



## Albania

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of the European Council Recommendation of 31 May 2007 and of WHO Regional Committee for Europe resolution EUR/RC55/R9 and (2) Regional Office data and information.

### Summary of country assessment

Albania reports implementing 43% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

The country feedback was positive on all the key areas identified: national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

#### National policies

- There are two overall national policies for preventing violence and injuries. There are specific national policies for preventing interpersonal violence, youth violence, child maltreatment, elder abuse, intimate partner violence, sexual violence and self-directed violence.

#### Implementation of effective interventions

- Albania reported overall implementation of 51% of selected effective interventions for injury prevention and 39% for violence prevention. This is lower than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for all the interventions, both for injuries and for violence.
- Albania reported overall implementation of 18% of selected effective interventions on alcohol, versus a median regional score of 76%. Greater attention needs to be given to legal and fiscal interventions on alcohol access for which only 7% of interventions have been implemented (versus a median regional score of 71% (Table 2)). The use of alcohol which is not intended for human consumption (for example, surrogate alcohol, such as industrial alcohol, aftershave, or antifreeze) are associated with alcohol-related harm in the country.

#### Impact of resolution EUR/RC55/R9

- Albania acknowledged that the adoption of resolution EUR/RC55/R9 helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. There has been positive progress in the past 12 months in national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. Most of the elements of resolution EUR/RC55/R9 were successfully achieved: national policy development, injury surveillance, multisectoral collaboration, and evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to capacity-building and implementing all the evidence-based interventions for injuries, for all types of violence and interventions to control alcohol-related harm. For poisoning and youth violence rates are higher than the regional averages, and more concerted action is needed to tackle these. For several of the types of injuries and violence, preventive interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

## Country profile

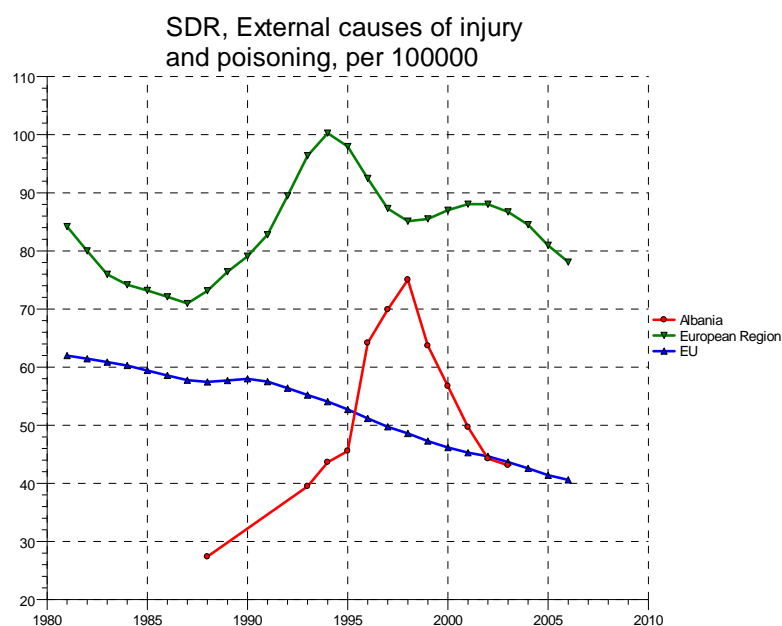
Table 1. Demographics

- Albania has a very young population of 3.2 million. The percentage of children 0–14 years old is higher than the European Region average, and the percentage of people 65+ years old is lower than the regional average.
- Life expectancy at birth is lower than the European Region average both for males and for females.













Indicator (last available year)	Albania	WHO European Region	European Union (EU27)
Mid-year population	3.2 million	890.9 million	493.8 million
% of population aged 0–14 years	26.2	17.5	15.7
% of population aged 65+ years	8.0	14.0	16.8
Males, life expectancy at birth, in years	73.7	71.4	76.0
Females, life expectancy at birth, in years	78.9	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for all the unintentional injuries combined and for almost all intentional injuries are lower than the European Region averages.
- Injury mortality rates rose steeply and peaked both in the 1980s and in the late 1990s due to the political and socioeconomic transition; the trend is now downward, in line with European Union (EU) average (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by poisoning, drowning, falls and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The homicide rate among youth (15–29 years old) is higher than the regional average.
- The WHO Regional Office for Europe has been supporting focal people. Albania participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on a global status report on road safety. There is a biennial collaborative agreement between WHO and the Ministry of Health for 2010/11 which will be focusing on capacity-building and strengthening the health systems response to injuries and violence.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Albania, the WHO European Region and the European Union, 1980–2008












**Table 2 Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality <sup>a</sup> (SDR per 100 000 population, all ages, last available year) <sup>b</sup>			National policy?	Intervention effectiveness (%)	
	Albania	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	<b>41.9</b>	<b>75.8</b>	<b>40.0</b>	<b>NA</b>	<b>43</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	<b>30.2</b>	<b>45.9</b>	<b>25.9</b>	<b>✗</b>	<b>51</b>	<b>72</b>
Road traffic injuries	8.7	13.3	9.3		75	81
Fires and burns	0.3	2.4	0.7		30	60
Poisoning	3.7	10.7	2.3		60	80
Drowning or submersion	2.5	3.4	1.3		25	63
Falls	1.6	5.6	5.5		38	75
<b>Intentional injury</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>		<b>39</b>	<b>81</b>
Interpersonal violence <sup>g</sup>	4.3	5.2	1.0		NA	NA
Youth violence <sup>h</sup>	6.6	5.3	1.0		29	86
Child maltreatment <sup>i</sup>	0.5	0.6	0.3		20	100
Intimate partner violence	-	-	-		50	75
Elder abuse and neglect	-	-	-		33	67
Self-directed violence	4.8	14.0	10.2		38	88
<b>Alcohol<sup>j</sup></b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>18</b>	<b>76</b>
Alcohol-related poisoning	0.1	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	-	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	0.5	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	7	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	67	67

<sup>a</sup> Unless otherwise specified.<sup>b</sup> Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2009 (<http://www.euro.who.int/hfad>, accessed 3 September 2009).<sup>c</sup> The 27 European Union countries.<sup>d</sup> Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 ([http://www.who.int/violence\\_injury\\_prevention/publications/injury\\_policy\\_planning/prevention\\_moh/en](http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en), accessed 22 August 2008). For the full range of interventions and responses, please consult the country questionnaire.<sup>e</sup> Median of the proportion of effective interventions in place in countries in the WHO European Region.<sup>f</sup> Standardized death rates (SDR) from accidents.<sup>g</sup> Proxy for mortality: mortality from homicide and assault, all ages.<sup>h</sup> Proxy for mortality: mortality from homicide and assault, 15–29 years.<sup>i</sup> Proxy for mortality: mortality from homicide and assault 0–14 years.<sup>j</sup> Score calculated from 17 alcohol-related interventions.<sup>k</sup> EU average calculated on 20 countries. Data retrieved from the European detailed mortality database ([http://www.euro.who.int/InformationSources/Data/20070615\\_2](http://www.euro.who.int/InformationSources/Data/20070615_2), accessed 3 September 2009).<sup>l</sup> Score calculated from 14 interventions on access to alcohol (availability, restrictions, banning).<sup>m</sup> Score calculated from 3 interventions on health system-based programmes to reduce alcohol-related harm.

**Table 3. Key elements of policy development in preventing injury and violence**Legend:  Yes  No  Not specified or no response

<b>National policies</b>	
• Overall national policy on injury prevention	
• Overall national policy on violence prevention	
• Commitment to develop national policy	
• Alcohol identified as a risk factor for injuries	
• Alcohol identified as a risk factor for violence	
• Policies targeted to reduce socioeconomic differences in violence and injuries	
• National policies highlight socioeconomic inequality as a priority	
<b>Political support for the agenda for injury and violence prevention</b>	
	
<b>Easy access to surveillance data</b>	
	
<b>Intersectoral collaboration</b>	
• Key stakeholders identified	
• Secretariat to support the intersectoral committee	
• Questionnaire answered in consensus with other sectors and stakeholders	
• Can WHO help to achieve intersectoral collaboration in the country?	
<b>Capacity-building</b>	
• Process in place	
• Exchange of evidence-based practice as part of this process	
• Promotion of research as part of this process	
<b>Emergency care</b>	
• Evidence-based approach	
• Quality assessment programme	
• Process to build capacity identified	
<b>EUR/RC55/R9 influenced the agenda for injury and violence prevention</b>	
	
<b>Recent developments in injury and violence prevention (during the past 12 months)</b>	
• National policy	
• Surveillance	
• Multisectoral collaboration	
• Capacity-building	
• Evidence-based emergency care	