above), this session will summarize the main data collected from the existing system on the type and size of benefits from each scheme, as well as the number of beneficiaries.

7.1. BENEFITS FROM THE DISABILITY ASSESSMENT SCHEME

This section summarizes the CASH benefits for each group of Persons with Disabilities, in line with different schemes where these individuals may be part of. Benefits from other support schemes, in addition to those under the cash scheme are summarized in the rights-based regulatory framework listed in Annex III of this report.

A) THE BLIND

Based on Decision No. 277, date 16.07.1997 of the Council of Ministers On the benefits from the blind status" as amended, the size of the benefit is increased to a total of 11,100 Lek/monthly. This payment is indexed annually with the consumer price index. The caregiver receives a payment in the same size.

According to Decision of Council of Ministers no.870, dated 18.06.2008 On a change to Decision of Council of Ministers no.277, date 18.07.1997 "On the benefits from the blind status" as amended, persons with visual impairment:

- Persons with visual impairment receive 200% of the payment while attending high school or

training courses;
- They receive 300% of the payment while attending university and postgraduate qualifications;
- Blind persons with titles or advanced degrees receive 300% of the payment for life.

In addition, based on their special legal status, in line with law no. 8098, dated 28.03.1996 "On the status of the blind", they are eligible for:

- Compensation for the power bill up to 2000 Lek per month for the blind persons that need a caregiver and 1400 Lek per month for the blind persons who don't need a caregiver.
- Compensation for the fixed lined telephone bill up to 1000lek per month
- Reimbursement for drugs and free health insurance
- Discounts for fixed telephone lines
- Employment based on the Law on promoting employment and motivating the business community to hire persons with visual impairment.
- Office space for the national Association of persons with visual impairment
- Funds from the state budget for the National Association of Persons with visual impairment to cover administrative costs.
- Funding for building the Rehabilitation Center for blind persons.

b) INDIVIDUALS WITH PARAPLEGIA AND QUADRIPLEGIA

Based on the Decision of the Council of Ministers, no 604, dated 23.07.2010 "On a change on decision nr. 31, dated 20.01.2001 "On benefits from the paraplegia and quadriplegia invalid status" the disability payment was increased to 9,750 Lek/month, and to 10,250 Lek per month for the caregiver. According to the DCM no 328, dated 12.03.2009, the time of service as a caregiver for the individuals with paraplegia or quadriplegia who are not economically active and don't receive benefits from the mandatory social insurance system is considered as time insured for the purpose of receiving benefits related to pensions, maternity, work related accidents, occupational diseases and health insurance.

Individuals with paraplegia and quadriplegia:

- receive 200% of the payment while attending high school or training courses;
- receive 300% of the payment while attending university and postgraduate qualifications
- receive 300% of the payments, for life, if they have scientific degrees

The above mentioned payments are not calculated as part of the income of the family in the calculations for the social assistance purposes.

Based on the law no. 8626, date 22.06.2000 "The Status of persons suffering from paraplegia and quadriplegia" as amended, these individuals receive:

- Reimbursement of drugs and free health insurance;
- Compensation for the power bill of up to 2000 Lek per month for the para-quadriplegics that need a caregiver, and 1400 Lek per month for the para-quadriplegics persons who don't need a caregiver.
- Compensation for the fixed line telephone bill up to 1000lek per month
- Priority housing, and in line with the housing law quota

- Employment based on the Law on employment promotion and extension of facilities for businesses for every hired para-quadriplegics.
- Exemption from direct taxes
- Exemption from custom duties for vehicles used by para-quadriplegics
- Free mobility supportive equipment (wheelchairs, crutches)
- Payment for personal hygiene products, based on DCM no 873, dated 18.06.2008 up to 16000 Lek per month
- Payment for the fuel of the vehicles used to transport para-quadriplegics and work invalidity based on DCM no 1962, dated 17.1.2008. Currently this payment is 7000lek per month
- Office space for the association
- Financial support for administration of problems related to the association on a district level
- Improved access to hospital, schools, public institutions etc.

C) PERSONS WITH MENTAL, PHYSICAL AND SENSORY DISABILITIES

Persons with mental, physical, and sensory disabilities are eligible for disability benefits as a result of their impaired ability based on law 9355, dated 10.03.2005 "On social assistance and services". Currently persons with mental, physical or sensory disabilities and their caregivers receive a payment of 9,750lek per month based on the DCM no 618, dated 07.09.2006 "On the definition of criteria, documentations and benefits for PwD, as amended". In addition, these individuals receive:

- 200% of the payment while attending high school or training courses
- 300% of the payment while attending university and postgraduate training
- 300% of the payments, for life, if they have scientific degrees

The above mentioned payments are not part of the household income for the effect of the calculation of social assistance.

D) WORK INVALIDS

The work invalids (approximately 65781 persons) are eligible to benefit in line with Law No. 7889, dated 14.12.1994 "On the status of the invalids," as amended, based on law No 9355, date 10.03.2005 "On social assistance and services", as amended, and law no. 7703, dated 11.05.1993 on Social Insurance. Law no. 7703, dated 11.05.1993 on Social Insurance provides for invalidity pensions to persons who were rendered partially or fully disabled, during the insurance period, due to an occupational accident, occupational or general disease.

The benefits from Law no. 7703, date 11.05.1993 'On the status of labor invalids,' are as follow:

- compensation for the increased price of electricity
- Compensation up to 7000 Lek for the fuel in case the invalid owns a vehicle
- reimbursement of medical treatment: 100% for full time invalidity, and 50% for part-time invalidity
- exemption from direct taxes and custom duties for different types of equipments used for rehabilitation purposes, including vehicles
- free public transportation, 50% off non-public transportation; etc.

Work invalids are eligible in line with Law No 9355 of an old age or invalidity pension, which is calculated based on the contributions paid through the employment years, and an additional amount due their disability, which is differentiated according to the degree of invalidity:

- persons will full invalidity with a general disease receive 3300 Lek a month;
- persons with full invalidity with occupational disorders or accidents receive 4000 Lek a month;
- persons will partial invalidity with a general disease receive 2200 Lek a month;
- persons with partial invalidity with occupational disorders or accidents receive 2700 Lek a month

The Invalidity pension is not included as part of the household income in the calculation of social assistance.

PROBLEMS RELATED TO THE SIZE OF BENEFITS

The most evident problem in this regard is related to the fact that for the same diagnosis and severity, people who are beneficiaries under different schemes therefore benefit different payments. The respondents argue that two labor invalids, with the same health conditions, but with different employment records are eligible for different payment sizes, where the higher amount goes to the individual with longer employment records, i.e. more years in the system of social insurance. But in many cases, the opposite is true as well. So, some persons with brief employment history compared to their age are eligible for the labor invalid status, but they receive higher benefits that PWDs that are not eligible to benefit from the disability benefit scheme, and who have never worked before.

On the other hand, the current system of assessing and determining the payment does not always take into account changes in the functioning of the individual, despite the same diagnosis. Thus, some beneficiaries or representatives of their association interviewed stated that it is not fair that the scheme doesn't differentiate between persons with different degrees of severity of the health conditions, in particular in the case of persons who have the status of blind persons or para-quadriplegics. For example, in the case of a person with the status of para-quadriplegic who can move with assistance equipments, the difficulties and barriers the individual faces, as well as the household's expenses, are not the same compared to a person who cannot leave the bed and is always in need of care.

In addition, another problem of the current system of benefits is related to the fact that the assessment by the commission, and consequently the benefit size do not take into account any other social or economic aspects. This discussion is closely linked to lack of a clear definition in the regulatory framework of the PwD CASH payment, which is often regarded as part of the social assistance scheme. Some of the respondents reported that despite the fact that the disability benefit should not be tied to the household's income, the assessment system must be able to estimate when this payment should be higher due to difficult economic conditions of the family; severity of illness; or when the individual has sufficient income he/she should not obtain other financial support, such as that related to compensation of electricity bill, telephone bill, or fuel.

Furthermore, some of the representatives of the interviewed public institutions reported that the assessment system should be reviewed in order to provide for decent benefits, but at the same time to prevent individuals to benefit simultaneously from more than one social protection scheme, i.e. payment status, payment from disability scheme and payment from social assistance schemes, in addition to other indirect benefits. The system of calculating the size of the benefit should be able to calculate all conditions associated with involvement in various schemes, and provide a single, but fair payment.

Problems were referred by representatives of institutions related to the possible abuses related to the 'indirect' benefits, such as those related to compensation of electricity or telephone bill, where due to lack of proper monitoring, the numbers of individuals/households benefiting from these facilities, are much higher than the number of individuals who receive CASH payment from the respective scheme.

Representatives of institutions reported of problems related to possible abuse related to the 'indirect' benefits, such as those related to compensation of electricity or telephone bills, where due to lack of proper monitoring, the numbers of individuals/households benefiting from these facilities are much higher than the number of individuals who receive CASH payment from the respective scheme.

7.2 NUMBER OF BENEFICIARIES FROM THE DISABILITY BENEFITS SCHEME

The number of persons that benefit currently from the existing disability scheme, (December 2013) is 140.992, of which 74.218 benefit from the three main categories of PwD and 66.774 from the work invalidity scheme, as well as 20,262 caregivers. These statistics include persons that benefit from different disability categories, but at different levels of the above mentioned benefits.

Regardless of the actual number of beneficiaries, in order to understand even better how the conditions, procedures and criteria of assessment of disability has increased the number of beneficiaries, it is important to concisely present the growing trend of the beneficiaries of the scheme . Thus, based on the statistics obtained from the MSWY, the total number of beneficiaries of the disability schemes increased by about 41 % or 69.497 individuals since 2005 (99.077) to 2013 (168.574). Changes have occurred at different rates in different schemes of benefits. Thus, the number of beneficiaries of the disabilities scheme increased by 34 % (including the number of caregivers) from 2005 to 2013, while for the same period, the number of beneficiaries of the scheme of work disability has increased by 51 %. More detailed data on the growing number of beneficiaries of disability schemes from 2005 to 2013 are summarized in the following table.

Table 1: Number of beneficiaries from the disability scheme at the national level, based on the statistics of MSWY

	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total no of beneficiaries PwD (Total)	**99,077**	**106,388**	**113,448**	**119,219**	**127,389**	**135,920**	**143,547**	**152,810**	**168,574**
No of PwD and caregivers	65,536	67,036	68,596	70,580	75,112	79,213	83,734	89,303	100,126
No of work invalids	33,541	39,352	44,852	48,639	52,277	56,707	59,813	63,507	68,448
No of Pension. Invalidity (Total)	**34,117**	**39,129**	**43,322**	**46,988**	**51,088**	**54,777**	**58,685**	**60,322** 62,098*	**66.774** 66,470*

*Data reported from Social Insurance Institute for the same items

The different rates in growth of the number of the beneficiaries of disability schemes suggest that despite the removal of the age criteria for benefiting from the PwD pension, the number of beneficiaries from this scheme has increased by an average of 4.25% per year, which is similar to trends and forecasts for other

countries. On the other hand, the highest increase (around 6.4% per year) in the scheme of disability beneficiaries was interpreted by the key informants as a result of the expansion of medical criteria with chronic diseases, such as cancer and diseases of the blood circulation (cardiovascular) apparatus. Based on the data collected from the SII, the two diagnoses mentioned above, out of 17, make up 44.5% of the dynamics of disability.

However, it important to mention that the above mentioned figures are important in assessing the growing trend of the beneficiaries from the system, but it should also be noted that the data collected from different sources (MSWY, Social Services and INSTAT) not always match with each other. In the last row of Table 1, the figures show that the reported by MMSR and SSS, the number of people who benefit from the disability scheme, while the figures marked with * are shown to be reported for the same item from the SSI. Also, there is a difference between the number of work invalids (which is calculated on the total number of beneficiaries shown above) and the number of disability pensions only in the statistics collected and processed by MSWY.

The number of the current beneficiaries from each scheme of benefits is summarized in detail in the table below. The number of beneficiaries from special schemes, and their division into categories is important evidence for the assessment of the following changes in the funds needed to cover the benefits of each scheme, based on the measures described in the previous section.

A) THE BLIND

The number of blind persons that benefit from the CASH payments, at the country level, at the end of 2013, was 12,330, of whom 3,665 persons were assessed under category I and 8665 as category II. Also 3,570 blind persons have now access to caregivers. About 93.7% of all persons who benefit from the status of the blind receive 100% of the total payment for categories I and II, while the rest benefit from the additional allowance. Detailed data on persons with the status of the blind in Albania are shown in the table below, while more detailed figures at the prefecture level are shown in the table included in Annex IV of this report.

Table 2: Number of beneficiaries from the social protection schemes for persons with the status of visual impairment, according to the statistics of SSS

Area		Total *	Payment 100%		Payment 150%		Payment 200%		Payment 300%		Caregivers
			Group I	Group II	Group I	Group II	Group I	Group II	Group I	Group II	
Country level	Urban	6,727	1,931	4,311	65	264	17	61	28	50	1,954
	Rural	5,603	1,549	3,760	51	163	11	31	13	25	1,616
	Total	12,330	3,480	8,071	116	427	28	92	41	75	3,570

* In all tables, the "total" column calculates the total number of persons with disabilities of all groups, without calculating the number of caregivers.

A) PARA-QUADRIPLEGICS

The number of beneficiaries from the CASH payments scheme for para-quadriplegic is 12,823, of whom 6472 and 6351 PwD caregivers. Out of the total number of para-quadriplegics, 98.7% received benefits at 100% and 95% benefit from the sanitary package. The data for different benefits sizes and care for this category, at a country level are presented in the table below and in more detail, in Annex IV of this report.

Table 3: Number of beneficiaries from the social protection scheme for persons with status of para-quadriplegics, according to SSS

Area		Total	Payment 100%		Payment 200%		Payment 300%		Sanitary package	Caregivers
			Group I	Group II	Group I	Group II	Group I	Group II		
Country level	Urban	**3,533**	3,471	13	23	1	23	2	3,392	3,429
	Rural	**2,939**	2,911	10	10	0	7	1	2,778	2,922
	Total	**6,472**	6,382	23	33	1	30	3	6,170	6,351

B) PERSONS WITH MENTAL, PHYSICAL, SENSORY DISABILITIES

The largest category of beneficiaries from the PwD is the group of persons with mental, physical and sensory disabilities, totaling to 55,416. Add to this scheme 10,341 caregivers, who benefit the corresponding payment at the same size. Figures indicate that the number of caregivers is smaller than the number of PwDs of the first category, but those interviewed did not have a factual answer on this difference. One possible reason could be the determination of a caregiver for more than one PwD, as it happens when there are 2 or more disabled members within a family. In these cases, the caregiver should benefit 150% of the payment. More detailed data on the number of beneficiaries from the CASH scheme can be found in the table below and in the table included in Annex IV of this report.

Table 4: Number of eligible beneficiaries from the social scheme for people with mental, physical, sensory disabilities on a national level, based on the statistics of SSS

Area		Total	Payment 100%		Payment 200%		Payment 300%		Caregivers
			Group I	Group II	Group I	Group II	Group I	Group II	
Country level	Urban	**26,097**	4,969	19,687	14	714	10	703	4,810
	Rural	**29,319**	5,561	22,892	17	451	10	388	5,531
	Total	**55,416**	10,530	42,579	31	1,165	20	1,091	10,341

c) Work invalids

Based on the data, the beneficiaries from this scheme account for the largest number of individuals who receive payment in cash, representing about 48% of all persons who are eligible for the Disability benefit. The features of this scheme of benefits are most pronounced in the difference between individuals from urban and rural areas, who receive the CASH payment. This significant change is not due to higher disability, but probably due to the fact that the social insurance payments that enable the benefits of this scheme are much lower in rural areas compared to urban areas. Detailed data on the numbers of work invalids by geographic area and group are found in Annex IV of this report.

Table 5: Number of beneficiaries from social scheme for work invalids on a national level, based on the statistics of SSS

Area		Total	Total	Partial	Retirement pension
Country level	Urban	**44,002**	30,591	6,758	6,653
	Rural	**23,252**	18,885	2,265	2,102
	Total	**67,254**	49,476	9,023	8,755

Some observations on existing statistics

As mentioned in the introduction part of this chapter, the only statistics gathered by the system are related to the number of beneficiaries of CASH payments. As regards the process of disability assessment, these data do not allow for the calculation of the load of the commissions, which in most cases remain under reported. Thus, not having a detailed data collection system based on the requests for assessment and re-assessment for each MCWCA, as well as the modalities of their functioning, it remains impossible to identify the daily load for each assessment day. This calculation would be very important for understanding the average time dedicated to each individual by the assessing committee.

In addition, gathered statistics point to a significant difference in the percentage of person's beneficiaries from the disability scheme, in terms of prefectures. This difference would require a more detailed analysis as to the reasons for their existence, which vary, such as: changes in morbidity dynamics in each region; the ratio between the part of the population that pays social insurance and the part that is not; problems/ abuse in the assessment system; etc. Based on this analysis, it turns out that the prefecture of Tirana has the lowest number of beneficiaries from disability schemes, whiles the regions of Elbasan, Korça and Gjirokastra, are those with the highest percentages compared to their resident population.

Below is an estimate of the percentage of people who are beneficiaries of the two main categories (persons with mental, physical and sensory disabilities and work invalids), which identifies the prefectures with higher percentages compared to the country level.

Table 6: Percentage of the population that benefit from social scheme for people with mental, physical, sensory disabilities and work invalids on a national level, based on the statistics of SSS

Areas (population*)	% e Persons with physical, mental disability	% e work invalids
Country level (2,787,615)	**2**	**2.4**
Prefecture of Tirana (765,813)	1	1.8
Prefecture of Berat (138,484)	1.9	2.4
Prefecture of Fier (304,719)	2	2.2
Prefecture of Elbasan (292,957)	3.2	3.1
Prefecture of Korça (216,429)	2.6	2.9
Prefecture of Gjirokastër (68,497)	2.5	3.5
Prefecture of Shkodër (211,685)	2.6	2.2
Prefecture of Kukës (83,276)	2.4	3.3
Prefecture of Lezhë (132,926)	2.1	2.6
Prefecture of Dibër (132,876)	2.2	2.1
Prefecture of Vlora (173,130)	2/3	2.8
Prefecture of Durrës (266,823)	1.7	2.6

* Data on the population figures for each prefecture are reported from INSTAT, 'Population numbers according to the regions, 2013'.

ANNEX I

MODALITIES, DISTRIBUTION AND COMPOSITION OF REGIONAL MCWCAs

PREFECTURE OF TIRANA:

The Prefecture of Tirana comprises the districts of Tirana and Kavaja.

The need for the assessment of disabilities in the district of Tirana is covered by 6 MCWCAs, of which one special MCWCA for the assessment of all the whole range of symptoms of the PwD and 5 MCWCAs specialized for the assessment process for work invalids. All the MCWCAs meet once a week, where the MCWCA for the assessment of the PwD is organized in facilities made available by the SSS, and 5 MCWCAs that assess the work invalids meet in the facilities of the LASI in Tirana.

The needs for assessment of disabilities in the district of Kavaja are covered by only one MCWCA which assess the PwD cases, as well as those related to labor invalids. This commission meets weekly, at the LASI of Kavaja.

In order to manage the records and cover the administrative procedures, the MCWCAs at the LASI-Tirana are covered by 3 reference doctors, the MCWCA at the LASI-Kavaja is covered by its reference doctor, and the specialized doctor from the Regional Directorate of SSS covers the administration of records and the participation in the MCWCA for PwD of Tirana and Kavaja.

The MCWCAs of the prefecture of Tirana divided by specialty shown below:

Nr. i KMCAP-ve	KMCAP (dhe specialitetet e tyre) sipas Agjencive	Specialiteti i anëtarëve të KMCAP-ve
	Tirane	
I/1	Patologji	Kirurg Thoracal
2		Nefrolog
3		Alergiolog
4		Pheumatolog
II/1	PS/Okulistik	Psikiater
2		Okulist
3		Psikiater
III/1	Ortoped/Kirurgji	Ortoped
2		Onkolog
3		Kirurg
IV/1	Neurokirurgji	Neurolog
2		Neuroinfeksionit
3		N/Kirurg
V/1	Kardiollogji	Kardiolog
2		Kardiolog
3		Kardiolog
4		Kardiolog
VI/1	PAK	Psikiater
2		Kirurg Infantil
3		Psiko/Pediater
4		Neurolog
	Kavaje	
VII/1		Nefrolog
2		Kardiolog
3		Pneumologe
4		Kirurg
5		Rheumatolge

PREFECTURE OF BERAT

The Prefecture of Berat includes the districts of Berat, Kuçova and Skrapar.

Two MCWCAs operate in this prefecture, based in Berat; one MCWCA deals with Pathologies, and the other with "Specialties". Both commissions meet once a week, for approximately 3 weeks per month, at the RDSI of Berat. They evaluate the requests from the PwD during the first week of each month. The other times they meet to assess the work invalids' requests from Berat and Kuçova. Once or twice per month, members of both commissions go to Skrapar to cover the needs in this area to commission the PwD and also the work invalids. In these cases, the specialized doctors from the regional directorates of the SII and SSS from Berat are also included in the commissions for the district of Skrapar.

The composition of the commissions and their division by specialties are shown below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Berat/Skrapar	
I/1	Pathologies	Neurology
2		Surgery
3		Ophthalmology
II/1	Specialties	Gastro-hepathology
2		Cardiology
3		PN/Phthisiater

THE PREFECTURE OF FIER

The prefecture of Fier includes the districts of Fier, Lushnja, and Mallakastra.

There are 4 MCWCAs operating in this prefecture, of which 2 are in Fier, and 2 in Lushnja. Each MCWCA is divided in 'Pathology" and "Specialties," and each commission meet once a week to assess PwDs and work invalids. The assessment of each category in Fier is organized separately, in the facilities of the SSS for the PwD and in the SII facilities when it meets for the work invalids. The MCWCAs in Fier also cover the request from Mallakastra. The SII specialized doctors are separate for each district and the SSS doctor goes to Lushnja each time the PwDs commission meets.

The composition of the commissions and their division by specialties are shown below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Fier	
I/1	Specialties	Ophthalmology
2		Surgery
3		Psychiatry
4		Neurology
II/1	Pathologies	Cardiology
2		Gastroenterology
3		Nephrology
4		PN/Phthisiater
	Lushnja	
III/1	Specialties	Ophthalmology
2		Neurology
3		Surgery
IV/1	Pathology	Cardiology
2		Pneumology
3		Nephrology

THE PREFECTURE OF ELBASAN

This prefecture includes the districts of Elbasan, Peqin, Gramsh and Librazhd.

There are 3 MCWCAs operating in this prefecture, of which 2 are located in Elbasan (one for Pathologies, and the other for 'Surgery") and cover also the requests from Peqin, and the other two are respectively in Gramsh and Librazhd. Each of the commissions meets once a week. The Librazhd commission meetings are alternated between Gramsh and Librazhd.

The division and the composition of MCWCAs in this prefecture is reflected in the table below, regardless of the fact that at the time this study was conducted these commissions were not functional due to the fact that new members were being appointed. However, based on the reports of the representatives of the RDSI of this district, the new members have the same specialty with the existing one.

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Elbasan	
I/1	Surgery	Orthopedics
2		Ophthalmology
3		Neurology
4		N/Pediatrics
II/1	Pathology	Nephrology
2		Cardiology
3		G/Hematology
4		Endocrinology
5		Rheumatology
	Gramsh/Librazhd	
III/1		Cardiology
2		N/Psychiatry
3		Surgery

THE PREFECTURE OF KORÇA

This prefecture includes the districts of Korça, Kolonja, Devoll and Pogradec.

There are 4 MCWCAs operating in this prefecture, of which 2 are located in Korça (one for Pathologies, and the other for 'Specialties") and the other two are respectively in Pogradec and Kolonja, which are responsible for assessment of all types of diseases. All the MCWCAs of this prefecture assess PwD and the labor invalids. The MCWCAs of Korça also cover the request from the district Devoll.

The specialized doctor from the SSS in this prefecture was part of the commissions that only meets in Korça, while the SII had two reference doctors, respectively for the MCWCAs of Korça and Pogradec. The representatives of the regional directorates of these institutions reported that due to the workload and the geographical distance, none of the specialized doctors participated in the Kolonja MCWCA, despite the fact that the records of this commission, regarding the invalidity are registered in the RDSI of Korça.

Data on the MCWCA of the prefecture of Korça are shown in the table below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Korça	
I/1	Specialties	Urology
2		Orthopedics
3		Ophthalmology
4		Neurology
5		N/Pediatrics
II/1	Pathology	G/Enterology
2		Pneumology
3		Cardiology
4		Hematology
III/1	Pogradec	Cardiology
2		Surgery
3		Endocrinology
IV/1	Kolonja	Epidemiology
2		Dermatology
3		Surgery
4		Pediatrics

THE PREFECTURE OF GJIROKASTRA

This prefecture includes the districts of Gjirokastra, Tepelena and Përmet.

There is only one MCWCA operating in this prefecture, which covers all the assessments for all pathologies, and also all the PwD and invalidities in the same day. For this reason, this commission, during the first two weeks of the month covers all requests for the district of Gjirokastra, and the following week covers requests from Tepelena and Përmet by travelling to these cities. The prefecture of Gjirokaster is the only one that doesn't include a specialized doctor in its organizational chart, but its role in the commission, when the latter travels, is covered by a part-time doctor subcontracted by the commission. The subcontracted doctor, which collaborates with the specialized doctors of SSS, manages the administrative part and makes sure all the legal criteria are met.

The composition of this MCWCA is the following:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Gjirokastër	
I/1		Surgery
2		Neuropsychiatry
3		Cardiology
4		Nephrology

THE PREFECTURE OF SHKODRA

This prefecture includes the districts of Shkodra, Malësi e Madhe and Puka.
There are 4 MCWCAs operating in this prefecture, of which 3 are located in Shkodra ("Pathology", "Surgery", and Neuropsychiatry") and also cover the PwD and invalidity requests from Malësi e Madhe. The fourth MCWCA is in Puka and they meet once a month.

The division and the composition of MCWCA in this prefecture are shown in the table below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Shkoder	
I/1	Surgery	Surgery
2		Surgery
3		Ophthalmology
II/1	Pathology	PN/Phthisiater
2		Cardiology
3		Nephrology
III/1	Neuro/psychiatry	Neurology
2		Psychiatry
3		Psychiatry
	Puke	
IV/1		Cardiology
2		Cardiology

THE PREFECTURE OF KUKËS

The prefecture of Kukës includes the districts of Kukës, Has and Tropoja.

There are two MCWCAs operating in this prefecture, of which one is in Kukës and the other one in Tropoja. The Kukës MCWCA meets once a week, and for 3 weeks a month reviews the request for the assessment of PwD and the invalidity of the residents of Kukës. One week per month the commissions reviews the requests of the Has residents. The MCWCA in Tropoje meets twice per month.

The composition of the MCWCA of this prefecture is shown below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Tropoje	
I/1		Pulmonology
2		Neurology
	Kukës + Has	
II/1		Cardiology
2		Surgery
3		Neurology
4		Neonatology
5		Pathology

THE PREFECTURE OF LEZHA

This prefecture includes the districts of Lezha, Mirdita and Kurbin.

There are two MCWCAs operating in this prefecture, of which one manages the requests from PwD and labor invalids of the district of Lezha and meets weekly. The other MCWCA travels to the districts of Mirdita and Kurbin, 2-3 times a month (on average once a month for each district) based on the requests.

The composition of the MCWCA of this prefecture is shown below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Lezhe	
I/1		G/Hematology
2		Cardiology
3		Surgery
4		Pediatrics
	Mirditë + Kurbin	
III/1		Neuropsychiatry
2		Surgery
3		Pediatrics/Intensive care

THE PREFECTURE OF DIBRA

This prefecture includes the districts of Peshkopi, Bulqizë and Mat.

There are two MCWCAs operating in this prefecture, of which one manages the requests from PwD and labor invalids of the district of Peshkopi and Bulqizë and meets weekly. The other MCWCA reviews the cases of the Mat district.

The composition of the MCWCA of this prefecture is shown below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Peshkopi	
I/1		N/Psychiatry
2		Cardiology
3		Surgery
4		Gastro-hepatology
5		Pediatrics
	Mat	
I/1		Surgery
2		Endocrinology
3		Pneumonology
4		Paediatrics

THE PREFECTURE OF VLORA

This prefecture includes the districts of Vlora, Delvina and Saranda.

There are 3 MCWCAs operating in this prefecture, of which two manage the requests from PwD and work invalids of the district of Vlora. The other MCWCA covers the needs of the residents of Saranda and Delvine. Vlora's MCWCAs meet weekly. Due to the geographical distance, the MCWCA of Saranda does not include a doctor from the regional SSS in its composition.

The composition of the MCWCA of this prefecture is shown below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Vlore	
I/1	Pathology	Cardiology
2		Pneumology
3		Nephrology
II/1	Specialties	Neurology
2		Ophthalmology
3		Psychiatry
4		Orthopedics
	Saranda	
III/1		Endocrinology
2		Surgery
3		Nephrology

THE PREFECTURE OF DURRËS

This prefecture includes the districts of Durrës and Kruja.

There are 4 MCWCAs operating in this prefecture, of which 3 are in Durrës ("Pathology", "Surgery", and PwD), and one is in Kruja. All the commissions meet weekly. In Durres, similarly to Tirana, the assessment of PwD is done by a special commission.

The division and the composition of MCWCA in this prefecture it's shown in the table below:

No of MCWCA	MCWCA (and their specialties) according to LASI	The specialty of the members of MCWCA
	Durrës	
I/1	Pathology	Cardiology
2		Gastro-hepathology
3		Nephrology
II/1	Surgery	Orthopedics
2		Surgery
3		Ophthalmic-Surgery
III/1		Cardio-pediatrics
2		Cardiology
	Kruja	
IV/1		Allergology
2		Surgery
3		Endocrinology
4		Psychiatry
5		Cardiology

ANNEX II
LIST OF DOCUMENTS REGARDING THE ASSESSMENT PROCEDURES

WORK INVALIDS

Documents that should be submitted at LASI for the application of assessment of persons who want to benefit from the scheme of work invalidity are:[19]

A) DOCUMENTS THAT PROVE THE AGE AND IDENTITY:

- Photocopy of the ID card or birth certificate with photo;
- Certificate of family composition;
- Marriage certificate (for female applicants only);
- Two pictures.

B) DOCUMENTS VERIFYING INSURANCE PERIODS AND TYPE OF WORK:

- Employment records;
- Proof of contribution and type of it;
- Certification for the period of insurance, issued by the office of the archive at the Regional Directorate of Social Insurance for employers, employees, self-employed, self-employed in agriculture and voluntarily insured and insured by DCM;
- Decision of court for recognition of contributions (if necessary);
- Certification of contributions for former members of agricultural cooperatives, before 1992;
- Certification of Military Branch for the period of performing compulsory military service (for male applicants only);
- Proven contributions due to military service;
- Certified copy of high school diploma for female applicants (when they have graduated, full-time);
- Any other document justifying or proving being employed;
- Certification by the employer on the profession and its category/nature.

These documents, in relation to disability pension benefits, will be recognized only if the person has not attained the retirement pension age.

C) DOCUMENTS PROVING THE SOCIAL INSURANCE CONTRIBUTIONS:

- Payroll verification letter, based on which the contributions are paid for the insurance period from 01/01/1994 until termination of employment, according to the template (if the persons have been employed after the date 01.01.1994);
- Verification of the net average salary for the last year of employment;
- Any other support document certifying the salary or payment of contributions.

[19] www.issh.gov.al

D) DOCUMENTS RELATED THE HEALTH CONDITION:

- Referral letter for MCWCA issued by in-patient institutions, the discharge letter from the hospital, examinations and additional documents, required for the assessment for the first time by MCWCA;
- Referral letter from CM, for those medical conditions that are not subject to in-patient treatment, as defined in the Regulation;
- Accompanying case history, issued by medical specialists or consultations, with the necessary examinations. Regarding the cases of re-assessment, the referral letter should be accompanied by the relevant examinations;
- Personal health book and health insurance document that specify the progress of the disease, the medical treatment and the medications received;
- Referral letter issued by MC that verifies the seriousness of the health condition, in cases of re-assessment for the revision of the disability category before the termination of the validity of the previous assessment period;
- Medical history issued by the Medical Commission, which determines the state of health and of ability to work prior to employment or inclusion to any insurance scheme;
- Medical certificate on the release from the military service, issued by Military's Medical Commissions at UHC, for soldiers who become disabled during military service;
- Proof of payment by the employee of the temporary disability caused by a general illness.

PERSONS WITH DISABILITIES- NON WORK INVALIDS

The list of documents to be included in the file of application that must be submitted to the social administrator in local government units for the assessment MCWCA is the following[20]:

- Family status certificate;
- Personal certificate with photo;
- In the case of re-assessment, the previous decision taken by MCWCA, which confirms the degree of the person's disability;
- Referral letter for MCWCA, in cases that the person is being assessed for the first time;
- Medical history for every re-assessment application.

When a person with disabilities, who by the decision of the medical commission has been assessed in need of a caretaker, along with the documentation specified above must submit the following additional documents:

- Personal certificate, with photo of the caretaker;
- Declaration/court ruling on the appointed caretaker for the person with disabilities;
- Forensic report certifying that the caretaker is physically and mentally able.

Persons with disabilities who attend high school or university, part-time or full-time, along with the documentation specified in the first paragraph, should submit the following additional documents:

- Certificate signed by the school principal and secretary of the school, which indicates:
  a. Name of person attending the school;
  b. The level of education, while specifying if the person is attending mainstream education or

[20] www.issh.gov.al

repeated school cycle;
c. The academic year of reference.

- A To Whom it May concern signed by the school principal and secretary of the school on the continuous attendance of the beneficiary (every quarter);
- Notarized copy of the school records for each year and notarized copy of the diploma at the end of the high school or university, or a copy of certificates on training courses attended;
- Verification that the person has met all the obligations for each semester in cases of full-time attendance.

PERSONS WITH VISUAL IMPAIRMENT

Below is the list of documents that need to be submitted to the specialized doctor of MCWAA for the assessment of the person with visual impairment:

- birth certificate
- referral letter for MCWCA
- request in writing
- a verification from MCWCA, if the person is also a labor invalid.

ANNEX III
REGULATORY FRAMEWORK RELATED TO SOCIAL SCHEMES BENEFITS

The following are some of the laws under which persons with disabilities benefit from various programs, social schemes, housing, and employment schemes, taxation, etc.:

Law no. 9355, dated 10.03.2005, amended by Law no. 9602 dated 28.07.2006 "On social assistance and Services'

This is one of the most important laws related to social welfare and protection of children and households in difficult circumstances, including those with disabilities. The law aims to establish social assistance and services for individuals and groups in need, including persons with disabilities who cannot meet provide their daily needs.

Decision no. 618 dated 7.09.2006 (Amended Nr.872 decision dated 18.6.2008) On establishment of the criteria, documentation and size of benefits for persons with disabilities

This decision is one of the most important decisions in light of the implementation of the Law on social Assistance and Services. It provides for the criteria and categories that are eligible for the disability benefit.

Decision no. 326, dated 12.3.2009 On some additions to Decision of Council of Ministers, No.31, and dated 20.01.2001 On the benefits of the status of paraplegic and quadriplegic, as amended

According to this DCM, the period of service as a caretaker for persons who are paraplegics and quadriplegics is considered as an insurance period, for purposes of eligibility of old age pension, maternity leave, work accident, health insurance, when the person is not economically active, and does not benefit from the mandatory social insurance scheme.

Law No. 10 107, dated 30.03.2009 On health care in the Republic of Albania

There are some laws that regulate health care services in Albania. Among the most important of which is the Health Care Law. Article 2 of this law stipulates the right to health care as a fundamental right. However, the law does not clarify the procedures to be followed by persons with disabilities to be eligible for benefiting from free health care.

DCM no. 78, dated 07.02.2007 (amended by DCM No.873, dated 18/06/2008) On the size, criteria and procedures for eligibility to the special sanitary for paraplegic and quadriplegic persons

Paraplegics and quadriplegics who have been assessed to have suffered complete loss of sensibility and motoric damage to the lower level in both limbs, shall be eligible for an additional allowance of 12,000 Lek (twelve thousand). This amount currently is 16 000 Lek.

Law no. 10221, dated 02.04.2010 "On anti- discrimination"

This law regulates the implementation of the principle of equality in relation to gender, race, color, ethnicity,

language, gender identity, sexual orientation, political opinions, religious or philosophical, economic, educational or social, pregnancy, parenting , parental responsibility, age, marital or family status, marital status, residence, health status, genetic predispositions, disability, affiliation to a particular group, or for any other reason. The purpose of this law is to ensure the right of every person to:

a) Equality before law and equal protection of the law;
b) Equality of opportunities and possibilities to exercise their rights, to enjoy freedoms and to take part in the public life;
c) Effective protection from discrimination and any form of conduct that encourages discrimination

Law no. 10 039, dated 22.12.2008 On legal aid

This law defines the conditions, type, method and procedures for state legal aid for the protection of the fundamental human rights and freedoms, and other legitimate interests.

Decision no. 658 dated 17.10.2005 On social services standards

Standards represent a common level required to be applicable to all kinds of social services in terms of functionality and performance of their operations. Standards are general principles that serve to ensure the quality of social services. They guide the services towards meeting the evolving needs of their beneficiaries and the communities they serve. They represent a tool for the assessment of the level of meeting the needs of beneficiaries and the practices of social services. Standards represent one of three elements that ensure delivery of modern social services. Two other elements are inspection and licensing of social services.

Law no. 44/2012 On Mental Health

This law defines the procedure and conditions for the protection of mental health through the provision of health care, providing a social environment for people with mental health disorders through prevention policies aimed at protecting mental health.

Decision no. 822 dated 12.06.2006 "On the adoption of social care services standards for persons with disabilities in residential and day-care

Standards will serve as the main document for the Ministry of Social Welfare and Youth for the assessment of the capacity of service providers in order for them to be issued a license. Standards of Social Care Services for persons with disabilities are aimed at respecting the principles of basic documents, such as the principle of civil rights, equality and non-discrimination, self-determination, inclusion, participation and equal opportunities of living without barriers and free environment, rehabilitation, prevention, early identification and treatment of disability, social integration and participation in community life.

Decision no. 209 dated 14.04.2006 "On the definition of criteria and documentation necessary for admission of persons in residential institutions, public and private, social care"

This decision establishes the criteria and documentation necessary for admission of persons in residential care institutions, public and private social care.

Decision no. 404, dated 06.20.2012 On the definition of the size of criteria and procedures for eligibility of financial compensation for persons with the status of the blind and paraplegic and quadriplegic for the electricity and telephone bill

The decision sets the rules and the extent of reimbursement of electricity bills and fixed line telephone bill for the blind, paraplegics and quadriplegics.

Law no. 9232 dated 13.05.2004 On social housing programs for urban residents"

The law sets the rules and administrative procedures for the modalities for eligibility, distribution, management and planning of social housing programs, for creating opportunities for decent and affordable housing, in line with the means of households in need of housing and help from the state. Priority is given to individuals or families of individuals with disabilities, who enjoy the status of the first category of blind, paraplegic, or quadriplegic disability, labor disability and the National Liberation War invalids

Law no 9975, dated 28.7.2008 On national taxes

Order no. 26, dated 04.09.2008 "On national taxes"

All vehicles of persons who fall under the category of quadriplegics shall be exempt from annual road tax; who have acquired this status, according to relevant legislation, when the vehicle is in their possession and used only for their own needs and not for private activities. The exemption on the environmental tax for the tax component for importation of used vehicles shall apply to all persons with disabilities, war veterans against fascism, the blind, paraplegic and quadriplegic individuals who have acquired their status, in line with the legislation in effect, when the vehicle is imported for their possession and used only for their own needs and not for private activities

Law no. 7995, dated 20.09.1995 (as amended) On employment promotion

Heading IV of this Law is dedicated to the employment of persons with disabilities.

Article 14 provides that vocational rehabilitation services are available to all persons with disabilities provided that they can prepare for them and have reasonable prospects for securing and maintaining appropriate work. Principles, methods of operation and methods of vocational training apply in the case of persons with disabilities to the extent that allow their medical conditions and education. The state shall take all measures necessary, possible and practical, to create and develop within the framework of the employment offices specialized services vocational training for persons with disabilities who require assistance in choosing and changing work.

Article 15 "Obligations of employers to hire persons with disabilities" provides that any employer who employs more than 24 employees is obliged to employ a disabled person for every 25 employees of his/her total staff. An employer can hire a person with severe disabilities in lieu of five persons with minor disabilities. The Ministry is responsible for determining who is going to fall under the category of severe disabilities. Monitoring the implementation of this article is the responsibility of the State Labor Inspectorate.

Article 16 “Incentives for promotion of employment of persons with disabilities” provides that the employer may require subsidy from the respective employment office to properly equip the workplace of the person with disabilities and to ensure that which constitutes an essential preparation for work. Any wages that an employer pays to a disabled person is exempted from taxes up to the amount defined in the respective Decision of the Council of Ministers. An employer, who does not employ the recommended number of persons with disabilities, is obliged to pay into a special account to the Fund of the National Employment Service an amount equal to the minimum wage for each month for every person with disabilities that should have employed, but has not done so. These revenues are used to create jobs for persons with disabilities.

Decision no. 47, dated 01.16.2008 on the employment promotion program through on the job training

One of the programs that come in support of the law on employment promotion aims at promoting employment through training. Its duration is 6 months. Any employer who organizes training through work for unemployed persons may obtain financing from respective employment office, at 70 percent of the training cost for small and medium enterprises, and 50 percent of training costs for large enterprises. The employer, at the end of the training period, should employ not less than 50 percent of the trainees, contract teaching profession, for a period of 6 months. Included in the cost of training and trainers are travel costs of trainees and trainees, etc. materials basis. The trainees, who are unemployed jobseekers, are eligible to free participation in the course, at 50 percent of the minimum wage across the country, for the entire duration of training, which is covered by the relevant employment office, the employment promotion funds. During the training period, unemployed jobseekers will not be eligible for the social assistance or unemployment benefits and shall have the right to eligibility, after the end of this period, if not hired.

Decision no. 48 on the size and criteria for eligibility from the employment promotion program of the unemployed jobseekers in difficulty

Another decision on employers’ promotion is decision no. 48, which provides for mandatory insurance coverage and a given number of wages. Specifically the decision provides that the employer, who employs for one year unemployed persons in difficulty (as defined in the law, and including persons with disabilities) can benefit an annual fund, at the extent of 100 per cent of mandatory social insurance of the employer’s share, and funding for four months, 100 per cent of the national minimum wage.

Decision no. 632, dated 18.09.2003 On employment promotion program for employment of unemployed women

This decision, in addition to funding the employer’s share for mandatory social insurance, which increases depending on the length of the employment contract, also provides that in the case of employment of Roma women, girls and mothers, divorced, women with social problems and women with disabilities, the funding can go up to four minimal wages for one year contracts, and six minimal wages for two years contracts, and six and eight wages for three year contracts.

Decision no. 720, dated 10.16.2012, On a change to decision no. 548 , dated 16.08.2012 of the Council of Ministers “On admission fees and tuition fees for public institutions of higher education for the second cycle of study, full-time “ Master of Science “ / “ Master of Fine Arts “ for the academic year 2012-2013”

Decision no. 548, dated 16.08.2012, "For admission fees and tuition fees at public institutions of higher education for which the second study "Master of Science"/" Master of Fine Arts" , full time for the academic year 2012 - 2013

Law no. 8872 dated 29. 03. 2002, On vocational education and training in the Republic of Albania"

Article 5 establishes that from this law benefit c) special categories that seek vocational rehabilitation, including persons with disabilities.

Article 23 of this Law and Order no. 782 , dated 04.04.2006, of the Minister of Labor, Social Affairs, and Equal opportunities "On vocational training system tariffs" amended version, provides for free of charge tariffs for unemployed jobseekers with disabilities at the regional public vocational training directorates.

The legal framework has created the necessary space for persons with disabilities to have the opportunity to receive vocational training.

Actually in the vocational training system there are no vocational training centres specialized for persons with disabilities, as well as special courses offered to persons with disabilities.

Instruction no. 2222 dated 31.10. 2002 On vocational training guidance and advice

Guidance and vocational training offered to citizens to provide them with comprehensive support and guidance on vocational and career, complete individual counselling, mediation in vocational training centres and vocational training stimulus necessary in specific cases. According to this instruction, special attention to vocational guidance and counselling groups is dedicated to specific groups, defined in law and in -laws.

The last laws and bylaws mentioned above have as their main aim to promote employment of persons with disabilities. However, these laws have had a low level implementation. Legislation on disability assessment is not harmonized with promotion employment laws. MCWCA being oriented towards determining the diagnoses in relation to job skills and estimating as an ultimate goal the pension benefits or payments, has adversely affected employment orientation. Persons with disabilities, except infrastructural impediments, fear of loss payments in the event of employment, parental or family tutelage, discrimination and prejudice, faced with legislation, payments and oriented not towards employment. MCWCA estimates for persons occupationally disabled in reality are not reflected in any legislation promoting employment of persons with disabilities. According to the above definitions, full disabled are 'unable of any work'; meanwhile, the employment promotion law provides incentives for such disabled (writing and even further, predicting and incentives for hiring disabled people with severe disabilities, using a totally inappropriate terminology). Even with a purpose, significantly better, in any case did not consider the estimates of MCWCA. The assessment based on an outdated legislation and is placed in reverse to the most advanced legislation on employment promotion, which failed in practice.

In this context, there are legal provisions for the removal of payments or pensions, when persons who are assessed as unable to work get employed. It is precisely these predictions, which are not harmonized with the laws of employment promotion. If the employment promotion law provides for tax cuts for employers who hire persons with disabilities, payment obligations in cases they fail to employ a certain number, as above, for persons with disabilities on the other hand, there are no real incentives and in their perception,

this looks like a reprisal, because they risk losing the payments. Even the rehabilitation settings remain general, unregulated and therefore unenforceable in practice. Finding the balance between payments due to disability and employment incentives on the other hand remains a challenge in the Albanian reality.

ANNEX IV

DATA ON THE NUMBER OF PERSONS WITH DISABILITIES BY BENEFIT SCHEME

DECEMBER 2013, SOURCE SSS

THE DATA ON THE NUMBER OF BLIND PERSONS, AS PER BENEFIT LEVEL, GROUP OF DISABILITY, PREFECTURE AND LIVING AREA

Area		Total	Payment 100%		Payment 150%		Payment 200%		Payment 300%		Caregivers
			Group I	Group II	Group I	Group II	Group I	Group II	Group I	Group II	
Country level	Urban	6,727	1,931	4,311	65	264	17	61	28	50	1,954
	Rural	5,603	1,549	3,760	51	163	11	31	13	25	1,616
	Total	12,330	3,480	8,071	116	427	28	92	41	75	3,570
Prefecture Tiranë	Urban	1,656	675	902	18	18	6	9	13	15	636
	Rural	529	167	331	6	12	5	0	7	1	185
	Total	2,185	842	1,233	24	30	11	9	20	16	821
Prefecture Berat	Urban	515	114	364	7	26	0	2	1	1	122
	Rural	524	122	393	0	3	0	5	0	1	122
	Total	1,039	236	757	7	29	0	7	1	2	244
Prefecture Fier	Urban	601	164	409	1	15	0	6	0	6	165
	Rural	991	277	686	2	16	1	5	1	3	278
	Total	1,592	441	1,095	3	31	1	11	1	9	443
Prefecture Elbasan	Urban	678	148	496	2	13	4	7	2	6	147
	Rural	701	180	506	4	2	2	3	3	1	187
	Total	1,379	328	1,002	6	15	6	10	5	7	334

Prefecture Korçë	**Urban**	**441**	127	253	10	39	3	8	0	1	140
	Rural	**443**	129	283	3	26	0	0	1	1	132
	Total	**884**	256	536	13	65	3	8	1	2	272
Prefecture Gjirokastër	**Urban**	**273**	71	186	0	15	0	1	0	0	71
	Rural	**297**	79	199	2	11	1	3	0	2	82
	Total	**570**	150	385	2	26	1	4	0	2	153
Prefecture Shkodër	**Urban**	**539**	135	366	2	17	0	10	0	9	137
	Rural	**448**	116	308	6	13	0	2	0	3	120
	Total	**987**	251	674	8	30	0	12	0	12	257
Prefecture Kukës	**Urban**	**71**	24	29	3	11	0	2	1	1	28
	Rural	**120**	25	65	4	19	0	1	1	5	30
	Total	**191**	49	94	7	30	0	3	2	6	58
Prefecture Lezhë	**Urban**	**328**	76	216	5	23	1	1	5	1	85
	Rural	**288**	105	163	4	10	0	4	0	2	109
	Total	**616**	181	379	9	33	1	5	5	3	194
Prefecture Dibër	**Urban**	**117**	35	64	5	11	0	0	2	0	42
	Rural	**335**	125	183	2	23	0	0	0	2	125
	Total	**452**	160	247	7	34	0	0	2	2	167
Prefecture Vlorë	**Urban**	**648**	144	445	6	27	3	12	2	9	155
	Rural	**538**	119	382	11	17	2	4	0	3	132
	Total	**1,186**	263	827	17	44	5	16	2	12	287
Prefecture Durrës	**Urban**	**860**	218	581	6	49	0	3	2	1	226
	Rural	**389**	105	261	7	11	0	4	0	1	114
	Total	**1,249**	323	842	13	60	0	7	2	2	340

TË DHËNAT MBI NUMRIN E PERSONAVE PARA-TETRAPLEGJIKË, SIPAS MASËS SË PËRFITIMIT, GRUPIT TË AFTËSISË SË KUFIZUAR, PREFEKTURËS DHE ZONËS SË BANIMIT

Area		Total	Payment 100%		Payment 200%		Payment 300%		Sanitary package	Caregivers
			Group I	Group II	Group I	Group II	Group I	Group II		
Country level	Urban	**3,533**	3,471	13	23	1	23	2	3,392	3,429
	Rural	**2,939**	2,911	10	10	0	7	1	2,778	2,922
	Total	**6,472**	6,382	23	33	1	30	3	6,170	6,351
Prefecture Tiranë	Urban	**824**	807	1	8	0	8	0	814	754
	Rural	**280**	277	0	2	0	1	0	277	279
	Total	**1,104**	1,084	1	10	0	9	0	1,091	1,033
Prefecture Berat	Urban	**126**	124	0	0	0	2	0	125	126
	Rural	**104**	103	1	0	0	0	0	103	103
	Total	**230**	227	1	0	0	2	0	228	229
Prefecture Fier	Urban	**399**	395	2	0	1	0	1	396	395
	Rural	**568**	566	0	0	0	2	0	566	567
	Total	**967**	961	2	0	1	2	1	962	962
Prefecture Elbasan	Urban	**307**	294	0	7	0	6	0	307	305
	Rural	**360**	357	0	1	0	1	1	361	360
	Total	**667**	651	0	8	0	7	1	668	665
Prefecture Korçë	Urban	**224**	224	0	0	0	0	0	224	223
	Rural	**269**	268	0	1	0	0	0	269	267
	Total	**493**	492	0	1	0	0	0	493	490

Prefecture Gjirokastër	**Urban**	**75**	74	1	0	0	0	0	75	74
	Rural	**86**	86	0	0	0	0	0	86	86
	Total	**161**	160	1	0	0	0	0	161	160
Prefecture Shkodër	**Urban**	**263**	257	4	1	0	1	0	261	261
	Rural	**275**	273	1	1	0	0	0	273	273
	Total	**538**	530	5	2	0	1	0	534	534
Prefecture Kukës	**Urban**	**101**	96	3	1	0	1	0	0	97
	Rural	**164**	160	3	1	0	0	0	27	161
	Total	**265**	256	6	2	0	1	0	27	258
Prefecture Lezhë	**Urban**	**211**	209	0	1	0	0	1	211	211
	Rural	**201**	199	0	1	0	1	0	201	201
	Total	**412**	408	0	2	0	1	1	412	412
Prefecture Dibër	**Urban**	**94**	93	0	0	0	1	0	94	94
	Rural	**170**	166	4	0	0	0	0	165	166
	Total	**264**	259	4	0	0	1	0	259	260
Prefecture Vlorë	**Urban**	**401**	394	2	4	0	1	0	399	399
	Rural	**224**	222	1	0	0	1	0	223	223
	Total	**625**	616	3	4	0	2	0	622	622
Prefecture Durrës	**Urban**	**508**	504	0	1	0	3	0	486	490
	Rural	**238**	234	0	3	0	1	0	227	236
	Total	**746**	738	0	4	0	4	0	713	726

TË DHËNAT MBI NUMRIN E PERSONAVE ME AFTËSI TË KUFIZUAR MENDORE, FIZIKE, SHQISORE, SIPAS MASËS SË PËRFITIMIT, GRUPIT, PREFEKTURËS DHE ZONËS SË BANIMIT

Area		Total	Payment 100%		Payment 200%		Payment 300%		Caregivers
			Group I	Group II	Group I	Group II	Group I	Group II	
Country level	Urban	**26,097**	4,969	19,687	14	714	10	703	4,810
	Rural	**29,319**	5,561	22,892	17	451	10	388	5,531
	Total	**55,416**	10,530	42,579	31	1,165	20	1,091	10,341
Prefecture Tiranë	Urban	**5,548**	1,777	3,622	5	67	4	73	1,604
	Rural	**2,481**	535	1,906	5	17	5	13	502
	Total	**8,029**	2,312	5,528	10	84	9	86	2,106
Prefecture Berat	Urban	**1,237**	383	790	1	33	1	29	385
	Rural	**1,397**	579	800	1	9	0	8	580
	Total	**2,634**	962	1,590	2	42	1	37	965
Prefecture Fier	Urban	**2,003**	308	1,488	0	78	0	129	308
	Rural	**3,941**	540	3,240	4	93	3	61	542
	Total	**5,944**	848	4,728	4	171	3	190	850
Prefecture Elbasan	Urban	**3,866**	388	3,071	3	220	1	183	394
	Rural	**5,777**	697	4,903	1	87	0	89	690
	Total	**9,643**	1,085	7,974	4	307	1	272	1,084
Prefecture Korçë	Urban	**2,508**	249	2,209	0	36	1	13	252
	Rural	**3,128**	471	2,499	0	78	0	80	469
	Total	**5,636**	720	4,708	0	114	1	93	721

Prefecture Gjirokastër	**Urban**	**660**	138	484	0	19	0	19	138
	Rural	**1,052**	241	790	1	10	1	9	243
	Total	**1,712**	379	1,274	1	29	1	28	381
Prefecture Shkodër	**Urban**	**2,058**	388	1,583	2	46	0	39	390
	Rural	**3,476**	810	2,595	3	35	0	33	811
	Total	**5,534**	1,198	4,178	5	81	0	72	1,201
Prefecture Kukës	**Urban**	**688**	137	455	0	47	1	48	138
	Rural	**1,285**	349	879	1	35	0	21	350
	Total	**1,973**	486	1,334	1	82	1	69	488
Prefecture Lezhë	**Urban**	**1,327**	207	1,073	0	25	0	22	207
	Rural	**1,413**	227	1,128	0	35	0	23	227
	Total	**2,740**	434	2,201	0	60	0	45	434
Prefecture Dibër	**Urban**	**622**	115	447	0	27	0	33	115
	Rural	**2,320**	496	1,765	1	27	0	31	497
	Total	**2,942**	611	2,212	1	54	0	64	612
Prefecture Vlorë	**Urban**	**2,340**	511	1,761	3	26	1	38	508
	Rural	**1,624**	473	1,119	0	19	1	12	476
	Total	**3,964**	984	2,880	3	45	2	50	984
Prefecture Durrës	**Urban**	**3,240**	368	2704	0	90	1	77	371
	Rural	**1,425**	143	1268	0	6	0	8	144
	Total	**4,665**	511	3972	0	96	1	85	515

TË DHËNAT MBI NUMRIN E INVALIDËVE TË PUNËS, SIPAS GRUPIT, PREFEKTURËS DHE ZONËS SË BANIMIT

Area		Total	Total	Partial	Retirement pension
Country level	Urban	44,002	30,591	6,758	6,653
	Rural	23,252	18,885	2,265	2,102
	Total	67,254	49,476	9,023	8,755
Prefecture Tiranë	Urban	11,820	6,775	2,442	2,603
	Rural	2,392	1,819	294	279
	Total	14,212	8,594	2,736	2,882
Prefecture Berat	Urban	2,195	1,765	280	150
	Rural	1,083	940	57	86
	Total	3,278	2,705	337	236
Prefecture Fier	Urban	3,745	2,501	600	644
	Rural	3,000	2,453	224	323
	Total	6,745	4,954	824	967
Prefecture Elbasan	Urban	5,336	4,390	474	472
	Rural	3,715	3,235	195	285
	Total	9,051	7,625	669	757
Prefecture Korçë	Urban	3,657	2,793	475	389
	Rural	2,656	2,218	232	206
	Total	6,313	5,011	707	595

Prefecture Gjirokastër	**Urban**	1,362	889	167	306
	Rural	1,024	728	143	153
	Total	2,386	1,617	310	459
Prefecture Shkodër	**Urban**	3,008	2,043	478	487
	Rural	1,571	1,213	244	114
	Total	4,579	3,256	722	601
Prefecture Kukës	**Urban**	1,329	947	273	109
	Rural	1,402	1,172	167	63
	Total	2,731	2,119	440	172
Prefecture Lezhë	**Urban**	2,008	1,453	360	195
	Rural	1,485	1,227	189	69
	Total	3,493	2,680	549	264
Prefecture Dibër	**Urban**	911	501	302	108
	Rural	1,850	1,414	290	146
	Total	2,761	1,915	592	254
Prefecture Vlorë	**Urban**	3,240	2,489	318	433
	Rural	1,567	1,238	116	213
	Total	4,807	3,727	434	646
Prefecture Durrës	**Urban**	5,391	4,045	589	757
	Rural	1,507	1,228	114	165
	Total	6,898	5,273	703	922

Tirana, April 2014