



Contribution to the General History of School Health Service in Albania (From Origins to Nowadays)

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*"Education and health are inseparable.
Good health supports successful learning.
"Successful learning supports good health."*

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Abstract

We are all witnesses of the great traces left by the school health service in Albania, especially after the Second World War, in the protection of the health of preschool and school age, we are witnesses, when the bodies and personalities of health and education defined the role of health care in kindergartens and schools. The purpose of this study is to highlight the common features and characteristics of the health service in preschool and school institutions with a special identity, in order to care for the physical and mental health of children and students, hygienic care and disease prevention, infectious infections, as well as health education in the learning process. Methodology: study of source materials, such as newspapers, magazines and monographs; A comparison has been made between the school health service in Albania and those of western countries during the years, in order to derive their common features and goals. Procedure: analysing in detail some aspects of identity of school service or of any contemporary feature of our country or western countries, we will see that: the historical development of the school health service in Albania, compared to those of western countries; Albanian government policies to protect the health of children and students; organization of health service in kindergartens and schools of towns and villages; regulations of the school health service which determined the character of this service, the prophylactic and medical one according to the recommendations of the World Health Organization (WHO) to ensure the development of physical and psychomotor norms of children and students, etc ; indicators of the improvement of the hygienic-sanitary conditions of preschool and school institutions after 1990; etc.

Keywords: Health service, kindergarten, school, legislation, regulations, medical staff, children / students

1. Introduction

Upon entering kindergarten, your day structure changes for your children. They spend a lot of time in kindergarten and later in school. The health of children and young people is very important for teachers and caregivers. The topics of healthy eating, exercise and well-being, etc. are treated during class and in everyday school life.

If children and young people have health problems, these can affect their attendance at school and can affect their ability to learn and their well-being. An early distinction, a careful explanation with the initiation of appropriate measures as well as an association with a good knowledge of the specialty are important and pertain to the tasks of the school health service.

Throughout school time, from kindergarten to school leaving, the health service is an intermediary link in health issues between the child, parents, school and doctors. School doctors are well acquainted with the conditions in the

school. They counselorly stand by your side as parents and support the preservation and promotion of your children's health.

There are many approaches in the world today related to what a school really should be, which will meet all or most of the conditions to meet the basic elements of promoting schools for the protection of the health of older children, preschool and school. The school health service is today defined as an integrated approach to health promotion in order to educate, inform and provide opportunities to create the right attitudes for health and to learn and implement healthy behaviors.

This concept aims to change not only the behaviors of students, but also the educational staff, the environment in which these students live, learn and work. Educational institutions that promote the protection of the health of preschool and school-age children, encourage healthy behaviors and at the same time make known the fact that the responsibility for health protection does not depend only on the individual, but is a responsibility shared by all. Members of the community that promote the care for the physical and mental health of children and students, for hygiene and protection from communicable diseases during the teaching process, as well as the qualification of teachers about health and diseases. This is the main reason for organizing the health service at different times with different content and directions, depending on the socio-economic development, creating a variety of organizational culture.

The basic tasks of the school health service are health care, health protection and health promotion for children and young people. School doctors accompany and advise parents, children, young people and teaching staff on all matters relevant to the school for health and development.

Students should be very involved in solving problems related to their health, as well as to directly influence the competent entities, to change concrete actions and actions in order to improve their health. It used to be known that students who enjoy full health learn better and that sound teachers teach them better. Health promotion and education in preschool and school institutions is one of the basic elements of student care for which the state must invest today and in the future. Therefore everyone benefits when governments and schools promote health care.

It is now known that schools benefit from the contribution and support of the state, parents and the community. School staff experiencing health and illness skills can do the most effective work and promote initiatives that control the preservation of the environment in terms of hygiene, continuity of health, physical and mental development of children and students. Parents and members of the community benefit by gaining more knowledge about health problems and learning new information about a deeply protective direction, and by taking an active part in educating their children. This is achieved when they ensure that preschool and school institutions in the respective administrative unit are open to ideas and their participation.

Community groups and organizations benefit from the participation of students, teachers in the activities of health organizations and the community. *Educated and healthy people are needed for the community as a whole. A nation with healthy and well-educated youth has a basis for strong economic development.* The world has made progress in ensuring human rights as elaborated by a number of international health and education conventions. Therefore, the importance of promoting health care in schools is great, because the school covers a large part of the population, including the youth. Approximately 1/5 of the entire population is in school and the beginnings or foundations on child and student health care are laid at this stage of life.

The basic values of a health service initiative in preschool and school institutions promoting health, which is also done through partnership can be: self-respect, respect for change in others, respect for the environment, utilization of the whole offer that the school makes as curricula, family and community with the whole possible spectrum of individuals, interest groups and governmental and non-governmental institutions related to the concept of school health services with prophylactic, medical or integrative orientation. In such environments it is possible for learning to become a continuous and lifelong process. This will enable each person to contribute to the family and community through the application and practical application of lifelong learning skills. Therefore, the protection and promotion of the health of children and young people should be the primary goal of schools and governments, without excluding the positive role of various national and international health promotion organizations. Health is the greatest asset. All together we must take care and preserve it.

2. Organization of School Health Service in Europe

During the 20th century, the *World Health Organization* has been at the forefront of work and guidelines for every country to see school health care as a public good that must be guaranteed by the government. However, according to the WHO, "it is not only the government that should take care of a consolidated and advanced health system, but also local

government structures, professional health organizations, educational institutions and civil society organizations"¹. On the other hand, various studies are skeptical about how health authorities take responsibility². Studies show that "the public does not trust institutions as guarantors of equality, honesty and integrity in the school health service sector"³. The public expects "school health service authorities to do their job well and diligently"⁴.

People want communities and environments to be safe and their primary health to be protected by universal access to health and social protection⁵. According to the WHO, "governments are primarily responsible for shaping national health systems, given that this does not mean that the health system needs to be repaired from time to time to improve"⁶. An important role in this formatting should be played by the politicians of a country, local government, research groups, the private sector, civil society and the global health community⁷.

The term "school health service" was first used in 1978, following the International Conference on Primary Health Care held by WHO and UNICEF in Alma-Ata. But since then, the school health service has taken on different meanings in different countries and groups⁸.

According to the WHO and as written in the Alma-Ata Declaration of 1978, the school health service is: "health care based on practical, scientifically sound and socially acceptable methods and technologies universally accessible to individuals and schools in the community, through their full participation and at a cost that the community and the country can afford to maintain in any stage of their development in the spirit of self-support and self-determination. [...]"The school health service is an integral part of the country's health system, as it is an intermediary link in health issues between the child, parents, school and doctors, as well as part of the economic development of the community"⁹.

But, the development and evolution of this service in different countries of the world, has been done in honest socio-economic periods. Thus, since the end of the century. XIX in some western civilizations (Belgium, the Netherlands, Germany, England, France and the USA) a new health service was established, that of school and preschool institutions, in the framework of medical examinations of children, young people and teachers.

"In its beginnings, - emphasizes Dr. Nikolla Nesturi, - the school health service aimed at training these age groups by continuously monitoring the health status, physical and mental development of children and students, to reduce morbidity, especially the infectious one, that is, a deeply defensive direction, preparing them not only for today at school but also for tomorrow in life"¹⁰.

In many countries, especially in the East (former communist) until the end of the 80s of the century XX, the health service in these institutions only controlled the protection of the environment from a hygienic point of view, carried out vaccinations, made periodic visits of children and young people to educational institutions to carry out possible examinations in time.

However, the school health service has been in constant development since its inception. In 1992 new rules were developed in Scotland for child and adolescent health services which gave a wide range of tasks to work in school systems, but this system in the tasks of experts to create attitudes to the right to health and to learn and practice sound

¹ Ministria e Shëndetësisë & Instituti i Shëndetit Publik, *Strategjia e Shqipërisë për Shëndetin Publik dhe Promocionin Shëndetësor*, Tiranë, 2003, f. 6.

[Ministry of Health & Institute of Public Health, *Albania Strategy for Public Health and Health Promotion*, Tirana, 2003, p. 6.]

² World Health Organization (WHO), *The World Health Report 1999 - Making a Difference (hereinafter: The World Health ...)*, Prelims i-xxii/E, 1999, p. 33.

³ Ibid.

⁴ Lucy Gilson, "Trust and the Development of health care as a social institution", in: *Discover Social Science & Medicine*, Vol. 56, Issue 7, *Interdisciplinary Journal for Social Science Research on Health*. Published by Elsevier Ltd, London, 2003, pp. 359-375.

⁵ WHO, *The World Health ...*, p. 42.

⁶ Qeveria e Shqipërisë, *Strategjia e Zhvillimit të Sektorit të Shëndetësisë*, Tirana, 2004, f. 14.

[Government of Albania, *Health Sector Development Strategy*, Tirana, 2004, p. 14.]

⁷ Po aty.

[Ibid.]

⁸ Sue Heward, Cheryl Hutchins and Helen M. Keleher, "Organisational Change: Key to Capacity Building and Effective Health Promotion", *Health Promotion International*, Vol. 22, Issue 2, Published by Oxford (London), 2007, pp. 170-178.

⁹ Michelle Costello, Jane Taylor and Lily O'Hara, "Impact Evaluation of a Health Promotion-focused Organisational Development Strategy on a Health Service's Capacity to Deliver Comprehensive Primary Health Care", in: *Australian Journal of Primary Health*, Vol. 21, Issue 4, Published by Monash University, Melbourne (Australia), 2014, pp. 444-449.

¹⁰ Nikolla Nesturi, "Nga historia e shërbimit shëndetësor shkollor" (më tej: "Nga historia e shërbimit ...", në: *Historia e arsimit*, Nr. 4, botimi i Institutit të Studimeve Pedagogjike në Ministrinë e Arsimit dhe Shkencës, Tiranë: "Nënë Tereza", 2003, f. 262.

[Nesturi, Nikolla - "From The History of School Health Service" (hereinafter: "From the History ..."), in: *History of education*, Nr. 4, Publication of the Institute of Pedagogical Studies in The Ministry of Education and Science, Tirana: "Mother Teresa", 2003, p. 262.]

behavior.

Indeed, the modern concept of school health service originates from the World Health Organization (WHO) joint symposium in 1996 and the Scottish Health Education Group held in Scotland.

From 1996 to date, 43 European countries have joined the *European Network of Health Promoting Schools*. This network was established in cooperation with the WHO (Office for Europe, the European Commission and the Council of Europe). Through the implementation of this program, Kosovo aims to be part of this network and benefit from the exchange of experiences of other member countries of the network.

The principles supporting health promotion services were designed at the Thessaloniki Conference in 1997, which called on all governments of all European countries to create the conditions for principles such as democracy, equality, autonomy and competence for action, the school environment, curriculum, training of teaching staff, success assessment, cooperation, (eg Ministry of Health, Ministry of Education), communities (parents and community), sustainability, to be put into practice.

3. Key Actors in Primary Health Care

General practitioners are the main actors in the primary health care system¹¹. This system includes pediatricians, ophthalmologists, dentists, gynecologists and other specialist doctors at different levels of primary care, as well as nurses, midwives, pharmacists, physiotherapists¹². The inclusion of these disciplines in primary health care depends on different countries and often determines the characteristics of the primary health care system¹³.

As noted by the Organization for Economic Co-operation and Development (OECD), "health care centers are the preferred system for providing primary care in many countries"¹⁴. They are closely related to the objective of school health programs, which has as its main goal "to raise to a higher level, maintain and restore the health and functional abilities of children and students"¹⁵.

Regarding the above, it is the school doctors who are committed to the health of children and students and take into account the training of these age groups. In some countries the form of organization, doctors and the school doctor are "free" to fully monitor the health of the student entrusting them as an essential task medical examination 2-3 times or more during the annual or semester cycle of students¹⁶.

However, different countries present different historical and cultural trends in the school health system. In Basel-Stadt, Switzerland "every kindergarten and every school has a competent school doctor"¹⁷. Because of their proximity to school and many years of experience, they know the school conditions well and understand the feelings and health of children and young people directly in the school living space. At the same time, they reasonably co-organize "promoting health at school. In this sense, they are corporate physicians and corporate physicians of schools"¹⁸.

11 Ties Boerma, "The Health of Women", in: *The Lancet*, Vol. 369, Issue 9563, General Weekly Medical Journal, Published by Elsevier (United Kingdom), March 2007, pp.735-744.

12 Maria Eva Földes & Alina Covaci, "Research on Roma Health and Access to Healthcare: State of the Srt and Future Challenges", in: *International Journal of Public Health*, Vol. 57, Issue 2, Impact Factor: 3.390 (2020), *Interdisciplinary Journal International Journal of Environmental Research and Public Health*, Published by Frontiers, Lausanne (Schweiz), October 2012, pp. 37-39.

13 Po aty.

[Ibid.]

14 Rachele Tardi, E drejta e fëmijëve me aftësi të kufizuara për arsim gjithëpërfshirës (Praktikat e suksesshme në rajonin e EQL/KSHP dhe rekomandimet për Qeverinë Shqiptare), publikuar nga Organizata për Bashkëpunim Ekonomik dhe Zhvillim (OBEZH), Mars 2012, f. 9-10.

[Rachele Tardi, *The Right of Children With Disabilities to Inclusive Tducation (Successful Practices in the CEE / PHC Region and Recommendations to the Albanian Government)*, published by the Organization for Economic Co-operation and Development (OECD), March 2012, pp. 9-10.]

15 N. Nesturi, "Nga historia e shërbimit ...", f. 263.

[N. Nesturi, "From The History ...", p. 263.]

16 Po aty.

[Ibid.]

17 Grup autorësh, Mbarëvajtja e shëndetit në shkollë. Informacione për prindërit (më tej: Mbarëvajtja e shëndetit ...), Botimi 3-të, Departamenti i Shëndetësisë në Basel-Stadt, Basel-Stadt: Basel-Stadt: Impresumi", 2016, f. 5.

[Group of authors, *School Health. Information for Parents (hereinafter: School Health ...)*, 3rd Edition, Basel-Stadt Department of Health, Basel-Stadt: Basel-Stadt: Impresumi ", 2016, p. 5.]

18 Po aty, f. 6.

[Ibid., p. 6.]

Health is inseparable. Maintaining and promoting the health of students is a common task. In this regard, school doctors are an important mediating link between the child, parents, school, private doctors and other specialists.

*"Apart from their comprehensive special knowledge in pediatric and developmental medicine, they are specialists in Public Health. They have good knowledge in project work and work closely with other specialized offices. But the medical examination at school does not replace the preventive examinations which are performed by the pediatrician at certain periods of time. "It is very important that your child is accompanied and monitored by a pediatrician or private doctor and that he or she regularly attends preventive medical examinations for children"*¹⁹.

In the work of the school doctor, children and young people are always in the center of attention as individuals. It does not matter if it is a school medical examination, a case of subsequent vaccination at school or a conversation in the counseling class for young people, the health of children and young people has the highest priority.

*Medical examinations at school serve to identify eye drops or health risks as soon as possible to begin with the necessary measures. Thanks to the entrance, wherever they are through the schools, the children have the possibility of a check-up by the school doctors and school doctors. School doctors do not treat children, but refer them to local doctors or other specialized offices if necessary*²⁰.

The work of school doctors is generally considered as a comprehensive package of services in the field of prevention and promotion of health in schools, is part of a comprehensive package of services in the field of prevention and promotion of health in schools and preschool institutions, which we think it is comparable to a modern occupational medicine service in a large enterprise.

The work of school doctors contains essentially: school medical examinations, clarifications and counseling, health protection, vaccines, health promotion and health monitoring²¹. The services provided by school doctors in western civilizations are free.

*Medical examinations at school. They serve for health and well-being serve to distinguish eye drops or health risks as soon as possible to start with the necessary measures. Thanks to the entrance, wherever they are through the schools, the children have the possibility of a check-up by the school doctors. The latter do not treat children, but in case of need refer to doctors and local doctors or other specialized offices*²².

*Clarifications and counseling in support of children, young people, parents and the school. School doctors are well acquainted with the school system and the daily life of children and young people in the school living space. Pupils and students, parents and teachers in case of questions about health and school can contact the relevant health service. School physicians can, if necessary, perform a mediating function between parents and children, the school as well as private physicians and work closely with other institutions*²³.

*Preventing the spread of communicable diseases. In case of outbreak of certain contagious diseases such as tuberculosis, meningitis, measles, etc., start with the necessary steps to prevent further distribution by the school health service. In case of questions about communicable diseases, school doctors provide information on necessary measures such as information for parents or school committee etc. This further information can be found on the school health service website*²⁴.

*Vaccine protection. Prevention of communicable diseases is the central task of the school health service. In the context of medical examinations at school of the vaccination action of the 1st Secondary Class and the individual counseling schedule for vaccines there is the possibility of counseling and making vaccines. Vaccines for school doctors fill gaps in vaccination of pupils*²⁵.

¹⁹ Po aty, f. 7.

[Ibid., p. 7.]

²⁰ Po aty.

[Ibid.]

²¹ G. autorësh, Mbarëvajtja e shëndetit ..., f. 8-9.

[G. of authors, School Health ..., pp. 8-9.]

²² Po aty.

[Ibid.]

²³ Po aty.

[Ibid.]

²⁴ Po aty.

[Ibid.]

²⁵ Po aty.

[Ibid.]

Promoting school health. Offers for health promotion at school are teaching materials, classrooms or exhibitions on various health topics such as nutrition, exercise, sexuality, addiction, etc. Especially for young people, the online website and various health magazines, which provide information on topics relevant to age. School doctors are also actively involved in social networks²⁶.

Analysis of the health situation of children and young people. To assess the health situation of children and young people and to identify problematic trends in their health, health data are regularly recorded, analyzed and documented. The results are published in health reports and included in the planning and implementation of projects in the field of health promotion and prevention. Most of the health data are derived from medical examinations at school and enable very reliable statements about the health of children and young people in the administrative unit²⁷.

In terms of funding, health centers have an annual budget that they receive from the *Compulsory Health Insurance Fund*. This budget is used in three directions: for staff payments, for infrastructure (payment of water and electricity) and for medicines. On the other hand, every school and preschool health service center does not generate secondary income from health services provided to children and students, who are provided with health booklets. This directly affects the quality of service where it results in complaints from children, students and parents, who have the right to complain about school health service staff not being aware of the primary role of the school board in the conduct of health service.

Finally, the ideal model of school health service as mentioned in this issue of this paper is quite clear in the *Alma-Ata Declaration* and has become the basic concept for the World Health Organization under the motto "Health for All".

4. School Health Service in Albania

4.1 In the period between the two world wars 1920 - 1939

The development and evolution of the health service in Albania has taken place in different political-economic and socio-cultural periods. But, the history of the school health service can not be understood without first knowing the developments of the Albanian health during the years taken in the study. The first step that would serve to organize the school health service is related to 1920, with the Provisional Government, issued by the Congress of Lushnja, which aimed, among other things, at the protection of public health. development of all branches of health service.

The organization of public health was dealt with by the *General Directorate of Health (DPSH)* established on August 20, 1920²⁸. This department was involved in the Ministry of Internal Affairs. At its head was the well-known patriotic doctor Refat Frashëri²⁹, a dedicated scientist.

*"The P. Directorate of Health, which has the duty to request from its offices explanations on the health condition of the people, to show the way of action on the measures to be taken for its improvement, to give instructions on issues pertaining to medicine and general health, to propose all necessary measures for the protection and improvement of the health condition, to inspect regularly practiced medicine and related professions, to control all health institutions such as hospitals, clinics, dispensaries and mineral waters, to show a firm opinion on the disputed issues related to legal medicine for the protection of children in school, [...] to propose the appointment, promotion, transfer of leave, etc., of the state health personnel, to prepare the budget, to review the reports and papers sent by the doctors, to prepare the subject on which the opinion of the Health Council should be taken"*³⁰.

The structure of the DPSH included the *Inspectorate of the General Directorate of Health*, which was headed by Dr. Ruzhdi Bobrati³¹.

²⁶ Po aty.

[Ibid.]

²⁷ Po aty.

[Ibid.]

²⁸ Arkivi Qendror Shtetëror i Republikës së Shqipërisë (më tej: AQSH), Fondi i Drejtorisë së Përgjithshme të Shëndetësisë (1920-1944) - Nr. 202, Viti, 1927, Dosja 1, fl. 3.

[Central State Archive of the Republic of Albania (hereinafter: CSARA), Fund of the General Directorate of Health (1920-1944) - No. 202, Y. 1927, Dossier. 1, p. 3.]

²⁹ Po aty, fl. 5.

[Ibid., pp. 5.]

³⁰ Po aty, fl. 29.

[Ibid., pp. 29.]

³¹ Po aty, fl. 56-57.

*"The Inspectorate of the Directorate of P. Health, through its head, acted according to a special regulation that had as its primary task" to assist the director of P. Health in all his activity and to inspect and control all institutes of public health medical personnel. In the period of an epidemic, cholera, plague, typhus exanthematicum and any other serious communicable diseases within the state, or to avoid the risk of such diseases, special inspectors may be appointed for a limited time to check the health of students at school"*³².

The work of the Directorate of P. Health included, among others, the activity of the Council of the General Directorate, consisting of 5 representatives who contributed in the field of state and private health and medicine. In exceptional situations (major epidemics), the director of the DPSH was forced to call other members to the meeting of the Council.

*"The Council of the General Directorate at the P. Health Directorate, which was chaired by the General Director and consisted of the following members: the health inspector, the director of the State Bacteriology Laboratory, a doctor from the capital who was distinguished as a state health or medical officer. the most distinguished, two private doctors of the capital from those who have been tested aptitude. [...] In case of need, there are also 7 extraordinary members. The council meets its members "once a week and talks and decides on issues who knows how to refer to this "*³³.

Albania inherited from the Ottoman system those hospitals where there were important army garrisons. The number of physicians in 1920 was 50³⁴. In Albania, each prefecture was divided into health districts and each health district consisted of the municipality of a city with a population of 10 thousand inhabitants or of a municipality of a small town united with the inhabitants of the villagers of the region or of different municipalities united. in society³⁵. The directorate assigned a doctor to each district of 10,000 inhabitants, who provided free services to the poor. The same department hired some state midwives.

*"The district doctor had the duty to provide medical assistance free of charge to the poor and students so that the municipality, to take care of the health condition of the population of its district, to be fully aware of the DPSH, to take care to fight diseases contagious, to control the application of relevant deposits on the practice of medicine and related professions, to inspect pharmacies, disinfectants, schools, baths and metal medical resources, to ask the competent authorities to improve the health things that were not in normal condition, to prepare monthly reports on the health condition, to vaccinate the inhabitants of the municipality, to participate in the commission for the control of the recruits, to do the medical service of the school students, etc."*³⁶.

In addition to doctors appointed by the government, in cities where there were municipalities there was a health office with a doctor which was always under the control of the DPSH. This office was responsible for the implementation of all health measures, including the health control of students at school.

But, in every prefecture of Albania, the health situation was not good, in the conditions when the state had set for the health a negligible amount in the budget, 400 thousand gold francs³⁷. But, in this period were numerous diseases in Albania, with the main and deadly of which were tuberculosis, syphilis and malaria. Childhood diseases were the most

[*ibid.*, pp. 56-57.]

³² *Shqipëria më 1937. Veprimi shtetnor gjatë njëzetepesë vjetëve të para të vetëqeverimit, Vëll. I, Tiranë, 1938, f. 49.*

[*Albania in 1937. State action during the first twenty-five years of self-government, Vol. I, Tirana, 1938, p. 49.*]

³³ *Po aty, fl. 51.*

[*ibid.*, pp. 51.]

³⁴ *Kastriot Dervishi, Historia e shtetit shqiptar 1912-2005, Tiranë: "55", 2006, f. 297.*

[*Kastriot Dervishi, History of the Albanian state 1912-2005, Tirana: "55", 2006, p. 297.*]

³⁵ *Teki Selenica, Shqipëria më 1927, Tiranë: Shtypshkronja "Tirana", 1928, f. XCIII.*

[*Teki Selenica, Albania in 1927, Tirana: "Tirana" Printing House, 1928, p. XCIII.*]

³⁶ *Po aty, f. XCIV.*

[*ibid.*, p. XCIV.]

³⁷ *Historia e popullit shqiptar. Periudha e pavarësisë 28 nëntor 1912 - 7 prill 1938, Vëll. III, hartuar si tekst nga: V. Koka, M. Çami, A. Puto, M. Verli, F. Rama. M. Belegu, H. Bajrami, L. Rushti, A. Lalaj, G. Shpuza, B. Meta, A. Gjergji, H. Kosumi, A. Vokrri, botim i Akademisë së Shkencave të Shqipërisë dhe Institutit të Historisë, Tiranë: "Botimet Toena", 2007, f. 255.*

[*The History of the Albanian People. Period of Independence 28 November 1912 - 7 April 1938, Vol. III, Compiled as Text by: V. Koka, M. Çami, A. Puto, M. Verli, F. Rama. M. Belegu, H. Bajrami, L. Rushti, A. Lalaj, G. Shpuza, B. Meta, A. Gjergji, H. Kosumi, A. Vokrri, Published by The Academy of Sciences of Albania and The Institute of History, Tirana: "Toena Publications", 2007, p. 255.*]

prevalent and mortality very high³⁸.

Dr. William Haigh, who had closely studied the health condition of our country, in his book published by the DPSH entitled "Faiuizma në Shqipëri", says that: "The medieval social conditions that were in the time of the Turkish regime have left Albania in a vulnerable state from all common diseases, and without any material means to fight those diseases.

*"On top of all this, the geographical nature of this little-known country has, to some extent, protected it against the spread of epidemics"*³⁹.

*"Lija, exanthematic herd Recurrent fever (going back and forth) is not an endemic disease. Typhoid fever is present in those parts of Albania, but generally do not diagnose this disease. In Gjirokastra it is endemic. Dysentery is rare; parasites of intestinal flu has spread throughout Albania and has become endemic, persistent. [...] Diphtheria is rare, although it is endemic in Korça, but not severe. Tuberculosis is very common. It is more prevalent in the pulmonary form of adolescence or youth and mainly affects Muslim women, causing death quite often in some cities, such as Gjirokastra, Shkodra and Kruja, where the situation is very bad. Syphilis is prevalent in many villages; where all residents are ill. It usually appears on the skin and the medication does not quickly cure the symptoms caused. Verotic forms are extremely rare. A large number of patients have inherited syphilis, but the spread of the disease is not strongly transmitted by venereal route. [...] Malaria is widespread throughout Albania, especially in the areas of Myzeqe, the district of Vlora, Durres, Delvina, Lezha, etc., every summer they are drowned by malaria and this has shaken the health of the population. "Men are often seen with acne-prone face caused by "Carbon", a disease widely spread in every province of the great plains"*⁴⁰.

Thus, the general health condition at that time was bad and Dr. Hegh points out the reasons for this condition: "a) *Dwellings*, most of which in Albania are affected regardless of health needs at all. b) *Poverty*, which weakens the body and leaves it unable to cope with the disease in general - both in cities and in the countryside - the income of families is not enough for food as needed. "The basis of food in the villages is nothing but corbread and without cheese, they rarely eat meat."⁴¹.

To deal with the inherited backwardness, the government started drafting the first legal provisions related to the issuance of licenses to practice the profession of doctor, dentist, midwife, pharmacist, etc., laying the foundations of a proper health service and medical, especially through the traveling physician, who inspected his administrative unit every month.

To create a new culture of administration, "Minister Ahmet Zogu instructed the prefectures on October 21, 1920, to collect the biographies of doctors, avoiding excessive words and titles of persons in state documents, as well as statistics on data of hospitals and centers health"⁴².

Health institutions were few and doctors were counted by finger. Only in seven prefectures there was a hospital with few beds, while in the Prefecture of Dibra and Kosovo there was no doctor. Ambulances were also scarce.

Hospital	Remaining from last year			Enter the year			Total			Operated in the year			Healed in the year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927	1925	1926	1927	1925	1926	1927
Berati	15	15	10	379	298	343	394	313	353	27	33	31	283	225	238
Elbasani	6	19	10	561	370	236	567	389	246	-	14	10	401	287	130
Gjirokastrë	18	10	6	241	197	189	259	207	195	-	14	1	40	-	144
Korça	10	17	13	14	409	513	524	486	526	25	72	128	407	402	537
Shkodra	-	16	49	-	896	881	-	912	930	-	137	100	-	740	735
Tirana	30	12	31	196	1058	1325	1226	1070	1356	129	157	171	969	901	1129

³⁸ *Historia e arsimit dhe e mendimit pedagogjik shqiptar, përgatitur nga B. Dedja, S. Dedej, H. Myzyri, Q. Kashari, Sh. Osmani, I. Goga, botim i Institutit të Studimeve Pedagogjike në Ministrinë e Arsimit dhe e Shkencës, Tiranë: "Nënë Tereza", 2003, f. 453.*

[History of Albanian Education and Pedagogical Thought, Prepared by B. Dedja, S. Dedej, H. Myzyri, Q. Kashari, Sh. Osmani, I. Goga, Publication of The Institute of Pedagogical Studies in The Ministry of Education and Science, Tirana: "Mother Teresa", 2003, p. 453.]

³⁹ William Haigh, "Faiuizma në Shqipëri", botim i Drejtorisë e P. Shëndetësisë, Tiranë, f. 16-17.

[Haigh, William - Fauna in Albania, Published by The Directorate of Health, Tirana, 1923, pp. 16-17.]

⁴⁰ Po aty, f. XCIV-XCV.

[Ibid., pp. XCIV-XCV.]

⁴¹ Po aty.

[Ibid.]

⁴² AQSH, F. 202, V. 1927, D. 2, fl. 16.

[CSARA, F. 202, Y. 1927, D. 2, pp. 16]

Hospital	Remaining from last year			Enter the year			Total			Operated in the year			Healed in the year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927	1925	1926	1927	1925	1926	1927
Vlora	25	32	19	50	664	659	664	659	775	55	80	144	615	537	518
Total	104	121	138	1441	3892	4146	3634	4036	4381	236	507	585	2715	3092	3431

Table 1: ⁴³ Summary overview of the operation of State hospitals (from 1925 to the end of 1927)

In 1927 there were only 100 doctors, 21 dentists, 8 midwives and 59 pharmacists (pharmacists) in the whole country for 834 thousand inhabitants⁴⁴. While in 1938 there were 102 doctors, 20 dentists, 17 pharmacists, 25 dental assistants, 60 assistant pharmacists, 32 midwives, 136 nurses, 4 laboratory technicians, 2 X-ray technicians⁴⁵.

Hospital	QUANTITY											
	Doctors in the year			Dentistëve në vitin			Midwives in the year			Pharmacies in the year		
	1925	1926	1927	1925	1926	1927	1925	1926	1927	1925	1926	1927
Berati	8	8	9	1	1	1	1	1		6	6	7
Durrësi	9	9	11	1	1	1	1	1	1	7	7	8
Elbasani	6	6	6	1	1	1				3	3	3
Gjirrokastër	29	29	24	2	2	3	2	2	3	13	13	12
Korça	18	18	17	5	5	6	2	2	1	9	9	9
Shkodra	8	8	8	3	3	3	1	1	1	8	8	8
Tirana	12	12	16	4	4	4	1	1	1	6	6	6
Vlora	8	8	9	2	2	2	1	1	1	5	5	6
Shuma	98	98	100	19	19	21	9	9	8	57	57	59

Table 2: ⁴⁶ Summary overview of medical staff (from 1925 to the end of 1927)

For the first time in the history of the Albanian state, the school health service was introduced in 1933. In order to put in a serious and stable way the activity of the school health service, the Albanian government paid great attention to the health condition of the students, as the foundation of work. Therefore first, by examining the essential health indicators and causes of mortality and morbidity of students, especially those of high schools, "since May 1933, the Minister of Education Mirash Ivanaj, was particularly interested in the health of students in schools"⁴⁷. Of course, this issue was related to many indicators and factors of all-round well-being in the family and society, but as far as he could see as the head of this department, he tried to put some control over the situation, at least in school. Students' health and, thus in given cases, to take any possible preventive or curative measures for epidemic diseases.

On May 4, 1933, M. Ivanaj wrote a letter to the DPSH for the establishment of school polyclinics and the answer was positive. Thus, within that year, the school health service for school students was provided in the city of Tirana, near the general civil hospital, where according to the final order of the Ministries of Education, all students would be checked, before entering the first grade. of primary school.

In support of strengthening student health control, in January 1934, the Ministry of Education sent a circular, with strict content, to all schools "to show care for the physical cleanliness of students"⁴⁸. It also provided for "punitive

⁴³ AQSH, F. 202, V. 1927, D. 5, fl. 4.

[CSARA, F. 202, Y. 1927, D. 5, pp. 4.]

⁴⁴ Po aty.

[Ibid.]

⁴⁵ Anuari Statistikor i R. P. SH 1958, botim i Drejtorisë së Statistikave pranë Komisionit të Planit të Shtetit, Tiranë: "Mihal Duri", 1958, f. 169-180. Kapitulli XI: Shëndetësia.

[Statistical Anniversary of R. P. A. 1958, Publication of the Directorate of Statistics at The State Planning Commission, Tirana: "Mihal Duri", 1958, pp. 169-180. Chapter XI: Health.]

⁴⁶ Po aty.

[Ibid.]

⁴⁷ Jani Sota, "Albanian Schools in the Framework of the European Education Standards During 1920 - 1939", in: Journal of Educational and Social Research (JESR), Vol. 11, No. 3, 3 May 2021, Sapienza University of Rome, Italy, Richtmann Publishing, London, England, 2021, pp. 104-118. Shih edhe: Historia e arsimit ..., f. 453. [See also: History of education ..., p. 453.]

⁴⁸ Anuari Statistikor i R. P. SH. 1958, f. 169-180. Kapitulli XI: Shëndetësia.

measures against students or parents"⁴⁹.

However, due to the inability to monitor the health of students through doctors, at the request of the Minister of Education, in August 1934, the DPSH opened in Tirana several-day courses for primary school teachers to adopt norms for hygienic control of students.

However, in this period health expenditures accounted for 1.3% of the state budget, and medical assistance was generally paid. In 1938 there were 36 ambulances and polyclinics, 11 hospitals with a total of 805 beds, 1 maternity hospital with 15 beds and maternity wards about 150, as well as about 50 private dental clinics 50.

4.2 In the Period of the Totalitarian System (1945 - 1989)

After the Second World War, a new phase begins for the organization of the central bodies of the state administration for certain branches of activity, which are headed by members of the Council of Ministers (Article 84 of the Constitution). In this context, the system of institutions dealing with the protection of public health, prevention and treatment of diseases was built.

This system was organized on the new principles of the socialist state. Medical assistance to the people was provided in institutions considered "socialist property" and was free of charge. According to Article 47 of the Constitution of the RPSSH, "The state provides citizens with the necessary medical services and treatment in health centers of the country free of charge"⁵¹. It has a prophylactic orientation aimed at radically improving the working and living conditions of the people. Social propaganda also dealt with health propaganda and hygiene.

In October 1944, the Ministry of Health was set up for the first time, with the mission of directing all problems related to "the expansion of a wide network of institutions including hospitals, polyclinics, ambulances, dispensaries, sanatoriums, pharmacies and a network special institutions for the care of mother and child: maternity homes, woman and child counseling centers, daycare centers"⁵².

Without leaving the subject of the study, in the early 50's the health service for children and students entered its second phase which goes beyond the period of communist Albania. This transition was favored by several factors that nevertheless led to further expansion.

First of all, important developments had taken place in the school health service, after the establishment of the Sanitary Health Inspectorate (SII). This institution was founded in 1951⁵³, as "control body for the implementation of hygienic-sanitary norms and rules, since the design of facilities and throughout the activity of economic enterprises, health institutions, etc."⁵⁴

*"ISSH carries out its activity based on the decree" On the Sanitary Health Inspectorate "of 1968. It is headed by the Ministry of Health and in the districts the Directorates of Hygiene and Epidemiology (DHP). Plays an important role in ensuring healthy conditions at work and in life. It also supports the Institute of Hygiene and Epidemiology"*⁵⁵.

After 1951, the Albanian government paid attention to the organization of the health service in the school, which at that time as the main problem was the sanitary control of the internal and external premises of the school, but also of the equipment related to infrastructure. At that time, the school health service followed carefully, "initially for the dental rehabilitation of the students, which step by step was created, and an experience of mine, was that of dentistry"⁵⁶.

⁴⁹ [Statistical Anniversary of R. P. A. 1958, pp. 169-180. Chapter XI: Health.]

⁵⁰ AQSH, F. 202, V. 1938, D. 4, fl. 4.

[CSARA, F. 202, Y. 1938, D. 4, pp. 4.]

⁵¹ Ligjin Nr. 5509, datë 28.12.1976 "Kushtetuta e Republikës Popullore të Shqipërisë", miratuar nga Kuvendi Popullor i Shqipërisë më 28 dhjetor 1976, f. 9.

[Law No. 5509, Dated 28.12.1976 "The Constitution of the People's Republic of Albania", approved by the People's Assembly of Albania on 28 December 1976, p. 9.]

⁵² Fjalori Enciklopedik Shqiptar, botimi i Akademisë së Shkencave të RPSSH, Tiranë: "Shtypshkronja e Re", 1985, f. 1005.

[Albanian Encyclopedic Dictionary, Published by the Academy of Sciences of RPSA, Tirana: "New Typography", 1985, p. 1005.]

⁵³ Po aty, f. 416.

[Ibid., p. 416.]

⁵⁴ Po aty.

[Ibid.]

⁵⁵ Po aty.

[Ibid.]

⁵⁶ N. Nesturi, "Nga historia e shërbimit ...", f. 263.

In this context, a further boost of the school health service was given by the order of the Ministry of Health, that "one third of the dentists should conduct their activity with the students, an activity that was planned and held accountable"⁵⁷.

In Albania, in general medicine, the "school patronage system" continued to be applied by general practitioners (pathologists), but not with effective health care, which did not give the right results.

For several years the *problem of hygienic control in kindergartens and schools* had attracted the attention of state and patriarchal structures. Their view was that the reform of the Health Reorganization, based on the Marxist-Leninist principles of linking health inspection institutions in the districts with those of pre-university education (schools and kindergartens), had just begun. According to the concept of that time, the work for the health care of students and children represents an important tool for the comprehensive development and moral education of the "young man"⁵⁸.

This movement as well as many others developed in the framework of the "further school revolutionization" continued to be supported by state and patriarchal structures. As will be openly stated in the meetings of the Council of Ministers, they "were supported and encouraged by the party organization", which showed with optimism the fact that "with courage as never before, the school youth have made direct criticisms of the problems of hygiene and health at school, for doctors, teachers and principals"⁵⁹. The next message would be that "*the spirit of courage that was created now, to say openly what the youth thinks*" by encouraging and should be used as an important tool the "sanitary activist" from the Albanian Red Cross from 1952 to 1969, with the *initiative "for the dissemination of the most essential health knowledge in school"*⁶⁰. An important place was given to the advice "for the maintenance of health, for the proper hygienic regime, for the protection of the environment from pollution and the prevention of various diseases"⁶¹.

Important steps forward would be considered strengthening the links between *general medical staff* and educational institutions. In Albania in schools it was realized through the "*patronage system*", through ineffective health service, which is not the right expectation. In itself, the health control by the patronage doctors (general practitioners) was a complex issue depending on the solution of some other problems, such as the improvement of the student health care system, the improvement of the establishment of clinics in the school, for the health staff in school, which must be qualified and able to select and design effective health and education strategies.

As it has been treated in these directions, a process of changes had been started, which in the basic lines dissolved the new developments in the school health service. However, the real situation and the opportunities offered by the Albanian health care in these moments remained important. Thus, although some kind of health care was attempted in the schools, especially for the students and children of the village, the difficulties were considerable in providing the material base and the specialized doctor. Almost the same picture appeared in the gardens. Interaction between health centers and preschool education institutions was almost non-existent. On the other hand, parents often turned to specialist doctors, focusing mainly on city hospitals and clinics, to visit their children.⁶²

Although in voice, these phenomena are bound to be acknowledged even by senior self-leaders. Student and child care work by city physicians was almost non-existent, and useful school health care work was poorly performed. In these conditions, the Council of Ministers through decisions would seek, since 1971 to make better use of the opportunities of each DHP in the districts. Health service care in pre-university educational institutions "to be achieved through strengthening the influential role of school hygiene and health education for maintaining the health of all children of school

[N. Nesturi, "From the History ...", p. 263.]

⁵⁷ AQSH, *Fondi i Ministrisë së Shëndetësisë (1945-1987)* - Nr. 512, V. 1951, D. 17, fl. 39.

[CSARA, *Fund of the Ministry of Health (1945-1987)* - Nr. 512, Y. 1951, D. 17, pp. 39.]

⁵⁸ AQSH, *Fondi i Ministrisë së Arsimit dhe Kulturës (1945-1986)* - Nr. 511, V. 1967, D. 206, fl. 98-101. *Udhëzim Nr. 760, dt. 6.9.1967 "Mbi iniciativat revolucionare në shkollë dhe detyrat tona për t'i përkrahur, për t'i thelluar dhe çuar më tej"*.

[CSARA, *Fund of the Ministry of Education and Culture (1945-1986)* - No. 511, Y. 1967, D. 206, pp. 98-101. *Instruction No. 760, dt. 6.9.1967 "On the revolutionary initiatives in the school and our tasks to support them, to deepen them and take them further"*.]

⁵⁹ Kryeartikull "Të kalisim brezin e ri me frymë revolucionare", në: *Arsimi popullor, Revistë periodik i Ministrisë së Arsimit dhe të Kulturës*, Nr. 5, Tiranë, 1968, f. 5.

[Main article "To Cross The New Generation With A Revolutionary Spirit", in: *Popular Education, Periodical Magazine of the Ministry of Education and Culture*, No. 5, Tirana, 1968, p. 5.]

⁶⁰ AQSH, F. 512, V. 1967, D. 206, fl. 98-101.

[CSARA, F. 512, Y. 1967, D. 206, pp. 98-101.]

⁶¹ Po aty.

[Ibid.]

⁶² AQSH, Nr. 512, V. 1965, D. 51, fl. 1-5. *Raporti i Ministrisë së Shëndetësisë, paraqitur Këshillit të Ministrave, dt. 6.5.1966.*

[CSARA, No. 512, y. 1965, D. 51, pp. 1-5. *Report of the Ministry of Health, submitted to the Council of Ministers, dt. 6.5.1966.*]

and preschool age from the physical point of view, psycho-motor development, oral and dental diseases, fluoridation, etc."⁶³

Part of this process was the participation of schools and kindergartens in every district of Albania. Thus, in the school year 1971-1972, in addition to strengthening the hygienic control in schools and kindergartens (which were attended by: 518,002 students in 8-year schools, 48,473 students in high school, and 52,717 children)⁶⁴ an effective school health service was organized.

*"Kindergartens and 8-year schools in Albania, initially the school health service was organized with nurses, while in dormitories and high schools (University of Tirana and the Agricultural Institute) also with doctors, as well as dental service in all 8-year schools, medium and high by setting up special cabinets"*⁶⁵.

The most positive effect of the developments up to this period, was considered the harmonization of work to increase the number of medical staff, which greatly expanded medical assistance to the people, but also the school medical service to students and children in kindergartens. Thus, in 1989 there were 3,573 general practitioners and 830 dentists⁶⁶.

Nomenclature	1950	1960	1970	1980	1989
Number of general doctors	129	443	1573	3573	3573
Number of dentists	20	34	227	830	830
Number of general doctors (per 10.000 inhabitants)	1,2	3,0	8,4	16,8	17,4
Number of inhabitants (per dentists)	8154	3360	282	597	575

Table 3: ⁶⁷ Figures of health institutions (1950 - 1989)

The perfection of the health system was also conditioned by the fact that during this transitional phase, as it could be called, a wide activity was developed for the preparation, crystallization and approval of the new service that would be applied for the health care of students and children. In these conditions, the need for professional training of medical staff of the health care service, becomes more and more a matter of the day.

The transition to a new stage, in the opinion of state and party structures, but also of the educational public was favored by the fact that the foundations were laid for an activity that, despite the defects, marked progress compared to the past. According to them, little work had been done against normalization and bureaucratization, especially in the prophylactic work that had accompanied it as a negative phenomenon for a long period. It was already considered as overcoming the phase when all "instructions, regulations, issues, health control plans, etc., came" canonized "by the relevant institutions of the center would be mechanically implemented in all links of the pre-university education system, regardless of the conditions, the concrete requirements and needs of each school or category of students or children of each area or district"⁶⁸.

Efforts to overturn the concept that specified the school health service were seen as a step forward, as a purely technical issue confined within what were called "health prophylactic minorities", which diverted the attention of physicians and teachers from the basic issues of student care, of children, as well as revising away as much as possible

⁶³ AQSH, *Fondi i Këshilli të Ministrave (1944-1986)* - Nr. 491, V. 1967, D. 206, fl. 98-101.

[CSARA, *Fund of the Council of Ministers (1944-1986)* - Nr. 491, Y. 1967, D. 206, pp. 98-101.]

⁶⁴ *Anuari Statistikor i R. P. SH. 1971-1972, botim i Drejtorisë së Statistikave pranë Komisionit të Planit të Shtetit, Tiranë: "Mihal Duri", 1972, f. 128-178. Kapitulli i XI: Arsimit dhe Kultura.*

[*Statistical Anniversary of R. P. A. 1971-1972, Publication of the Directorate of Statistics at the State Planning Commission, Tirana: "Mihal Duri", 1972, pp. 128-178. Chapter XI: Education and Culture.*]

⁶⁵ N. Nesturi, "Nga historia e shërbimit ...", f. 269.

[N. Nesturi, "From the History ...", p. 269.]

⁶⁶ *Po aty, f. 179-187. Kapitulli XI: Shëndetësia.*

[*Ibid.*, pp. 179-187. Chapter XI: Health.]

⁶⁷ *Po aty.*

[*Ibid.*]

⁶⁸ "Si po zbatohen vendimet e Plenumit VIII të KQ TË PPSH në jetën e përditshme të shkollës", në: *Arsimi Popullor, Nr. 3, Tiranë: "Mihal Duri", f. 28-29.*

[*"How Are The Decisions of The Plenum VIII of the Central Committee of The ALP Being Implemented in The Daily Life of The School", in: Popular Education, No. 3, Tirana: "Mihal Duri", pp. 28-29.*]

from boring and stereotypical forms, which ultimately cultivated and nurtured passivity.

As would be commonly mentioned in the documents of this period, the health care of students and children was already a priority. The deepening of this process would require the undertaking of a comprehensive framework of measures for the consolidation and improvement of the existing school health service system, in order to reach the last stage in its formation "not only as a modern service in its work"⁶⁹, but primarily "as a prophylactic service"⁷⁰.

According to a decision of the Council of Ministers in 1979, the government defined the specific tasks for deepening the prophylactic character of health, especially "for the prevention of diseases of school-age groups, especially skeletal injuries, physical and mental impairment of students, prevention of infectious diseases, promotion of health and hygienic education. Further improvement of hygienic-sanitary conditions, etc."⁷¹

According to the data of the time, the content and main directions of the activity of this service, as well as the specific tasks of the responsible doctor, dentist, nursing, etc., were defined in the "Regulation of the health service of educational institutions (preschool and school)"⁷², which was drafted by specialists from the Ministry of Health and the Ministry of Education and Culture.

"Regulation of health service of educational institutions (preschool and school)" defined: 1. Organizing effective school health service. 2. Duties and rights of health personnel of the health service (responsible doctor, dentist and nurse). 3. General Tasks"⁷³.

The above-mentioned regulation clearly defined the character of the Albanian school health service. *First*, the prophylactic and diagnostic, according to the recommendations of the World Health Organization (WHO) to support students, especially those with special physical and mental health needs by ensuring equal access to educational programs and services necessary for school success. *Second*, ensuring a healthy environment in educational institutions and families, providing equipment and furniture, taking various sanitary and anti-epidemic measures, monitoring the daily regime and educational work, monitoring physical and mental development and condition health, etc., related to the internal and external environment of the school and kindergarten. All these are considered at the same time and as basic principles of a modern school health service.

The measures taken in this period aimed at transforming this process into a programmed, escalated and long-term activity.

"The design of programs in accordance with the cultural and professional level of teachers, served to increase the results. No less importance was paid to the improvement of hygienic-sanitary conditions of preschool institutions, didactic-teaching equipment, for the daily regime of students, for personal hygiene etc. They also assisted in the hygienic-sanitary regulations of kindergartens, schools, dormitories, orphanages, children's holiday homes, and student centers, which were drafted in implementation of the national strategy. Also instructions for disinfection and pest control of schools and dormitories, addition of press and illustrative educational-health materials (about 300 types of leaflets, series of posters for hygiene, first aid, for oral and dental diseases, etc.) and especially the numerous educational-health activities developed during that period (meetings, conversations, discussions, competitions, local-national and national spectacles, educational-health games, etc.) as well as the introduction of "Health Education" as a separate subject from class V-VIII, from the school year 1982-1983, while in the kindergartens of the subject "Hyeno-cultural education", the introduction in the pedagogical secondary schools of the subjects: "School Hygiene" and "Preschool Hygiene", helped a lot in increasing the health knowledge of children and students, in raising public awareness and in

⁶⁹ Shëndeti, Nr. 3, Revistë e përmuajshme shkencore popullore, organ i Ministrisë së Shëndetësisë, Tiranë, 1968, f. 8. Nga diskutimi i ministrit Ciril Pistoli në Aktivitetin Kombëtar për thellimin e masave profilaktike të shëndetësisë shëndetësor.

[Health, No. 3, Monthly Popular Scientific Journal, Body of the Ministry of Health, Tirana, 1968, p. 8. From the discussion of the Minister Ciril Pistoli in the National Activity for the deepening of the health prophylactic measures.]

⁷⁰ Po aty.

[Ibid.]

⁷¹ AQSH, F. 491, V. 1979, D. 22, fl. 15-19. Vendimi i Këshillit të Ministrave Nr. 2, dt. 6.1.1979 "Për thellimin e mëtejshëm të karakterit profilaktik të shëndetësisë".

[CSARA, F. 491, Y. 1979, D. 22, pp. 15-19. Decision of the Council of Ministers No. 2, dt. 6.1.1979 "On further deepening of the prophylactic character of health".]

⁷² ⁷² AQSH, Nr. 512, V. 1979, D. 7, fl. 153-174. Rregullorja e shërbimit shëndetësor të institucioneve arsimore (parashkollë dhe shkollë).

[CSARA, No. 512, y. 1979, D. 51, pp. 153-174. Regulation of Health Service of Educational Institutions (Preschool and School).]

⁷³ Po aty.

[Ibid.]

more knowledge also of the kindergarten and school doctor and dentist. During the years 1985-1986, mass action was organized for screening and antiparasitic treatment in nurseries, kindergartens and schools"⁷⁴.

In this context, the efforts for the preparation of special lectures were increased, as a basic and orienting material for the qualification of the doctors of the school health service, which took place during the teaching hours in the 3-month courses⁷⁵. In these lectures were addressed "problems of child hygiene, physiology of ages, somatic-psycho-physical development, nutrition, prevention and control of infectious diseases for the problems of psychology and pedagogy of ages, etc."⁷⁶

In the field of medical studies and school health service, an attempt was made to move from the phase of statistical studies to those of clinical and experimental character, focusing on epidemiology, pathology and physiology, pediatrics and infant mortality, occupational and bacteriological diseases, etc. Institutionalized scientific activity, already in the context of postgraduate qualification, to some extent influenced the effective concentration in the field of medical studies, especially in lesser-known areas such as those related to the health care of schoolchildren and kindergarten children.

A positive role in the understanding of the school health service was played by the press, which considered it as a very important step towards further health care. In numerous articles of the time in the magazine "Health", "Medical Journal", "Pedagogical Magazine"; In the newspaper "Mësuesi" and other press organs, special emphasis was placed on the understanding and acceptance of the school health service by all.

Implementation in practice, however, brought out many problems during the euphoria of the period of the aforementioned "initiatives" and "actions", which caused the work and school health service to go into decline. Not all scheduled tasks were accomplished. The economic crisis of the '80s that had gripped Albania, led to the gradual underestimation of this service, by the Ministry of Health and the Ministry of Education and Culture, neglecting it, even seeing it in the role of "second hand". Thus, the state and party bodies did not follow the progress of this service, after 1988, by not providing the necessary staff, but above all, they did not provide even the most necessary equipment in the work premises (clinics) for the doctor. So the progressive progress of the school health service was interrupted.

As a result, "conceived" movements from above would often lack that "inner impetus" that would motivate and enthuse students for genuine school health care. Despite the state's efforts to keep the "fire" of revolutionary initiatives for the school health service afloat, the measures that followed became an ordinary "routine" becoming less and less interesting and attractive. Subsequent events would prove that the party-state's intention to strengthen "school health care" more than a reality remained an illusion.

However, even in these conditions, whole generations of doctors and teachers worked diligently to promote school health education throughout the country. It was these same doctors and teachers who, with hard work and sacrifice, often working in difficult conditions, strongly influenced, among other things, the formation of a new mindset on the importance of student and child health care and its return to a motive. of work and life of the whole society of the time.

4.3 In the Post-Communist Period (After 1990)

In the late 1980s, the winds of political liberalization and economic realization blew in Eastern European countries with a socialist system. This was expressed in the attempts to reform, even superficially, the totalitarian socialist system. After the overthrow of totalitarian systems in Eastern countries and when the Albanian state was trying to adapt to new conditions, taking important steps to democratize the life of the country, various intellectuals. That would later represent the new political forces, day by day were expressing the need for rapid and profound change.

In the economic field the "new economic mechanism" was undertaken. This measure was intended to hit the highly centralized system of governing the economy. Basically, this mechanism required the replacement of administrative-command methods with economic management methods, the introduction of elements of self-financing in economic enterprises. Meanwhile, the green light was given to the private sector in the field of handicrafts and trade and economic cooperation with the outside world. For this, the articles of the constitution that forbade taking loans and infiltrating foreign

⁷⁴ N. Nesturi, "Nga historia e shërbimit ...", f. 279.

[N. Nesturi, "From the History ...", p. 279.]

⁷⁵ AQSH, Nr. 512, V. 1986, D. 194, fl. 17-32. Relacioni i Ministrisë së Shëndetësisë dërguar Këshillit të Ministrave "Mbi masat e marra për kualifikimin e personelit mjekësor të shërbimit shëndetësor në institucionet e arsimit parashkollore dhe shkollore", dt. 9.9.1986. [CSARA, No. 512, Y. 1986, D. 194, pp. 17-32. The Report of the Ministry of Health Sent to the Council of Ministers "On the Measures Taken for the Qualification of the Medical Staff of the Health Service in the Preschool and School Rducation Institutions", dt. 9.9.1986.]

⁷⁶ Po aty.

[Ibid.]

capital were repealed.

As a result of pursuing continuous policies of decentralization of the economy in Albania, it would significantly affect the health and education system with the reforms undertaken after 1990. As a result, the school health service was neglected by the Ministry of Health and the Ministry of Education and Science, which were unwilling to adapt to the new changes.

The decline of the school health service, which stemmed from the wrong policies, had a great impact on the departure of doctors and nurses (staff of this experienced service) in other sectors or abroad. This led to "in many schools and kindergartens, new, unprofiled employees were hired, only to secure a temporary job, ie using the kindergarten or school as a springboard"⁷⁷.

Many efforts were made to draft a comprehensive legal framework that would ensure the real implementation of an effective school service, as an important first step in the development and expansion of this service. Attention was initially focused on modifying existing legislation and gradually working to create new legal spaces. The Ministry of Health (MoH) and the Ministry of Education and Science (MES), in March 1993, assessing the importance of the problem, tried to attract the opinion of the most prominent personalities in the field of medicine and school. This would pave the way, in the opinion of the central bodies, for the drafting of a comprehensive law in the future.

In the context of the creation of the new legislation of that time, the Council of Ministers proposed for approval to the People's Assembly Law No. 7718, dated 3.6.1993 "On health care", which defined once again the duties sanctioned in the regulation of 1979, which we have mentioned above.

The adoption of this law made it completely possible to solve the problem from the point of view of school health care and in accordance with the political, economic and social changes that the country had undergone.

The press also played a positive role, assessing it as a very important step towards further democratization of health. Numerous articles emphasize especially the meaning and acceptance of the law by all.

"The law on health care must be respected, - it was said in one of them, - but, in order to be respected and properly implemented, it is necessary to be well understood not only by those in charge of health, leaders and teachers of schools and kindergartens ..., but also by the people themselves, i.e. by every parent and caregiver"⁷⁸.

Implementation in practice, however, raised many problems, but the legal provision of health care marked the completion of the legal framework for the partial solution of the problem related to the health care of students and children.

Important was also Order No. 50, dated 07.04.1994 "On the organization of the dental service for ages up to 18 years and the functioning of this service in dental cabinets in school institutions"⁷⁹, approved by the Ministry of Health (MoH) and the Ministry of Education and Science (MES).

The continuation of the process of opening dental cabinets in schools in the late '90s, created better conditions that guaranteed "the implementation of dental hygiene norms and the development of dental norms in students up to the age of 18"⁸⁰. This service was free, with the exception of orthodontic treatments.

The main concern of the health and education bodies continued to be the full control of the hygienic condition of the teaching facilities in schools and kindergartens, which were in some of them still far from the demands of the time. There were also weaknesses and deficiencies in school furniture, ranging from unsuitable benches for children's physical development, poor lighting, lack of drinkable and clean water, lack of heating equipment, lack of material-didactic basis of hygienic-health character etc., were some of the problems for which the school health service in Albania had to help improve them.

⁷⁷ N. Nesturi, "Nga historia e shërbimit ...", f. 280.

[N. Nesturi, "From the History ...", p. 280.]

⁷⁸ Koha, Gazetë e përditshme informative, Tiranë, 24 qershor 1993, f. 4.

[Time, Daily Informative Newspaper, Tirana, June 24, 1993, p. 4.]

⁷⁹ Urdhri Nr. 50, datë 07.04.1994 "Për organizimin e shërbimit stomatologjik për moshat deri 18 vjeç dhe funksionimin e këtyrë shërbimi në kabinete dentare në institucionet shkollore", miratuar nga Ministria e Shëndetësisë.

[Order No. 50, dated 07.04.1994 "On The Organization of the Dental Service for Ages up to 18 Years and the Functioning of this Service in Dental Cabinets in School Institutions", Approved by the Ministry of Health.]

⁸⁰ Nikolla Nesturi, "Shkolla dhe edukimi shëndetësor", në: Mësuesi, E përmuajshme e Ministrisë së Arsimit dhe Kulturës, Tiranë, 10 mars 2002, fl. 4.

[Nikolla Nesturi, "School and health education", in: Teacher, Monthly of the Ministry of Education and Culture, Tirana, March 10, 2002, p. 4.]

Despite the shortcomings, the preparation of bylaws paved the way for change. In July 1998, the "Regulation of the Health Service in preschool and school institutions" was prepared.⁸¹, by the Ministry of Health in cooperation with the Ministry of Education and Culture. As a large enterprise that touches the form and content of medical service in kindergartens and schools, represents, undoubtedly, one of the highlights in the process of preventive development and implementation of hygienic norms and health promotion, aimed at protecting and strengthening health of children and students.

The new regulation reconfirmed the way of organization, structure, directions, and special duties of medical and dental staff.

"The health service in schools and kindergartens had a preventive character, ensures the physical and psycho-motor development of children in kindergartens and schools, as well as the implementation of hygienic norms, aiming at protecting their health. [...]The school medical service is organized and directed by the District Public Health Directorate in cooperation with the Education Directorate and the kindergarten and school directorates. The staff of this service includes: a pediatrician or general practitioner for 1,200-1,500 children and a nurse for 500-700 children. [...] The dental service for people up to 18 years of age had a prophylactic and medical character and guaranteed the implementation of dental hygiene norms. In the municipalities, the dental school of the resistance school covered all the schools in the area. Each cabinet served 800-1,200 students. The staff of this service includes a dentist and an assistant (assistant doctors, nurses or dental hygienists)"⁸².

The technical, organizational, administrative, health measures taken by the state were added to the measures and the creation of conditions for the normal functioning of the work of the dentist in schools and kindergartens. For this, the school directorate was responsible for providing the material base in the doctor's office (electricity, water, etc.). While the necessary equipment for the work of the doctor was provided by the Directorate of Public Health in the districts.

However, the higher evaluation of this service by the relevant bodies will affect the improvement of all health indicators, but compared to other western countries they would be lower. We can illustrate this with figures because we think that they once again express the performance of the school medical service in protecting the health of students..

In the school year 2001-2002, when in the whole country there are 4,051 pre-university education schools with a total of 720,330 students (1,798 8-year schools with 523,253 students, of which 38,049 in the village and 372 high schools with 118,577 students) in which teach 36,957 teachers⁸³. In the same period, the school health service consists of: 432 medical staff, of which: 54 general practitioners (32 of whom in the city of Tirana and only 14 in all other cities of the country); 53 secondary medical staff⁸⁴, from 91 that were in 1989, ie instead of being added, they have been reduced; 497 dentists⁸⁵, doubling in comparisons in 1989; 143 dental assistants, out of 41 who were in 1989, where it is seen that the dental service has developed better than the self-assessment given to it. This is also seen in terms of work environments, ie cabinets and dental points, the first 493 and the second 31, versus 45 general practitioner cabinets⁸⁶.

We emphasized the above figures to show that the school health care service is also reflected in the improvement of all health and hygiene indicators of Albanian schools.

However, the essence of the changes would consist in the content of Law No. 9928, dated 9.6.2008 "On the dental

⁸¹ Rregulloren e Shërbimit Shëndetësor në institucionet parashkolllore e shkolllore, Nr. 2560, datë 29.7.1998, miratuar nga Ministria e Shëndetësisë dhe Ministria e Arsimit dhe Kulturës.

[Regulation of the Health Service in Preschool and School Institutions, No. 2560, Dated 29.7.1998, Approved by the Ministry of Health and The Ministry of Education and Culture.]

⁸² N. Nesturi, "Nga historia e shërbimit ...", f. 281-282.

[N. Nesturi, "From the History ...", pp. 281-282.]

⁸³ INSTAT, Vjetari Statistikor 1933-2001, botim i Drejtorisë së Përgjithshme së Statistikave, Tirana: "R&T Advertising", 2003, f. 155-174. Arsimi.

[INSTAT, Statistical Year Book 1933-2001, Publication of the General Directorate of Statistics, Tirana: "R&T Advertising", 2003, pp. 155-174. Education.]

⁸⁴ Po aty., f. 137-154. Shëndetësia.

[Ibid., pp. 137-154. Health.]

⁸⁵ Po aty.

[Ibid.]

⁸⁶ Po aty.

[Ibid.]

health service in the Republic of Albania⁸⁷. From the point of view of structure, according to the leaders of this department. It remained unchanged "unique type and that the purpose and scope of application was the same" for the rules of organization and functioning of the dental health service in the Republic of Albania⁸⁸. Adjustments and improvements especially in the financing of the public dental service were considered as a reflection of the demands of the time in the field of school health care service.

In this climate of change, other issues became the subject of debate, which attracted the attention of the educational public. Increasing student and child health care would be one of the controversial issues. The option of switching to school or kindergarten dental care, which would make a lot of noise years later, will be seen by some specialist doctors as a "matter of the near future"⁸⁹.

Currently in Albania, developments within pre-university education at that time offered other opportunities for the health care of students and children. But, although promising, the changes were insufficient in conditions when schools were becoming more and more, preferred institutions for their decentralization and autonomy. It is understood that the school health care policy continued to be programmed, but not within the previous parameters where the main criterion was the organization and management of this service. The measures of these years led to the partial improvement of the structure of the school health service in the districts⁹⁰.

Measures taken after 2008, although with little difference in time and implementation of measures and activities undertaken by school health care institutions, in order to improve the overall physical, mental and social well-being of students and children, led to lack of control, in the gradual contraction of the activity of doctors and dentists in school and kindergartens. The only possibility remained the "Health care services", which are realized until today by the Health Center⁹¹ set up in every administrative unit of Albania.

This process was directed against all units of the school health service in general, whether schools in urban or rural areas, which led to the closure of medical activity of schools below throughout the country. This was a very strong blow.

Initially, the Albanian government was satisfied with the implementation of Law No. 10107, dated 30.3.2009 "On health care in the Republic of Albania"⁹² throughout the country. The instructions sent to the health authorities in March 2009 required that, "this law be implemented by all natural or legal persons, Albanian or foreign, who operate in the health care system"⁹³.

Without leaving the topic, currently the Health Center is the institution of primary health service with public funding, non-profit, with a separate bank account, which includes the entire network of service providers under its subordination and which operates under Law no. 10107, dated 30.03.2009 "On health care in the Republic of Albania"; Law No. 10138, dated 11.05.2009 "On public health"⁹⁴ and DCM no. 857, dated 20.12.2006 "On the contracting of primary health care

⁸⁷ Fletorja Zyrtare e Republikës së Shqipërisë, Nr. 102, 1 korrik 2008, botim i Qendrës së Botimeve Zyrtare, Tiranë: "Shtypshkronja e Qendrës së Botimeve Zyrtare", 2008, f. 4494-4528. Ligi Nr. 9930, Dt.Aktit: 09.06.2008, Dt.Miratimit: 09.06.2008.

[Official Gazette of the Republic of Albania, No. 102, July 1, 2008, Publication of the Official Publishing Center, Tirana: "Printing House of the Official Publishing Center", 2009, pp. 4494-4528. Law, No. 9930, Date of Act: 09.06.2008, Date of Approval: 09.06.2008.]

⁸⁸ Po aty, Neni 1: Qëllimi dhe fusha e zbatimit, pika 1.

[Ibid., Article 1: Purpose and Scope of Application, Point 1.]

⁸⁹ Sonila Isaku, "Ligji, shërbimet dentare ende falas", në: Koha Jonë, Gazetë e pavarur shqiptare, Tiranë 28 dhjetor 2008, f. 7.

[Sonila Isaku, "Law, Dental Services Still Free", in: Our Time, Independent Albanian Gazette, Tirana 28 December 2008, p. 7.]

⁹⁰ UNICEF, Vlerësim i kushteve shoqërore dhe ekonomike të rretheve të Shqipërisë, Tiranë, Dhjetor 2000, f. 34.

[UNICEF, Assessment of The Social and Economic Conditions of the Districts of Albania, Tirana, December 2000, p. 34.]

⁹¹ Grup autorësh, Monitorimi i Shërbimit të Kujdesit Shëndetësor Parësor në Shqipëri. Studim kërkimor (më tej: Monitorimi i Shërbimit ...), botim i Agjencisë për Zhvillim Ndërkombëtar të Shteteve të Bashkuara të Amerikës (USAID), Tiranë, 2014, f. 55.

[Group of Authors, Monitoring of the Primary Health Care Service in Albania. Research Study (hereinafter: Service Monitoring ...), Published by The United States Agency for International Development (USAID), Tirana, 2014, p. 55.]

⁹² Fletorja Zyrtare e Republikës së Shqipërisë, Nr. 46, 23 prill 2009, Botim i Qendrës së Botimeve Zyrtare, Tiranë: "Shtypshkronja e Qendrës së Botimeve Zyrtare", 2009, f. 2304-2308. Ligi, Nr. 10107, Dt.Aktit: 30.03.2009, Dt.Miratimit: 30.03.2009.

[Official Gazette of the Republic of Albania, No. 79, April 23, 2009, Publication of the Official Publishing Center, Tirana: "Printing House of the Official Publishing Center", 2009, pp. 2304-2308. Law, No. 10107, Date of Act: 30.03.2009, Date of Approval: 30.03.2009.]

⁹³ [Ibid. Yes there. Article 1: Object and Field of Application of the Law.]

⁹⁴ Fletorja Zyrtare e Republikës së Shqipërisë, Nr. 87, 12 qershor 2009, Botim i Qendrës së Botimeve Zyrtare, Tiranë: "Shtypshkronja e Qendrës së Botimeve Zyrtare", 2009, f. 3803-3826. Ligi Nr. 10138, Dt.Aktit: 11.05.2009, Dt.Miratimit: 11.05.2009.

services and the General Regulation on the contracting of primary health care services⁹⁵, changed. The Health Center implements the Albanian legislation and bylaws issued by the Minister of Health, the Local Health Authorities authorized by the Minister of Health and the *Compulsory Health Insurance Fund (FSDKSH)*⁹⁶.

The services obtained are detailed in the "Basic Package of Primary Health Care Services", approved by the Ministry of Health in January 2009 and the "Quality Standards for Accreditation of Primary Health Care Institutions", approved in February 2009 and implemented from the National Center for Accreditation, Safety and Quality of Health Institutions in Albania, center under the Ministry of Health⁹⁷. In status they "have medical interventions to enhance health protection and treatment, through prevention, diagnosis, curative and rehabilitation measures, provided by registered health care providers"⁹⁸.

"The health center provides first aid in an effective and timely manner for medical emergencies and patient referrals (including transportation), as well as manages the situation in case of natural disasters (including completing patient documentation and referrals); care in cases of common emergencies; providing first aid by qualified health personnel for the assessment and treatment of emergency problems - contact by telephone or in person); provision of care with uninterrupted service (24 hours); providing care outside these centers; health care for the upbringing of children; women's health care and reproductive health; adult health care; health care for the elderly; mental health care etc. Health Centers that provide intermittent service (8 hours) and 24 hours are determined by agreement by the Ministry of Health"⁹⁹.

In the last fifteen years, Albania has made significant political, economic and social changes that have affected almost all aspects of the population's life, including health and health care outcomes. Currently, primary health care is provided through a network of health professionals and institutions, based on the principles of family health care. Based on survey data, approximately 85% of major health centers across the country are active. 10% of the main health centers in the sample are closed while about 5% are temporarily closed¹⁰⁰.

Due to the limitations of data on the active activity of health centers in Albania and the main health challenges it becomes difficult. The available data on the health status of the population, especially of school children and kindergarten children, are scarce and their reliability is often questionable. There is a need to establish a reliable database of health information that can contribute to guiding sectoral policy and investment decisions. In an attempt to provide an overview of the health status of the population and its key determinants this chapter relies on a variety of data sources.

Often, the picture presented by this data is unfounded and difficult to interpret. While the information available is considered sufficient to determine the main health trends and key challenges regarding the health of school and kindergarten children, this information, which we believe is not exhaustive, should be used and interpreted with caution.

The school doctor is a member of the "Doctor's Order" and in his daily work implements the Code of Ethics and Deontology. Ongoing credited or not training is part of the activity for meeting the licensing criteria and professional development. Training in areas closely related to school is necessary but it is worth noting that the experience of training in the field of teaching is lacking. The school doctor should be made aware of the importance of pedagogical skills and

[Official Gazette of the Republic of Albania, No. 87, June 12, 2009, Publication of the Center for Official Publications, Tirana: "Printing House of the Center for Official Publications", 2009, pp. 3803-3826. Law No. 10138, Date of Act: 11.05.2009, Date of Approval: 11.05.2009.]

⁹⁵ Fletorja Zyrtare e Republikës së Shqipërisë, Nr. 25, 14 mars 2007, Botim i Qendrës së Botimeve Zyrtare, Tiranë: "Shtypshkronja e Qendrës së Botimeve Zyrtare", 2007, f. 5943-5981. Vendim i KM, Nr. 857, Dt.Aktit: 20.12.2006, Dt.Miratimit: 20.12.2006.

[Official Gazette of the Republic of Albania, No. 25, March 14, 2007, Publication of the Center for Official Publications, Tirana: "Printing House of the Center for Official Publications", 2007, pp. 5943-5981. Decision of the Council of Ministers, No. 857, Date of Act: 20.12.2006, Date of Approval: 20.12.2006.]

⁹⁶ Po aty, f. 52.

[Ibid., p. 52.]

⁹⁷ Po aty, f. 53.

[Ibid., p. 53.]

⁹⁸ Përmirësimi i kushteve të qendrave të kujdesit shëndetësor parësor, përgatitur nga Delina Hoxha, Kejsi Voli dhe Mirela Dibra, botim i realizuar me mbështetjen e LëvizAlbania, Tiranë, f. 3.

[Improving the Conditions of Primary Health Care Centers, Prepared by Delina Hoxha, Kejsi Voli and Mirela Dibra, Publication realized with the support of LëvizAlbania, Tirana, p. 3.]

⁹⁹ Po aty, f. 30.

[Ibid., p. 30.]

¹⁰⁰ G. autorësh, Monitorimi i Shërbimit ..., f. 53.

[G. Authors, Service Monitoring ..., p. 53.]

their impact on the student's health education. Sharing experiences and joint training of doctors and teachers on health topics would improve quality and impact on health.

Only a licensed and continuously trained medical staff on new developments can implement strategies and evaluate results in improving school health. The health team as a multidisciplinary team makes important decisions about the strategies to be followed in accordance with the respective disciplines and continuously evaluates the achievements. The appointment of the school health coordinator at the level of school leaders (Deputy Principal) increases the authority of the Health Team and facilitates the implementation of its decisions.

Health education can also play an important role in saving lives, saving money, and improving the health and well-being of millions of people. The recent pandemic situation further reinforced our conviction.

Across the country, for nine months a year, an average of six hours a day are spent in pre-university schools with 536,408 students¹⁰¹. There is absolutely no other institution that offers better health education than schools. Let us not forget that after completing pre-university education the possibility of health education and efforts to prevent abusive behaviors are significantly reduced.

Table 4: ¹⁰² Enrolled in education

School / academic year	2016-17	2017-18	2018-19	2019-20	2020-21
Enrolled in education					
Total:	677.818	652.592	641.161	612.534	589.604
In Kindergatens:	81.194	81.026	78.942	77.858	71.332
In basic education:					
In primary	174.836	170.861	167.104	162.170	158.528
In Lower secondary	153.264	148.810	139.426	132.709	127.958
In Upper secondary:	127.114	120.062	116.646	109.533	107.989
Gymnasium & Socio-Culturor	106.133	99.457	95.359	89.869	88.965
Vocational	20.981	20.605	21.289	19.664	19.024
In Tertiary	141.410	131.833	139.043	130.264	123.797

A successful school is an attractive, supportive and safe place, part of a happy community that promotes in-depth learning and enhances the physical and emotional well-being of students¹⁰³. Students who feel safe in school are also less likely to engage in risky behaviors. Research shows that a positive and sustainable school climate promotes students' academic achievement and healthy development. A positive school climate also promotes teacher well-being, which significantly affects student success. The school's partnership with family and community makes school more effective, supports learning, achieves high learning outcomes, and improves student health¹⁰⁴.

The health and well-being of children and young people is not a matter of fate but a planned investment with details for the future. The simplest and most economical way to prevent future health problems is to care for children today and equip them with full health knowledge.

School health education should be coordinated: *first*, by setting up multidisciplinary teams with well-trained professionals in their fields; *second*, by appointing a school health coordinator to lead the team work; *third*, how the team assesses needs and prioritizes using student health data, interests, and needs; *fourth*, school health policies are evaluated by the student government and the parent council; *finally*, how all actors in this process should lobby the local

¹⁰¹ Source of information: Administrative data from Ministry of Education, Sport and Youth and the Ministry of Finance and Economy. Material published on the web site: <http://www.instat.gov.al/al/temat/tregu-i-pun%C3%ABs-dhe-arsimi/arsimi#tab2>

¹⁰² Ibid.

¹⁰³ Reforma e sistemit arsimor parauniversitar (raporti paraprak), hartuar nga Grupi i punës për reformimin e arsimit parauniversitar të krijuar nga Ministri i Arsimit dhe Sportit, Tiranë, Maj 2014, f. 30.

[Reform of the Pre-University Education System (Preliminary Report), Drafted by the Working Group for The Reform of Pre-University Education Created by the Minister of Education and Sports, Tirana, May 2014. p. 30].

¹⁰⁴ Ministria e Arsimit dhe Sportit, Raporti vjetor i vitit 2021 për procesin e konsultimit publik, Tiranë, 2021, f. 3. Material është publikuar në sistemin e-aktet dhe në faqen zyrtare të Ministrisë së Arsimit dhe Sportit.: <https://arsimi.gov.al/projektvendimi-per-miratimin-e-strategjise-kombetare-per-arsimin-2021-2026/>.

[Ministry of Education and Sports, Annual Report 2021 for the Public Consultation Process, Tirana, 2021, p. 3. Material is Published in The E-acts System and On the Official Website of the Ministry of Education and Sports: <https://arsimi.gov.al/projektvendimi-per-miratimin-e-strategjise-kombetare-per-arsimin-2021-2026/>]

government as well as other bodies to support the implementation of important projects.

We think this is one of the right ways we can develop educated individuals who have the knowledge, skills and confidence to enjoy a long life of a healthy activity.

Also, I am convinced that the proposed models and recommendations as a whole are not exhaustive, they can be a further part of professional debates and discussions in the not too distant future. These debates and discussions will enable the enrichment of arguments, the diversification of methodological views and approaches, which promote the health of students. I hope that this modest research paper will serve as a starting point for an expanded discussion on the importance that an effective school health service should have in our country.

5. Conclusion

Multilateral analysis of the main phenomena and trends in the development and consolidation of school health care, allows us to reach some conclusions. In Albania, the first step of this service began in 1920, with the government that emerged from the Congress of Lushnja, which established the *General Directorate of Health* and appointed in each district and prefecture by a doctor who took care of the health of students in School. In the 1930s, when the Albanian school was reformed to become a national, state and secular school, care was taken to preserve the health of students.

The years after World War II would be decisive for the development and consolidation of the health service as one of the most important categories of the student and child health care system. Developments in this area are in line with changes in the entire post-war Albanian health and education system. In addition to general features, under the influence of various economic, political and social factors, where without a doubt the most dominant would be the political one, it will also manifest specific phenomena.

The Albanian state stimulated and financially supported the expansion of the school service, the maintenance of a control over the health care of students and children, the training of school medical staff and their qualification, the increase and strengthening of the material and medical base. This support, especially for the '70s and '80s after the war, but no less important during the study period, was related to two factors: *first*, the socio-economic situation, where the majority of parents of children attending pre-university education or who were enrolled in kindergartens; and *second*, the Albanian state remained interested in preparing a considerable number of specialists (general practitioners, nurses and dentists), but also as soon as possible. He took on the responsibility of organizing, but also the complete control of the school health service, also building policies that suited his interests and nature. The health and education policy, reflected in the legislation prepared in these years, would also cultivate the future appearance of the school health service.

The socio-economic and political changes that took place in Albania, after 1990, were first associated with the underestimation of the school health service, by the *Ministry of Health* and the *Ministry of Education and Science*, with the reforms that were taken on the path of decentralization, expansion of this service to the highest categories of the pre-university system, would continue to remain a priority of its "second hand". This is due to the fact that there was no fair understanding of the role of this service and the school health staff.

Although the policy of the Albanian state was basically aimed at following the model of the western school health service, for many reasons in practice the expected results were not achieved, the most qualified part of the school health staff maintained a moderate and often oppositional attitude. As it was found that in this period even later, the western experience, although it tried to adapt to the conditions of transition in our country, was transmitted to some extent mechanically, leaving consequences for the prophylactic activity. The *general practitioners* and *dentists* were undoubtedly very active with the medical interventions to increase the protection and treatment of health, through prevention, diagnosis, curative and rehabilitation measures, which stood in front of the Albanian school in general and that of kindergartens in particular. Currently, the *school doctor* is a member of the "Order of the Doctor" and in his daily work implements the Code of Ethics and Deontology. Ongoing credited or not training is part of the activity for meeting the licensing criteria and professional development.

The medical service in kindergartens and schools had a preventive character, ensures the normal physical and psycho-motor development of children in kindergartens and schools, the implementation of hygienic norms and health promotion, aiming to protect and strengthen their health. After 1998, the school health service was organized by the Directorate of Public Health of the administrative unit (district) in cooperation with the Directorate of Education and the directorates of kindergartens and schools.

Seen from a realistic point of view, both in terms of consolidation where results are tangible and in terms of the quality of qualified medical staff, school service developments helped care for the physical and mental health of students and children during the learning process in Albania.

There are many approaches in the world today related to what a school really should be, which will meet all or most of the conditions to meet the basic elements of health promotion schools. Health, today is defined as an integrated approach to health promotion in order to educate, inform and provide opportunities to create the right attitudes to health and to learn and implement healthy behaviors.

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