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MONITORING REPORT

Control Mechanisms:
An inside look at the Anti-Corruption
Complaint System in the Health Sector in
Albania



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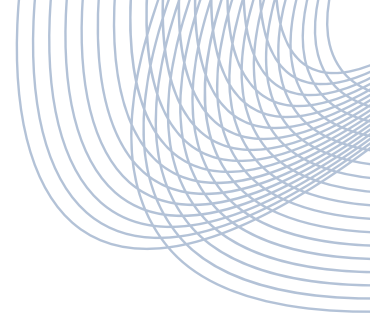


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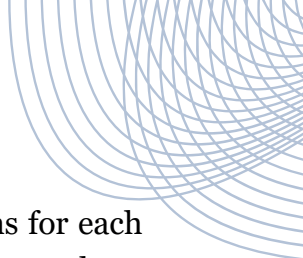
Keywords

MHSW	Ministry of Health and Social Welfare
MTUHC	Mother Teresa University Hospital Center
UHT	University Hospital of Trauma
HCSO	Health Care Services Operator
AMMD	Agency for Medicines and Medical Devices
MHCIF	Mandatory Health Care Insurance Fund
IPH	Institute of Public Health
SRH	Shkodër Regional Hospital
VRH	Vlorë Regional Hospital
DRH	Durrës Reginal Hospital
EPH	Elbasan Psychiatric Hospital
CAP	Code of Administrative Procedures
HIDAACI	High Inspectorate for the Declaration and Audit of Assets and Conflicts of Interest
NACC	National Anti-Corruption Coordinator
PPP	Public-Private Partnership
EU	European Union
UNCAC	United Nations Convention Against Corruption

INTRODUCTION

The Association Together for Life (TFL) presents this report as one of the first of its kind in Albania, focused on monitoring the administrative mechanisms for receiving and handling complaints related to corrupt practices in the health sector. The report is primarily monitoring and analysis-oriented, built on empirical data collected in a structured manner. As its core, this report provides a multidimensional approach aimed at informing stakeholders about the existence of administrative tools and legal instruments available for reporting corruption within the health system, as well as assessing the practical implementation of these mechanisms by the competent public authorities. The monitoring seeks to determine whether the legal and administrative procedures are applied in accordance with the principles of institutional accountability in handling complaints submitted by individuals or interested groups directly affected by this phenomenon.

The right of individuals and affected groups to submit complaints, to be heard and to obtain an effective remedy is inseparable from the state's obligation to ensure a thorough, independent, and impartial scrutiny of every reported case as well as to guarantee a fair, proportionate decision in full compliance with the applicable legislation. Therefore, monitoring the functionality of these mechanisms within some of the most important institutions of the health system represents a particularly significant aspect, one that directly impacts not only the general public but also the strengthening and consolidation of a culture of transparency and institutional accountability. These are fundamental principles of the rule of law and obligations that Albania must fulfill within the framework of its European Union integration process. The scope of this report is based on a horizontal approach in the selection of institutions included in the monitoring process, as the collection and processing of data involved health institutions categorised according to their roles and functions. These institutions include, on the one hand, those that provide direct services to patients and, on the other hand, supervisory bodies that also exercise competencies as contacting authorities within the framework of public procurement procedures. The selection was made not only on the basis of the types of the services these institutions provide, but also considering their geographical representation, with the aim of ensuring that the monitoring accurately reflects the nationwide reality and provides a comprehensive and inclusive overview of the functioning of these mechanisms. The institutions selected for monitoring include: the Ministry of Health and Social Protection, the "Mother Teresa" University Hospital Center, the University Trauma Hospital, the Health Care Services Operator, the "Shefqet Ndroqi" University Hospital, the Agency for Medicines and Medical Devices, Shkodër Regional Hospital, the Compulsory Health Care Insurance Fund, Vlorë Regional Hospital, the Institute of Public Health, Durrës Regional Hospital, Elbasan Psychiatric Hospital, and the "Koço Gliozheni" Maternity Hospital.



This monitoring process aims to highlight concrete and direct recommendations for each institution involved. Due to similarities in their functions and service delivery, these recommendations can also serve as positive examples for improving overall institutional practices within the health sector. To achieve this impact a set of specialized instruments has been used, designed to identify legal gaps and shortcomings in the practical implementation of existing provisions. These instruments have been translated into concrete findings and recommendations, which aim to improve the situation in the future and strengthen institutional integrity in addressing cases of corruption within the health sector.

III. METHODOLOGY

The methodology applied in this study is build on an integrated approach, combining legal analysys, fact-gathering from official sources, empirical monitoring, and data processing to generate the appropriate recommendations.

The in-depth legal analysis-This method was chosen to assess the legal framework underpinning the complaint mechanism against corruption in the health sector. Through a systematic scrutiny of the normative acts in force and the interpretation of the relevant provisions, it becomes possible to identify gaps and inconsistencies between the legal norms and actual practice. A comparison with international standards provides a comparative perspective that helps derive well-reasoned conclusions and formulate proposals for improvement. The choice of this method stems from the need to understand whether the Albanian legal framework is sufficient, harmonized, and effectively applicable in practice.

Collecting facts through official sources-The use of this method ensures the reliability and authenticity of the information collected. The data obtained through information requests submitted to public institutions, as well as the administrative acts secured from official sources, provide the most reliable foundation for analyzing how the complaint mechanism functions in practice. The reason for selecting this method lies in the need to avoid subjectivity and to build the analysis on concrete and easily verifiable evidence.

Empirical monitoring of institutional publications-This method was used to independently observe how health institutions present information to the public and how transparent they are in their communication. Through the analysis of the official websites and electronic registers, it becomes possible to understand the level of institutional transparency, the traceability of complaints, and the consistency between published data and actual practices. The purpose of this method has been to provide a realistic overview of how citizens can access information and monitor the functioning of the complaint mechanism without relying solely institutional sources.

IV. The administrative complaint mechanism against corruption in the health sector and its importance

The complaint mechanism against corruption in the health sector is one of the main pillars for protecting citizens and strengthening the rule of law. It functions as a safe channel through which patients, family members, economic operators, or even health system employees can report any case of abuse of office, unlawful requests for payment, or behaviors that undermine dignity and the right to equal service. This mechanism is not merely a formal opportunity to submit a complaint, but a comprehensive process that ensures every report is reviewed, investigated, and concluded with a clear outcome—whether by sanctioning the violators or by immediately correcting the situation.

According to the definition provided in the Albanian dictionary, a complaint is understood as “A written or verbal statement addressed to an official body to express opposition to an unjust or unlawful action committed by an individual or an institution.” In the context of this report, a complaint refers to the objections and grievances expressed by citizens and users of public health services, employees at all levels of public health institutions, economic operators participating in procurement/tender procedures, civil society organizations, the media, or other entities whose complaint involves the reporting of corrupt acts of any kind potentially committed by an individual or an institution.

The existence of this mechanism, especially within a health system where the presence of corruption is evident and public perception of corruption in these institutions is high, holds particular significance. A state system without complaints would be considered either authoritarian or, alternatively, an institutional utopia. Complaints in the health sector are an essential legal and institutional instrument, as they place pressure and responsibility on public official to act in accordance with the national and international legal framework. The fear of punishment and sanctions constitutes one of the main pillars supporting social order, the protection of patients rights and the rights of other interest groups in this context, and the strengthening of the rule of law.

- **The general obligation of public institutions in carrying out their functions**

All public institutions, and in this case, public health institutions, are obligated to perform their functions and duties in accordance with the principles of legality, transparency, access to information, active assistance, lawful exercise of discretion, proportionality, fairness and impartiality, objectivity, accountability and decision-making, equality and non-discrimination, as well as the principle of oversight. It often happens that institutions fail to fully comply with certain obligations toward the law and citizens. For this reason, the legislator has established a series of oversight mechanisms concerning the exercise of duties by these institutions.

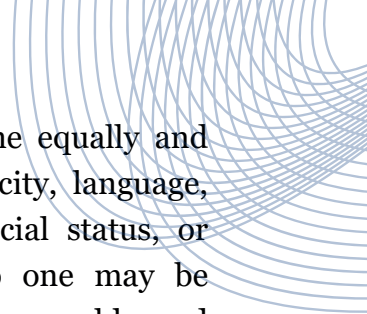


Among these mechanisms, the right to file a complaint against the actions or inactions of public institutions serves as a safeguard to ensure that they fulfil their responsibilities in accordance with the law. The ways in which officials may fail to meet their duties and responsibilities vary in nature but for the purposes of this report, the focus will be unlawful actions or omissions related to corruption within this sector. From a legal standpoint, the forms of failure by health institutions to fulfil their duties related to corruption consist of: a) passive corruption of persons exercising public functions (Article 259 of the Criminal Code), and b) passive corruption of high-level state officials or elected local officials (Article 260 of the Criminal Code). According to the specific provisions related to the offences mentioned above, we may refer to: a) Active corruption of persons exercising public functions (Article 244 of the Criminal Code), and b) Active corruption of high state officials or elected local representatives (Article 245 of the Criminal Code). From a more pragmatic perspective, corrupt practices in this sector may potentially involve: the unjust favouring of certain patients in receiving medical or similar services, thereby excluding other patients who are rightfully entitled to treatment; the favouring of certain economic operators participating in tender procedures who are declared winners as a result of manipulated or falsified tender documents, in exchange for promises or the granting of specific benefits, as well as cases of conflict of interest in various institutional processes or nepotistic procedures. Precisely for the purpose of preventing and sanctioning such actions, the complaint mechanism has been established, among other tools. Albanian legislation provides a variety of methods for addressing these types of issues, which may be reported through different channels.

V. The national legal framework of the anti-corruption complaint mechanism in the health sector

- **The constitution of the Republic of Albania**

The Constitution of the Republic of Albania, as one of the most important acts of the Albanian legal system and the highest norm in the hierarchy of laws, provides in certain provisions a general guarantee of the right to state-ensured health care, a right enjoyed equally and without discrimination by every individual. Constitutional guarantees within this fundamental right are divided into several levels. First, Article 55 states that every citizen enjoys, on an equal basis, the right to health care provided by the state.¹ Secondly, corresponding to the individual guarantee as a subjective right enjoyed by every citizen is the obligation of the state to provide the highest possible standard of physical and mental health for all. In fulfilling its general duty to achieve social objectives, and within its constitutional competencies and available resources, the Albanian state aims to rehabilitate individuals in terms of health, to educate and integrate persons with disabilities into society, and improve their living conditions.



All the legal benefits mentioned above must be guaranteed for everyone equally and without discrimination on grounds such as gender, race religion, ethnicity, language, political, religious or philosophical beliefs, economic, educational or social status, or parental affiliation. According to Article 17 of the Constitutions, no one may be discriminated against for the reasons listed above unless there is a reasonable and objective justification. Meanwhile, in addition to the substantive right to benefit from public health services, the Constitution also guarantees the right to file complaints with the relevant state authorities, through requests, complaints, or observations addressed to public bodies, which are obliged to respond within the deadlines and conditions set by law.^[5] From this, it follows that the request complaint mechanism is guaranteed at the constitutional level as a general standard, while the modalities for its use are detailed in the specific legislation.

- **The Administrative Procedures Code (APC)**

In particular, the Administrative Procedures Code sets out the fundamental principles that public institutions, including public health institutions, must follow in fulfilling their duties. More specifically, Articles 4-21 define the following principles: the principle of legality, the principle of transparency, the principle of information, the principle of providing active assistance, the principle of fairness and impartiality, the principle of objectivity, the principle of responsibility and decision-making, the principle of equality and non-discrimination, as well as the principle of oversight. In a scenario where health institutions rigorously adhere to the above-mentioned principles, there would be no grounds for filing complaints. However, in the current reality—where the health sector is among the most affected by corruption—there is indeed room for complaints from citizens and other legal entities. In fact, there is reasonable suspicion that when an official of a health institution fails to properly fulfill their duties, this may occur under conditions such as conflict of interest, nepotism, abuse of office, passive corruption, violation of equal treatment in tender procedures, or other similar criminal offenses. This Code sets out the instruments that initiate an administrative process, the administrative investigation procedure to be followed, the rights and obligations of the parties in an administrative procedure, the process of collecting and assessing evidence, the burden of proof, the obligation of public authorities to handle citizens' requests and complaints, the general deadlines for reviewing complaints, the forms of decision-making, as well as the remedies available against decisions issued by public institutions. All these rules apply in the same manner to individuals who hold the status of officials within medical institutions.



- **The Labour Code and the Law on Civil Servants.**

Employees who perform a public function within health institutions may hold the status of civil servants, with their employment relationship regulated by Law No. 152/2013 “On the Civil Servant,” as amended, or they may be employed under the Labour Code. In both of these legal instruments, the duties and responsibilities of employees are clearly defined, including their obligation to act in accordance with the principle of legality and to provide services in a fair, equal, and non-discriminatory manner.

The Labour Code of the Republic of Albania dedicates a specific article to the protection of employees who report corruption. It explicitly states that any unjustified administrative measure or sanction taken against employees who have reasonable grounds to suspect corruption and who report such suspicions to the responsible persons or competent authorities is considered invalid.

Through this article, two main objectives are intended to be achieved. First, it aims to discipline specific employees within a public health institution by making it clear that if they become involved in corrupt activities, there is always the possibility of being reported by their colleagues. Consequently, if all allegations of corruption in the health sector are verified, the responsible individuals will face an internal disciplinary process, followed by an investigative and judicial procedure before the competent authorities. Second, it ensures legal protection for individuals who may report suspected cases of corruption in the workplace. This form of protection encourages employees who, during the performance of their duties, may also act as whistleblowers, ensuring that no measures are taken against them that could harm their employment position or place them at a disadvantage.

In a more pragmatic sense, and based on the above-mentioned provision, employees of a health institution who report another employee or their superiors for direct or indirect involvement in corrupt activities are granted legal protection against any retaliatory act that may be initiated against them in the form of unjustified measures or sanctions. Such measures are considered invalid.

- The criminal legal framework, the complaint mechanism, and the competent bodies responsible for receiving and handling complaints.

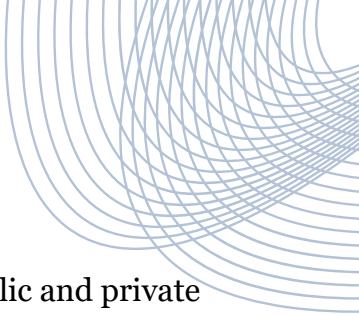
One of the other important legal guarantees is the criminal legislation, in particular the Criminal Code and the Criminal Procedure Code. Among other things, the Judicial Police structures and the Prosecutor's Office play a key role in receiving, investigating, and prosecuting criminal acts of corruption reported by any person who may have knowledge of such offenses. The scope of the Criminal Code and the Criminal Procedure Code also includes corruption-related criminal offenses in the health sector at all levels. Unlike the provisions found in other parts of the legislation governing administrative complaint mechanisms, in the case of criminal legislation we are dealing with a criminal mechanism for investigating and pursuing cases through the competent structures. It should be emphasized that if an administrative investigation into a corruption report in the health sector concludes with a decision confirming certain unlawful actions in this sector, the administrative body issuing the decision is still obliged to refer the case, together with all documentation, to the investigative authorities, such as the Judicial Police Officers or the Prosecutor's Office. From this it follows that Albanian legislation provides a variety of mechanisms for reporting corruption in the health sector, whether by citizens or by other entities directly or indirectly affected.

VI. Special legislation, complaint and reporting mechanisms, and the authorities responsible for handling them

In addition to general codified legislation, the Albanian legal system also includes specific regulations established through special laws. More precisely, there are specific laws that define the mechanisms and procedures for reporting corruption in the health sector, the authorities responsible for handling such reports, as well as the process and deadlines for their review.

- **Law No. 60/2016 “On Whistleblowing and the Protection of Whistleblowers,” as amended**

Law No. 60 dated 02.06.2016, “On whistleblowing and the protection of whistleblowers,” as amended, is one of the key umbrella laws regulating administrative control over corruption in the workplace. As with any public institution, the scope of this law also extends to acts of corruption committed within health institutions. Article 3 of the law provides the definition of the term whistleblowing, which refers to the reporting of information by the whistleblower concerning suspected acts or practices of corruption carried out in their workplace within a public authority or private entity. A straightforward legal interpretation shows that only employees of public institutions hold the active legitimacy to report corruption.

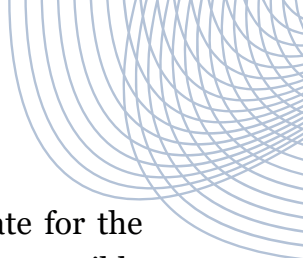


The purpose of this law is to prevent and combat corruption in both the public and private sectors; b) to protect individuals who report suspected acts or practices of corruption in their workplace; c) to encourage the reporting of suspected corrupt actions or practices. This provision, translated and adapted to the scope of this monitoring report, also applies to healthcare institutions. In this framework, the law establishes two mechanisms for reporting corruption. First, it refers to internal reporting, whereby every public healthcare institution with more than 80 employees is required to establish a responsible reporting unit, which serves as the competent body for receiving and handling complaints related to corruption.^[7]

- **HIDAACI and its role in handling corruption-related complaints in the healthcare sector**

The High Inspectorate for the Declaration and Audit of Assets and Conflicts of Interest began operating on the basis of Law No. 9049, dated 10.4.2003, “On the Declaration and Audit of Assets, Financial Obligations of Elected Officials and Certain Public Employees,” as amended. Under this law, the institution administers asset and financial liability declarations, conducts direct audits, gathers information, carries out investigations and administrative inquiries regarding the declarations of individuals who are legally required to declare their private interests, and cooperates with audit bodies and other structures responsible for combating corruption and economic crime.

In 2016, in addition to the above-mentioned powers, the law vested the institution with several additional competencies related to the direct investigation of whistleblowing cases concerning suspected corrupt acts or practices within organizations that do not have an internal reporting unit for this purpose. This institution may be activated through direct complaints submitted by potential whistleblowers or through public whistleblowing undertaken by employees of state institutions. Additionally, the internal whistleblowing units established within institutions that meet the legal criteria periodically submit reports on their work and records of the whistleblowing cases they have handled—including within the healthcare sector, where such a responsible unit has been established.



More concretely, referring to the 2024 Annual Report of the High Inspectorate for the Declaration and Audit of Assets and Conflicts of Interest, it is stated that all responsible whistleblowing units have been established and are functioning within public institutions, including those in the healthcare sector. With regard to reports of corruption submitted within this sector through the responsible units, the findings indicate that there have been no whistleblowing cases in the healthcare sector. As for external whistleblowing carried out directly with HIDAACI, the report does not make it clear whether the six whistleblowing cases involving public institutions were submitted by employees of healthcare institutions. In this context, in the interest of institutional transparency, it is recommended that the public institutions to which whistleblowing reports have been submitted be disclosed by name. This would contribute both to informing the public about the existence or absence of corruption within the healthcare sector and to enhancing the transparency of the state administration.

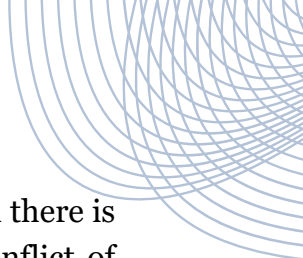
- **Law No. 10 221, dated 04.02.2010, “On Protection from Discrimination,” as amended.**

The fight against corruption in the healthcare sector is not directly connected to the provisions of this law. The purpose of the law itself is to guarantee every person’s right to:

a) equality before the law and equal protection by the law; b) equal opportunities and chances to exercise their rights, enjoy freedoms, and participate in public life; c) effective protection from discrimination and from any form of conduct that incites discrimination. However, in a tangential manner, it may be said that the transparency of healthcare institutions in the provision of medical services is relevant. If, hypothetically, certain corrupt acts were proven within a healthcare institution, this would create reasonable grounds to suspect that, as a result of unlawful actions and the failure to rigorously fulfil obligations toward citizens, certain individuals may not have received appropriate medical treatment. In complaints or reports concerning corruption in the healthcare sector, arguments may therefore be raised regarding violations of equality in access to medical treatment or breaches of equal treatment in specific procedures – for example, unequal treatment in procurement processes.

- **Law No. 9367, dated 7.4.2005, “On Preventing Conflicts of Interest in the Exercise of Public Functions,” as amended.**

In the same way as with the law on protection from discrimination, the connection between the law on preventing conflicts of interest and corruption in the healthcare sector is indirect, yet in many cases essential. Indeed, certain corrupt acts may be committed to preserve or advance private interests, and such actions may fall within the scope of duties performed under conditions of conflict of interest. According to the law, a conflict of interest is understood as a situation in which a public official’s private interests whether direct or indirect affect, may affect, or appear to affect the improper performance of their public duties and responsibilities.



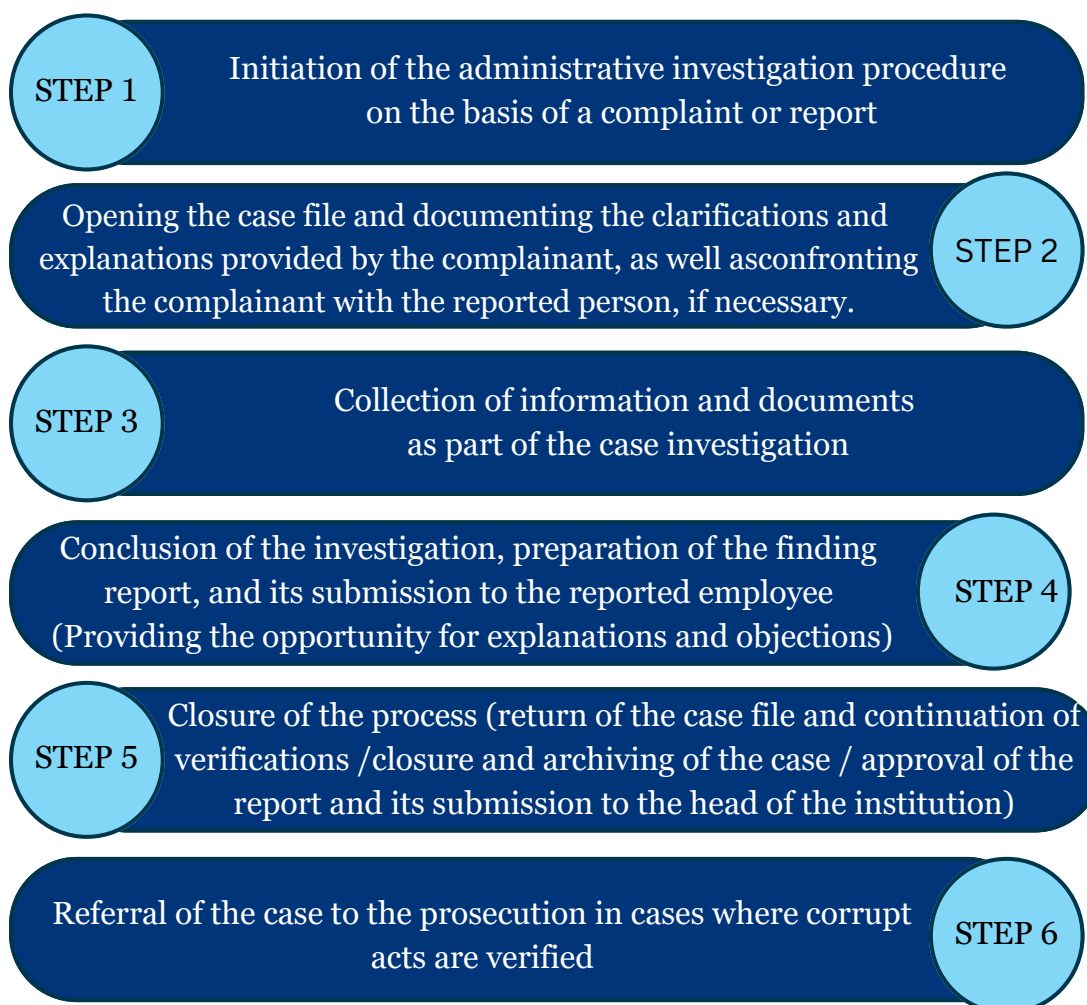
The law sets out in detail the means and procedures for filing complaints when there is knowledge that a public function has been exercised under conditions of conflict of interest. The likelihood that an administrative investigation may conclude that corrupt practices have occurred in the healthcare sector is considerable. In any case, such a determination must be assessed on a case-by-case basis.

- **Decision No. 436, dated 26.6.2024, “On the Establishment, Organization, and Functioning of the General Directorate of Anti-Corruption.”**

The concept of the Anti-Corruption Coordinator has been recognized since 2017, when the Ministry of Justice assumed the role of the National Coordinator Against Corruption (NCAC). In this capacity, the Ministry of Justice coordinated all strategic and policy efforts based on a three-dimensional approach: prevention, punishment, and awareness-raising. In its role as NCAC, the Ministry of Justice conducted inspections and audits in sectors prone to corruption and oversaw the activities of the Anti-Corruption Network Coordinators, assigned to 44 central institutions and, at the regional level, to the local offices of four of those institutions (including the healthcare sector). Meanwhile, in 2021, through Decision No. 618, dated 20.10.2021, “On the Establishment, Organization, and Functioning of the Network of Anti-Corruption Coordinators”, the position of the Anti-Corruption Coordinator was reorganized and decentralized, thereby establishing the National Network of Coordinators under the leadership of the Minister of Justice, in his capacity as the National Coordinator Against Corruption. Currently, this decision is no longer in force, as it has been repealed by Decision No. 436, dated 26.6.2024, “On the Establishment, Organization, and Functioning of the General Directorate of Anti-Corruption.”

Currently, within the formal structure of the healthcare system in Albania, Anti-Corruption Coordinators operate at the following institutions: the Compulsory Health Care Insurance Fund; the Institute of Public Health; the State Health Inspectorate; the Health Care Services Operator; the “Mother Teresa” University Hospital Center; the “Queen Geraldine” Obstetric-Gynecological Hospital; the University Trauma Hospital; the “Koço Gliozheni” University Obstetric-Gynecological Hospital; and the Tirana Regional Hospital Center “Shefqet Ndroqi.” A comparison of the two most recent decisions shows that the positions of Anti-Corruption Coordinators established in the five regional hospitals of the country have been abolished, with their responsibilities transferred to the respective superior institutions at the central level.

- **Administrative Investigation Procedure**



The Anti-Corruption Coordinator, in addition to handling complaints submitted by legitimized subjects, also initiates an investigative process *ex officio* when becoming aware of corrupt practices. From a general review of the domestic legislation, it appears that there is an overlap between the role of the General Directorate of Anti-Corruption—under which it operates and the role of the High Inspectorate for the Declaration and Audit of Assets and Conflicts of Interest.

- **Complaint box**

The complaint box is a tool typically placed in healthcare institutions to collect, in a structured and secure manner, complaints, suggestions, or concerns from patients and citizens regarding the quality of services or the conduct of staff. It is used as an instrument for improving services and as a channel for identifying and addressing potential cases of abuse or corruption.



VII. The international regulatory framework and state obligations regarding complaint-handling mechanisms in the healthcare system

- **United Nations Convention against Corruption (UNCAC, 2003)**

This Convention obliges states to establish national mechanisms for reporting and protecting individuals who report wrongdoing, applicable also within the healthcare sector. The provisions relevant to participation and reporting in the healthcare sector are Article 13, “Participation of Society,” and Article 36, “Specialized Authorities.” These provisions specifically impose an obligation on states to take appropriate measures to ensure that the anti-corruption bodies designated under the Convention are known to the public and to guarantee the right to address these bodies, where appropriate, for reporting including anonymously any incident that may be considered a criminal offence under this Convention. Special attention is devoted to the institution of compensation for damages, as provided in Article 35, which requires each State Party to adopt the necessary measures, in accordance with the principles of its domestic law, to ensure that entities or individuals who have suffered harm as a result of an act of corruption have the right to initiate legal proceedings against those responsible for the harm, with the aim of obtaining compensation. The above rules apply across all public sectors, including the healthcare sector, for all States Parties to the Convention. However, specific rules on handling corruption-related complaints within the healthcare sector are detailed according to each country’s national legislation.

- **Council of Europe Criminal Law Convention on Corruption (1999)**

The Council of Europe Criminal Law Convention on Corruption, ratified by the Albanian State through Law No. 8778, dated 26.4.2001, “On the Ratification of the Criminal Law Convention on Corruption,” focuses on the criminal prosecution of corruption and cooperation with judicial authorities. According to the Convention, each state must adopt the necessary legislative and other measures to ensure that individuals or specialized bodies engaged in combating corruption possess the required independence, in accordance with the fundamental principles of the state's domestic legal system. This is intended to enable them to carry out their functions effectively and free from any improper pressure. States must also ensure that the staff of these entities receive appropriate training and have adequate financial resources to fulfil their duties.



- **Council of Europe Criminal Law Convention on Corruption (1999)**

The Council of Europe Civil Law Convention on Corruption sets out rules of a different nature regarding institutional responses to corruption cases. This Convention establishes civil judicial mechanisms for fair compensation as a means of remedying damages suffered as a result of harm caused by corrupt acts. Although this does not constitute a form of preventive intervention by institutions or states, it may nevertheless be considered an ex post institutional intervention, as it aims to restore the rights of individuals harmed by corrupt practices. In summary, these principles are provided in Articles 1, 3, 5, 9, 11, and 12 of the Convention.

VIII. Current mechanisms and instruments for handling corruption-related complaints within healthcare institutions

In accordance with the predetermined methodology, and with the aim of providing a clear overview of the factual situation regarding the functioning of corruption-related complaint mechanisms in the healthcare sector and the institutional response to such complaints within the framework of transparency and institutional accountability TFL has exchanged a series of written correspondences with selected healthcare institutions, identified based on the indicators set out in the introduction of this study. Specifically, official requests for information were sent to: the Ministry of Health and Social Protection, the “Mother Teresa” University Hospital Center, the University Trauma Hospital, the Health Care Services Operator, the “Shefqet Ndroqi” University Hospital, the Agency for Medicines and Medical Devices, the Shkodër Regional Hospital, the Compulsory Health Care Insurance Fund, the Vlorë Regional Hospital, the Institute of Public Health, the Durrës Regional Hospital, the Elbasan Psychiatric Hospital, and the “Koço Gliozheni” Maternity Hospital. Of all the information requests submitted, 10 institutions responded, providing information relevant to TFL’s inquiries. The requested information focused on two main areas. The first set of questions concerned the establishment and functioning of anti-corruption units, their organizational structure, their functional duties, and the legal framework under which they operate. The second set of questions related to the procedures and deadlines for handling corruption-related complaints in healthcare, the number of complaints received in 2024 and the corresponding decisions taken, the formats used for submitting complaints, and the documentation of such complaints through a complaints register. Another important element for which information was requested concerned the existence and management of each institution’s request-and-complaint register, in the interest of transparency and institutional accountability.

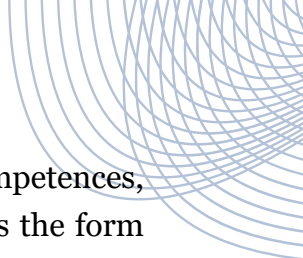
IX. Specific institutions

- **Ministry of Health and Social Protection**

-Unit for receiving and handling corruption-related complaints

At the Ministry of Health and Social Protection, a responsible whistleblowing unit has been established and is operational, in accordance with the provisions of Law No. 60/2016, “On Whistleblowing and the Protection of Whistleblowers,” and Decision of the Council of Ministers No. 816, dated 16.11.2016, “On the Structure, Selection Criteria, and Employment Relations of the Staff of the Responsible Unit in Public Authorities.”

In the same response provided by the Ministry, it is specified that the unit responsible for implementing the above-mentioned laws is the Internal Audit Unit, which carries out the administrative investigation of whistleblowing cases and reviews requests for whistleblower protection. From the analysis of the situation described above, it appears that there is an overlap in the exercise of the functions assigned to the whistleblowing unit under Law No. 60/2016, “On Whistleblowing and the Protection of Whistleblowers.” The Ministry’s response indicates that the authority to conduct administrative investigations of corruption-related whistleblowing cases within this institution is exercised by the Internal Audit Unit. In practice, however, this body operates under Law No. 114/2015, “On Internal Audit in the Public Sector,” and according to Article 6 of that law, the role of internal audit is to support the head of the public entity in achieving the entity’s objectives by: a) preparing strategic and annual internal audit plans based on an objective risk assessment and conducting audits in accordance with the approved plan; b) assessing the adequacy and effectiveness of systems and controls, focusing primarily on: i) the identification, assessment, and management of risk by the head of the public entity; ii) the compliance of the entity’s activities with the regulatory framework; iii) the safeguarding of assets; iv) the reliability and completeness of financial and operational information; v) the economy, effectiveness, and efficiency of the entity’s operations; vi) the fulfilment of duties and the achievement of objectives; c) providing recommendations for improving operations and the effectiveness of the internal control system of the public entity; ç) monitoring the implementation of issued recommendations. Despite this, the Internal Audit Unit also performs the tasks that should be carried out by the responsible whistleblowing unit under Law No. 60/2016, “On Whistleblowing and the Protection of Whistleblowers,” as amended.



From this overview, it appears that there is an overlap of institutional competences, raising questions about how certain practical modalities are regulated—such as the form of reporting, the hierarchy, the capacity of the relevant bodies to undertake measures and propose solutions for specific cases, as well as the regulation of employment relationships for staff who simultaneously perform multiple functions.

-Timeframe and procedure for the administrative investigation of corruption in this institution. In terms of the existence of effective complaint mechanisms for individuals who may be affected by corruption—and who lack the specific legal knowledge needed to pursue the matter independently within this sector—an unclear situation is created regarding the concrete steps complainants must follow and the available avenues for challenging the administrative authority’s decision. Based on the response provided by the Ministry of Health and Social Protection, the timeframe and procedures followed on a case-by-case basis are those established by the Law “On Whistleblowing and the Protection of Whistleblowers.”

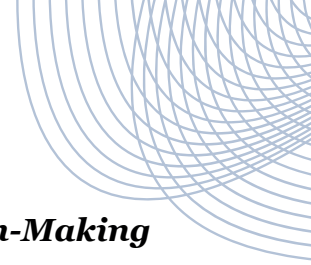
-Current number of submitted complaints and the decision-making for each case. From the correspondence exchanged with the Ministry of Health and Social Protection, it results that during the period January–December 2024, no complaints regarding bribery or corruption in the health sector were submitted.

- **“Shefqet Ndroqi” University Hospital**

-Unit for Receiving and Handling Anti-Corruption Complaints

At the “Shefqet Ndroqi” University Hospital, a Responsible Unit for Whistleblowing and Whistleblower Protection has been established and is operational. This unit was reorganized on the basis of Order No. 285 dated 10.10.2019, No. 326/14 Prot., dated 10.10.2019.

In accordance with Decision of the Council of Ministers No. 436, dated 26.06.2024, “On the Establishment, Organization, and Functioning of the General Directorate of Anti-Corruption,” the “Shefqet Ndroqi” University Hospital also includes within its structure an Anti-Corruption Coordinator, appointed upon the request of the National Anti-Corruption Coordinator. Considering both legal frameworks and the institutional units established under them, it is assessed that the institutional structure is well organized, with the two units functioning complementarily. While one law grants employees of institutions (including healthcare institutions) the exclusive right to report corrupt actions or practices occurring within the institution, the other law broadens the circle of subjects entitled to report corrupt practices they encounter.



-The Effective Number of Complaints Submitted and the Decision-Making for Each Case

In the written response provided by the “Shefqet Ndroqi” University Hospital, it is explicitly stated that: “To date, there has been no whistleblowing case, either in written form or electronically.”

- **Institute of Public Health**

-Unit for Receiving and Handling Anti-Corruption Complaints

With regard to the role and institutional measures undertaken for handling corruption-related complaints in the health sector, the response provided does not include information about any internal unit established within the institution nor about the applicable legal framework for addressing such complaints. However, based on a review of the legislation published on the institution’s official website, the transparency section shows that Law No. 60/2016, “On Whistleblowing and Whistleblower Protection,” is available. Additionally, an independent examination of Decision No. 436, dated 26.06.2024, “On the Establishment, Organization, and Functioning of the General Directorate of Anti-Corruption,” indicates that an Anti-Corruption Coordinator has been appointed at the Institute of Public Health. This suggests that the institution has in place both an Anti-Corruption Coordinator and, potentially, an internal whistleblowing unit.

-The Effective Number of Complaints Submitted and the Decision-Making in Each Case

In the response provided by the Institute of Public Health, which has been assessed as partial due to the limited information it contains, it is stated that no complaints related to corruption in the health sector have been filed with the institution. Furthermore, according to the letter, the right to obtain information is delegated to the competent directorate within the Ministry of State for Public Administration and Anti-Corruption.

It remains unclear whether no complaints have actually been submitted, or whether citizens and other stakeholders are simply unfamiliar with the complaint formats, available reporting mechanisms, or the specific bodies to which they may address such concerns.



- **University Trauma Hospital**

-Unit for Receiving and Handling Anti-Corruption Complaints

According to the response provided, the University Trauma Hospital has an established structure dedicated to receiving and handling corruption-related complaints in the health sector. This structure consists of an Anti-Corruption Coordinator, who is appointed by and reports directly to the Minister of State for Public Administration and Anti-Corruption.

-The Effective Number of Complaints Submitted and the Decision-Making for Each Case

With regard to the number of complaints submitted and the decision-making for each case, there is no reference to the number of complaints filed, as this information is neither provided in the institution's response nor identifiable through the registers published on the institution's official website.

- **Elbasan Psychiatric Hospital**

-Unit for Receiving and Handling Anti-Corruption Complaints

At the Elbasan Psychiatric Hospital, an internal sui generis structure has been established and is operational. It consists of a commission of five members responsible for managing and administering complaints submitted by patients and their family members. The establishment of this internal institutional initiative is positively assessed, as it is not based on any specific law regulating the handling of complaints but derives directly from the Convention against Corruption. Based on the decision establishing this unit, it is understood that all types of complaints are accepted and reviewed, including corruption-related complaints. There is no information indicating the existence of other units created under specific laws; however, this does not exclude the possibility of using the external whistleblowing mechanism at HIDAACI to report corruption in the health sector.

Nevertheless, this organizational model raises concerns regarding the procedural transparency of handling corruption-related complaints by a unit established within the institution and directly dependent on its head. In effect, this may undermine public trust in the impartiality of case handling and in the avoidance of conflicts of interest.

-The Effective Number of Complaints Submitted and the Decision-Making for Each Case

From the correspondence exchanged with the institution, it has been communicated that no complaints have been submitted neither to the institution's official email address, nor physically at the general services office, nor through the complaints box.

- **Health Care Services Operator (HCSO)**

-Unit for Receiving and Handling Anti-Corruption Complaints

In the written response sent to Together for Life, it is stated that the structures established and the mechanisms used to process requests and complaints at the Health Care Services Operator (HCSO) are as follows: a) the structure of the Coordinator for the Right to Information, in accordance with the applicable law; b) requests/complaints forwarded from the "Co-Governance" platform, for which a staff member of the Directorate of Quality and Health Care Services Coordination has been appointed as coordinator; c) the institution's official email address, info@oshksh.gov.al, which is accessible to any third party via the HCSO official website. Despite the institution's response, a simple reading of Decision No. 436, dated 26.06.2024, "On the Establishment, Organization, and Functioning of the General Directorate of Anti-Corruption," shows that, legally, an Anti-Corruption Coordinator must also be established and operational within this institution, reporting to the General Directorate against Corruption under the Minister of State for Public Administration and Anti-Corruption.

-The Effective Number of Complaints Submitted and the Decision-Making for Each Case

Regarding the effective number of complaints submitted and the decision-making for each case, consultation with the response provided by the Central Directorate of the Health Care Services Operator indicates that no requests or complaints alleging bribery or corruption have been registered with this institution.



- **Compulsory Health Care Insurance Fund (CHCIF)**

- ***Unit for Receiving and Handling Anti-Corruption Complaints***

From the response provided by the CHCIF, it appears that: “At the CHCIF, there is no dedicated structure for handling corruption-related complaints. All requests/complaints submitted to the CHCIF, whether by mail or email, are accepted regardless of their subject matter. They are forwarded to the relevant directorates for handling and receive responses in accordance with the legally prescribed deadlines.”

According to Decision No. 436, dated 26.06.2024, “On the Establishment, Organization, and Functioning of the General Directorate of Anti-Corruption,” an Anti-Corruption Coordinator must be established and operational within the CHCIF, responsible for conducting administrative investigations in accordance with this decision. However, when compared with the institution’s own response, it appears that this structure was not referenced as part of the institution. Instead, it was specifically stated that: “In implementation of Prime Minister’s Order No. 106, dated 25.07.2019, ‘On the Establishment, Composition, and Functioning of the Network of Anti-Corruption Coordinators,’ as amended by Prime Minister’s Order No. 86, dated 25.06.2020, which sets out the creation and functioning of this structure, the CHCIF (as is the case in all other institutions) includes within its organizational structure an Anti-Corruption Coordinator who collects, analyzes, and coordinates all information regarding corruption cases referred from various sources.” A review of the institution’s website confirms that the position of Anti-Corruption Coordinator is filled and functioning normally. In a dedicated section of the website, the coordinator’s contact details are published, along with a complaint form available for completion by individuals wishing to submit a report.

The procedures and time limits applied in the administrative investigation of cases are followed in accordance with the regulatory provisions set out in the Decision of the Council of Ministers governing the functioning of the General Directorate of Anti-Corruption.

- ***The Effective Number of Complaints Submitted and the Decision-Making for Each Case***

Regarding the number of corruption-related complaints submitted to this institution and their handling, the response indicates that there has been only one complaint, filed anonymously, against the Ishëm Health Center, although its specific subject matter was not identified. Upon completion of the review process, it was reported that the case was closed with a final report. No additional complaints have been reported.

- **“Koço Gliozheni” University Obstetric-Gynecological Hospital**

-Unit for Receiving and Handling Anti-Corruption Complaints

In the response submitted to Together for Life, it is stated that: “Koço Gliozheni’ Hospital is a university obstetric-gynecological hospital. With regard to the information you have requested, we inform you that our institution, being a hospital structure, does not have a dedicated sector for receiving and handling corruption-related complaints in the health sector.” It is further noted that: “According to Chapter IV of DCM No. 436, dated 26.06.2024, ‘On the Establishment, Organization, and Functioning of the General Directorate of Anti-Corruption,’ our hospital is required to have an Anti-Corruption Coordinator as part of its structure, appointed upon the request of the National Anti-Corruption Coordinator. To date, no such appointment has been proposed by the National Anti-Corruption Coordinator, and consequently, this position is currently vacant.” This indicates that, despite the legal provisions, in practice the requirement remains only on paper. In other words, the institution does not have an operational Anti-Corruption Coordinator in place, making it impossible to report corruption through this structure and, as a result, preventing the application of the timeframes and procedures required for the administrative investigation of such complaints.

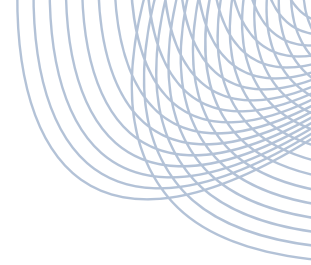
-The Effective Number of Complaints Submitted and the Decision-Making for Each Case

Regarding the number of complaints, the institution reports that, based on the verification of data from the protocol office, no complaints of bribery or corruption in the health sector were submitted to the institution in 2024.

- **Shkodër Regional Hospital**

-Unit for Receiving and Handling Anti-Corruption Complaints

According to the response provided by the Shkodër Regional Hospital, it appears that: “Our institution operates a dedicated structure for receiving and handling corruption-related complaints in the health sector. This unit functions in accordance with the applicable legislation and ensures transparency, integrity, and the proper handling of every suspected case. The structure is composed of specialists in the fields of law and internal audit. The internal order establishing this unit was issued by the Hospital Directorate under Protocol No. 722, dated 19.03.2021. Our institution follows a structured procedure for addressing such complaints, in line with the legislation in force. Complaints may be submitted in writing, electronically, or physically, and are reviewed within a maximum period of 30 days from the date of registration.” An analysis of this response suggests that the functioning of this structure is primarily based on the legislation governing internal audit.



-The Effective Number of Complaints Submitted and the Decision-Making for Each Case

In the response provided by the institution, it is stated that: “With regard to the number of requests or complaints submitted to our institution concerning cases of bribery or corruption in the health sector for the year 2024, we inform you that no such complaint or request has been filed during this year.”

- **National Agency for Medicines and Medical Devices**

-Unit for Receiving and Handling Anti-Corruption Complaints

The institution has reported that, in implementation of DCM No. 24, dated 14.01.2015, “On the approval of the structure and the manner of functioning and organization of the National Agency for Medicines and Medical Devices,” as amended, and in implementation of Prime Minister’s Order No. 106, dated 25.07.2019, “On the establishment, composition, and functioning of the Network of Anti-Corruption Coordinators,” as amended by Prime Minister’s Order No. 86, dated 25.06.2020, the NAMMD includes within its structure the Coordinator of the Anti-Corruption Coordinators’ Network, as well as dedicated structures for handling requests. However, the legal basis under which this structure currently operates is DCM No. 436, dated 26.06.2024.

-The Effective Number of Complaints Submitted and the Decision-Making for Each Case

According to the institution’s response, no complaints alleging bribery or corrupt acts or practices have been filed with this institution. The only requests received (27 in total) were submitted by citizens and primarily concerned the availability of medicines on the market or requests for information from the media.



X. Key Findings and Recommendations

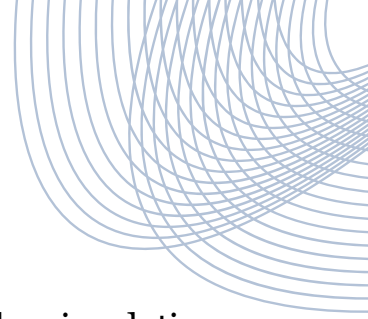
1. Absence of Registered Corruption Complaints

Monitoring of healthcare institutions shows that no corruption-related complaints have been registered in the health sector. Only one isolated case has been recorded, and even this instance is unclear as to whether it constitutes a direct corruption allegation. This situation raises concerns about the very low level of reporting—not necessarily due to the absence of corruption cases, but likely as a result of limited public awareness, fear of retaliation, or lack of trust in existing mechanisms.

In light of this finding, it is recommended to develop a comprehensive, inter-institutional strategy, in cooperation with civil society and field experts, to promote a culture of reporting corruption in the health sector. This may include awareness campaigns, legal education programs for citizens and patients, and specific training for healthcare personnel on the importance of whistleblowing. Furthermore, it is essential to ensure effective protection for whistleblowers in accordance with the standards set by Law No. 60/2016 “On Whistleblowing and Whistleblower Protection,” by strengthening mechanisms that safeguard individuals from retaliation and discrimination.

2. Overlap and Confusion of Institutional Competencies

In several of the institutions monitored, an overlap and confusion of functions has been identified among the units responsible for corruption reporting, the Anti-Corruption Coordinator, and the internal audit units within public healthcare institutions. This situation has created uncertainty regarding reporting hierarchies, procedural methods for handling complaints, and the decision-making authority responsible for addressing them.



Additionally, it has been observed that some employees perform overlapping duties across more than one structure, increasing the risk of conflicts of interest and practical dysfunction.

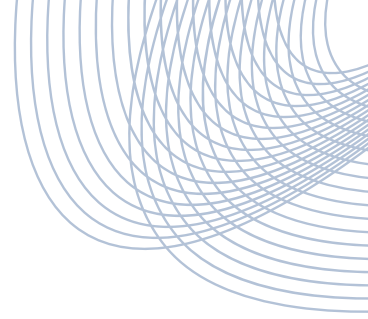
In this regard, it is recommended to review the regulatory and organizational framework in order to clearly delineate the competencies and responsibilities of each unit. This should include the development of specific administrative guidelines or amendments to sublegal acts to define functional hierarchies, reporting modalities, and lines of interinstitutional communication. Such reforms would ensure institutional clarity, avoid duplicative practices, and strengthen accountability.

3. Dependence of Internal Complaint-Handling Units

In several institutions, internal complaint-handling structures have been established on the initiative of the institution's leadership. Although this is a positive step toward increasing transparency, it also creates strong potential for conflicts of interest and compromises impartiality, as these units operate under the direct authority of the institution's head.

This situation risks turning the mechanism into a formality with no real effect, thereby undermining public trust in public institutions.

It is therefore recommended that these structures be placed under the authority of an external and independent body, in order to ensure functional and institutional independence. Such an arrangement would guarantee an impartial process, protected from internal influence, enhance the accountability mechanism, and help build citizens' trust.



4. Vacancies and Non-Functionality of Complaint-Handling Units

In several institutions, it has been observed that the units established for receiving and handling corruption-related complaints exist only formally, without any staff appointed in practice. This has resulted in the mechanisms being non-functional, rendering them ineffective and significantly limiting citizens' ability to report corruption cases.

In this context, it is recommended that measures be taken to fill the vacancies within the institutions' staffing structures by appointing qualified personnel and ensuring the necessary financial and technical resources. To guarantee sustainability, it is advisable to establish clear criteria for staff recruitment including legal and administrative expertise—and to create external monitoring mechanisms to verify the functionality of these units.

5. The Transparency Program and the Absence of Complaint Registers

Most healthcare institutions have established transparency programs in accordance with Law No. 119/2014 “On the Right to Information”; however, these programs do not include specific provisions for handling corruption-related complaints. Likewise, monitoring shows that official websites lack publicly available complaint registers and standard complaint submission templates, making the mechanism inaccessible and non-transparent for citizens.

In this regard, it is recommended to reform the transparency program to include an anti-corruption complaints component. This would entail identifying the body responsible for receiving and handling complaints, publishing regularly updated online registers, drafting and providing standard complaint submission templates, and ensuring a clear legal basis that links the right to file a complaint with the mechanisms for sanctioning corruption. Such a reform would enhance institutional transparency, accessibility, and public trust in these institutions.

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