

PUBLIC GOALS ADMINISTRATION AND STRENGTH LOCAL LEADERSHIP IN ALBANIA

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Abstract:

Albania has taken steps towards bringing its legislation into line with the EU standards by approve a new public procurement law. The new law takes into account the principles of non-discrimination and equal treatment, transparency, and legal protection of interests of bidders on public contracts. Direct tendering has been abolished except in cases of extreme urgency and for the purchase of electricity, and criteria to identify abnormally low bids have been introduced. The new e-procurement regulations approved by the GOA in October 2007 paved the way to the e-procurement system implementation at the central and local government level. Contracting authorities are required to publish procurement notices and tender dossiers on the Public Procurement Agency (PPA) website, which can be accessed electronically by the public. However, its application is hampered by technical problems and the insufficient IT capacity of many contracting authorities.

The Public Procurement Advocate was established as an independent institution reporting to parliament. However, it has no particular executive powers and its functions duplicate the monitoring tasks of the PPA. Decisions on appeals are taken by the same unit of the PPA that is responsible for interpreting the law and giving advice to contracting authorities.

Current procedures for handling complaints still do not meet recognized international standards. Overall, the improvements in the public procurement legislation are advancing while the proper enforcement of the law is still a work in progress. Sanitation presents even more problems than drinking water. Sanitation coverage in urban areas is almost the same as drinking water coverage. Urban areas have combined sewage and storm water collection networks that discharge into near bay surface water bodies. About 40% of the urban population has a sewer connection. In rural areas, only a small portion of the areas with piped water supply is equipped with sever networks.

Most rural areas have individual household water collection systems, principally simple pitlatrines with no drainage pipes. Upgrading of sewer networks has not kept pace with the general development of infrastructure, and the materials and technology used have not been improved. Presently, there is no treatment of wastewater in Albania; its discharge in water bodies, especially in coastal tourist areas and delicate ecosystems, is a major environmental programs for the government, the business, community and the public goals.

Keywords: Community and public areas, Drinking water, Social Leadership, Economic development, Privatization reform, Reform of health care system.

1. INTRODUCTION

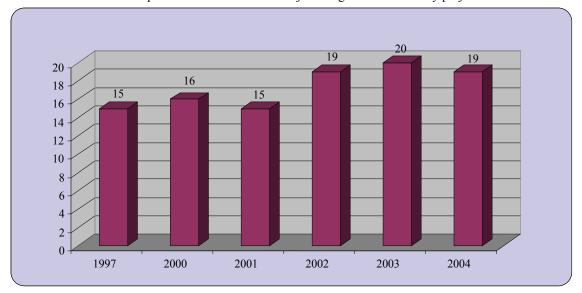
The main issues handled out in this presentation are: strengthening local government leadership and initiative; partnership between municipalities and NGOs; concluding all of these in the community-based approaches to infrastructure services and neighbourhood revitalization.

Almost everywhere problems of water scarcity can be considerably mitigated through metering, leakage detection and reduction, network improvements, disconnection of illegal connections, and optimization of storage and supply patterns. The distribution problem in Albania also has a seasonal aspect: much more water is needed during the summer growing season; when rainfall is scarce, rural drinking water is often misused for irrigation; and the tourist resort areas use large amounts of water.

Many activities in Albania required cumbersome licensing procedures and permits. In 2007, the GOA approved the Action Plan for Regulatory Reform which provided for a full review of Albania's entire legal licensing system to harmonize the licensing legislation to EU standards and reduce administrative barriers for businesses operating in Albania. As a result, many licenses were removed while a broad simplification of licensing procedures has been completed in many sectors including, mining, hydrocarbons, public works, health, agriculture and the environment. By October 2008, 64 out of 151 licenses identified in 18 sectors of the economy were removed and another 21 licenses were changed into self-declaration.

Albania, one of the smallest and poorest countries in Eastern Europe, has experienced a transition marked by sharp economic swings and periods of civil strife. The early phases of decentralization witnessed the transfer of political autonomy and limited administrative and fiscal authority, to local governments, inadequate legislation outlining central/local responsibilities, scarce financial resources and deficient infrastructure strained the capacity of local governments to mange urban services.

In January 2000, the government promulgated a national Strategy for Decentralization and Local Autonomy which includes lows to strengthen the autonomy of local governments and increase their capacity to manage local infrastructure and services.



Picture 1: Albania: Municipal Water and Sanitation Project – Agricultural ministry project 2004

2. STRENGTH LOCAL GOVERNMENT LEADERSHIP AND INITIATIVE

Work is in progress to identify other licenses that could be removed. For the remaining licenses the government plans to start a "One-Stop-Shop" for licensing within the first quarter of 2009. However, licensing and post-registration processes require further simplification and the removal of licenses needs to be accompanied by a strengthening of the supervision capacities of public agencies. The procedures for getting a license are the same for national and foreign companies.

Decentralization has given local governments the discretion and scope they need to take a lead role in responding to the challenges of economic down-turn, degradation of the urban environment, and social hardship. They institute bold initiatives and innovative practices. Western European nations have put in place sophisticated frameworks to provide local governments with technical and financial assistance.

The European Union supplements these national programs with coordinated assistance aimed at promoting economic development, assisting distressed localities and fostering social inclusion.

2.1. Infrastructure is an important component of these programs

Despite its location in an industrialized province Jerez's economy relies on wine production which, in recent years has been declining. Weak community participation, inadequate infrastructure, poor accessibility to regional resources and an unskilled labour force compounded the effects of massive job cuts in the wine industry.

With regard to economic development the plan focuses on the development of cultural tourism and the promotion of entrepreneurial activities.

The keys of success are seven key factors:

- A dynamic local government leadership.
- A coherent strategy acted upon with determination.
- A healthy climate of cooperation with business.
- Local government's investment initiatives to jumpstart the stagnant economy.
- Creative use EU funds to implement local policy.
- Efficient municipal administration.
- Coherent links among urban planning, infrastructure and economic development.

2.2. Partnerships between municipalities and NGOs for public goals

Partnerships with municipalities has provided the best channel for the participation of communities in the organized delivery of public services and paved the way for the growing role of NGO's and CBO's in this sector in urban and rural areas and different regions of the world.

Supported by donor assistance and international and local NGO's the city initiated a community-based development strategy in the informal. The program brought together local government teams, NGO's and residents to formulate a development plan for the neighbourhood define priorities for improvements and determine equitable cost-sharing formulas to finance infrastructure.

This partnership led to the upgrading of roads and electrical networks, the construction of community buildings and schools, improved public spaces and programs for youth. Clarifying the legal status of residential land and formalizing an urban plan resulted in the sufficient leveraging of community and house4hold resources to provide infrastructure and build new housing. Finally, the engagement of senior government officials in the dissemination of project information secured commitment among communities and farmers.

To work closely with Community- Based organizations so as to enhance their capacity to participate in development programs and strengthen the City Council's capacity to respond to requests from communities

- To adopt a new approach to Environmental Planning and Management based on capacity building.

The CIP upgraded infrastructure, enhanced participation and built the capacity of CBOs and stakeholders. CIP strengthened institutional capacity by establishing program offices in each community, forming steering committees made up of representatives from all stakeholder groups and formalizing institutional links between the relevant partners and information for decision-making and monitoring of performance among the stakeholders altered attitudes and understanding of roles and responsibilities.

3. COMMUNITY-BASED APPROACHES TO INFRASTRUCTURE SERVICES AND IMPROVEMENT OF HEALTH SYSTEM

3.1. Expropriation and Compensation

In the post-communist period, expropriation has been limited to land needed for infrastructure projects, such as roads and airports. Compensation has generally been below market value and some owners have complained about the slow compensation process and low payments. The restitution process of properties confiscated during the communist regime started in 1993 but is still far from complete. The process is tainted with corruption and lack of political will. Several U.S. citizens and residents have long-running disputes with the government regarding restitution for property. Many property cases end up in the courts and drag on for years without a final decision.

No requests will be accepted after the deadline. However the entire set of restitution compensation claims is not expected to be resolved before 2014. The GOA has presented three methods of compensation for expropriation claims: 1) restitution, 2) compensation of property with similarly valued land in a different location, and 3) cash settlement/financial compensation. The successful implementation of the restitution process is an important challenge for the government and is keys to future economic development.

The property registration process has been completed in approximately 86 % of the country and almost entirely in rural areas. However, more lucrative land in high value urban and coastal areas has still not been registered. Many of the unregistered properties are in the south coastal area, which is more valuable for its tourism potential, and where disputes are more frequent. The main institutions dealing with property restitution and registration are the Agency for Restitution and Compensation and the Office for the Registration of Immovable Properties. This is a highly significant feature of infrastructure programs and carries important implications for local development.

Sustained political pressure and the demonstrated capacity of municipalities to manage their responsibilities were the driving forces for local administrative and fiscal autonomy. Initial assessments suggested that decentralization did improve the quality of service delivery and foster a new, user oriented attitude, facilitating the transition from a centrally planned to a market economy.

3.2. The Ministry of Health and its role in health system

The Ministry of Health with its district-level branch is the body for policy formulation, decision making and management. During the first public administrative reforms in 1990 more administrative authority has been taken away from the center authority and given to the regional (1). The MH has yet the important role on controlling health budget because remains the major funder and provider of health care services. Ministry of health devotes more of its efforts in health care administration, for example many health care institutions such as tertiary care are under the direct administrative control of Ministry health. Also Ministry of health though it's directorate of human resources and the district health teams is responsible in controlling the

human resources development and some trainings. The MH has not been able to set up a national strategy planning, a regulation system through development of health care system through development of health care-standards on quality accreditation and on consumer protection. Ministry of health needs to improve the *efficiency* of financial resource allocation to different level of health care system, based not only in historical budget but should find the mechanisms that could take into consideration needs of population according to the health indicators and geographical area. The lack of access and poor condition in hospital and health canters, the health care system has the problem of under the table payment to the doctors. More than 2/3 of the population (80 %) have admitted to paying an illegal fee to doctors, and it is the rural area and less educated and poor people that can effort this payments.

So the government through the Ministry of Health and its strategy needs to improve *accessibility* of health care services. Albania also has nearly the lowest human development index in all Europe and this has dropped since 1999. The high level of poverty, unemployment and regional differences in infrastructure contribute to *inequity*.

Reform of public health function will succeed only if there are enough professional available people with appropriate skills.

There is need to invest in training and employing public health professional available with appropriate skills as wells as health manager. There has been substantial improvement in education of the health managers and public health professional etc, by establishing the new programs as well as the schools, however, varies considerably between countries. When of Central Eastern Europe CEE countries and the former Soviet union adopted the market economy model, the latter had a drastic impact on their respective health care system. Albania—as part of CEE—started 12 years ago the economic transformation from central planning one to market followed by changes in administration in general, in the public and Health sector in particular. Health reforms which were initiated are more fragmented with pilots and local initiatives but are not consistently implemented within national policies.

Those changes focus on:

- a) Reducing direct state involvement through decentralization
- b) Privatization reform orienting various actors to market forces and competition improving the resource allocation decision.

Also there is a particularly urgent need to increase the availability of public health mangers in those countries that are introducing market-based health sector reforms.

The purpose of this paper is to present an overview of the current status of health care system the role of government and public investment on the health care system, a portrait of the organization of the latter, the current situation of training in public health administration and management as well as the overview of the current education practice in the area of health administration. Current GDP per capita in Albania is US\$ 810 (World Bank World Development Report 1999–2000), making Albania the country with the lowest per capita income in Europe.

In the context of severe economic crisis, migration from the rural areas has resulted in weakened village social structures and chaotic city life, while also placing pressure on social and physical infrastructure at both ends.

Health and social services and infrastructure are increasing demands but with little additional capacity, do the quality and delivery of those services throughout Albania deteriorating (although this is more obvious in rural areas).

Other forms of infrastructure, such as roads and transport are in urgent need of attention.

Table 1: Demographics indicators 1994–1998

Indicators	1994	1995	1996	1997	1998
Population (millions)	3,354,300	3,202,031	3,248,836	3,283,000	3,324,317
% population under 18 years	40.3	40.1	39.6	40	40.5
Ratio of births to deaths	6.9	6.5	5.7	4.8	3.49
Live births per 1000 population	23.1	22.2	20.8	18.6	17.6
Deaths per 1000 population	5.5	5.6	5.7	5.5	5.1

Source: INSTAT and Statistic Sector in Ministry of Health of Albania (MH).

The migration and emigration events will have their impact in urban services to accommodate the shifting population. The implications of strengthen urban services to accommodate the shifting population. A net out —migration of the younger population will also shape future developments. Although the impact of new social problems (increased drug trafficking, violence and prostitution) it can be excepted that the demand for health services is increasing. A strategy designed to improve the health of the population will have to focus initially on involving the younger population as a means of investing in the health and long term development of the country.

3.3. General Status of Health Care System, management and the role of government

Albania's historical background in Health Care System is based on the principal of free access wide coverage of population and is financed through the general revenues of the government. During the communist system, Albanian government has been responsible for both financing and delivery of health care. The Albanian health system, have been following by, problems like as:

- 1. Apparent equity.
- 2. Inefficiency because the health system is highly centralized, bureaucratic and unresponsive to citizens.
- 3. The public sector has suffered from serious shortages as drugs and equipment and a lack of skills to manage changing institution.

The consequences of those problems have been shown in declining the level of quality of care and declining staff. The World Bank report from 1993 (investing on health) pushed forward debate in the role of governments in health by combination of the three key issues such as investment in health of the poor (this can reduce the poverty and its consequences in health status).

Improving government spending in health such as finance package of benefit, prevention of disease with communication promotes diversity and competition in provision of health services increasing the private sector and improving the mechanisms of health insurance and helping them haw those market's function.

The WHO regional office for Europe's in "Health 21" offers a pragmatic approach to link the health improvement to the development of economic and social infrastructure.

How is the current situation in Albania management health System and the role of government on it?

After the breakdown of the state socialism some changes have occurred in the legal framework as well as in the governmental policy, production, financing and reimbursement of health care. The goal of the government's strategy for economic development during the 2001-2004 is: The Growth and Poverty Reduction Strategy (GPRS) and the Stabilization and Association Agreement (SAA) process. The health has been identified as a priority sector under this strategy (GPRS).

4. CONCLUSIONS

- 1. Introducing participatory planning and community-based development processes through neighbourhood development committees and street representatives working in partnership with the city.
- 2. Creating an enabling environment for private investment.
- 3. Empowering citizens to pursue their own self improvement.
- 4. Promoting privatization of the housing a stock and fostering the development of microenterprises.
- 5. Ensuring the sustainability of activities initiated.
- 6. Promoting the reliability of successful initiatives.

Albanian government will be reality these points:

- A dynamic local government leadership.
- A coherent strategy acted upon with determination.
- A healthy climate of cooperation with business.
- Local government's investment initiatives to jumpstart the stagnant economy.
- Creative use EU funds to implement local policy.
- Efficient municipal administration.
- Coherent links among urban planning, infrastructure and economic development.

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