

Investing for a safe and healthy Albania

WHO Health Emergencies Programme
at the country level



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WHO Health Emergencies Programme at the country level

Disasters and emergencies disrupt communities and destroy livelihoods – most of all they threaten people’s health. In a typical year, Europe suffers economic losses of € 10 billion from disasters and emergencies,¹ which result in hundreds of people dying or becoming severely ill.

Europe’s 21st century emergencies include a wide range of hazards:

- Many countries have measles epidemics.
- Countries in southern, central and eastern parts of the Region have outbreaks of vector-borne diseases, such as West Nile Virus and Crimean-Congo haemorrhagic fever.
- All national health systems in the European Region have to respond to outbreaks of foodborne diseases, and antimicrobial resistance is growing at an unprecedented pace.
- Many countries are prone to floods, heatwaves, forest fires and other extreme events. Climate change means Europe is likely to see many more such emergencies in the coming years.
- The threat of earthquakes and other natural disasters in Europe – possibly combined with chemical or nuclear contamination – never goes away.
- Conflicts and terrorist attacks affect European countries directly and as spill-over effects from neighbouring countries and regions.

¹ Estimate quoted in EFDRR. High-Level Dialogue Communiqué from 2017. European Forum for Disaster Risk Reduction, Istanbul, 26–28 March 2017. Geneva: European Forum for Disaster Risk Reduction; 2017. (https://www.preventionweb.net/files/52533_2017efdrhlcommuniquefinal.pdf, accessed 23 August 2019).

The European Region is part of a highly interconnected world. Diseases can spread at the speed of an aeroplane, and people fleeing emergencies often cross international frontiers. Recent striking examples of international emergencies with repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.

Albania: The case for action

Albania is exposed to significant natural hazards and has experienced conflict in its recent history, which is still evident for historical and geostrategic reasons. Disease outbreaks and epidemics are important for Albania's risk profile. Although Albania has made good progress in strengthening its health emergency capacities, it still has several areas which need further improvement. This is why Albania is one of the WHO Health Emergencies (WHE) Programme's priority countries in the European Region.

The WHE Programme will continue to scale up support to priority countries and territories to help them to strengthen their International Health Regulations (IHR) core capacities. Each of the priority countries faces significant hazards, and each has vulnerabilities in their health emergency response capacities. This means health emergencies can have a high impact in these countries and territories. It also means they are the places in the Region where investment in IHR core capacities can produce the greatest return.

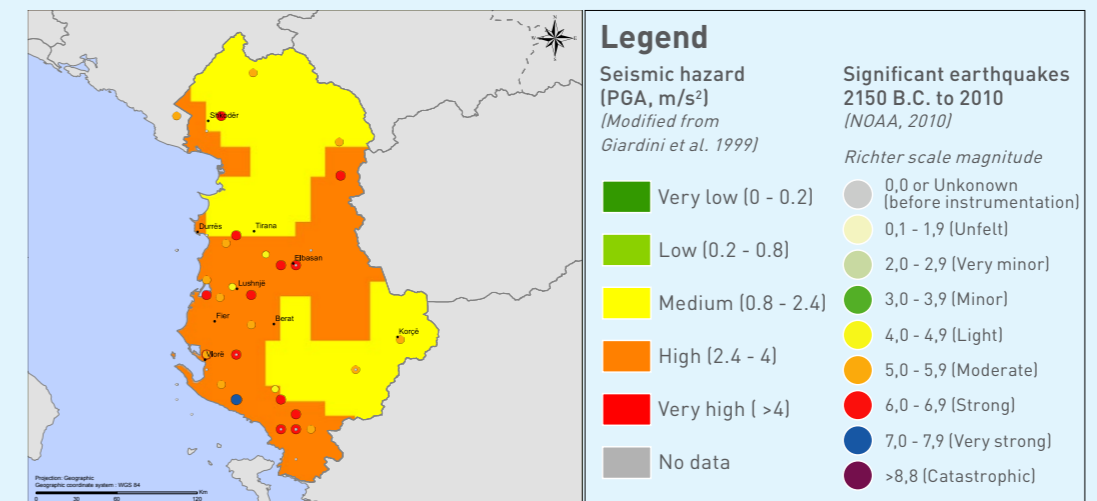
1 BOX

Key emergency threats in Albania

- Earthquakes
- Climate change and extreme weather
- Deforestation
- Soil erosion
- Water and food pollution
- Infectious disease outbreaks and epidemics (in particular measles, West Nile Virus, avian influenza, Crimean-Congo haemorrhagic fever, Meningococcal meningitis, salmonellosis, shigellosis, rotavirus, anthrax and brucellosis)
- Conflict and political instability
- Health system challenges to address the health needs of migrants and refugees

1 MAP

Albania: Seismic hazard map²



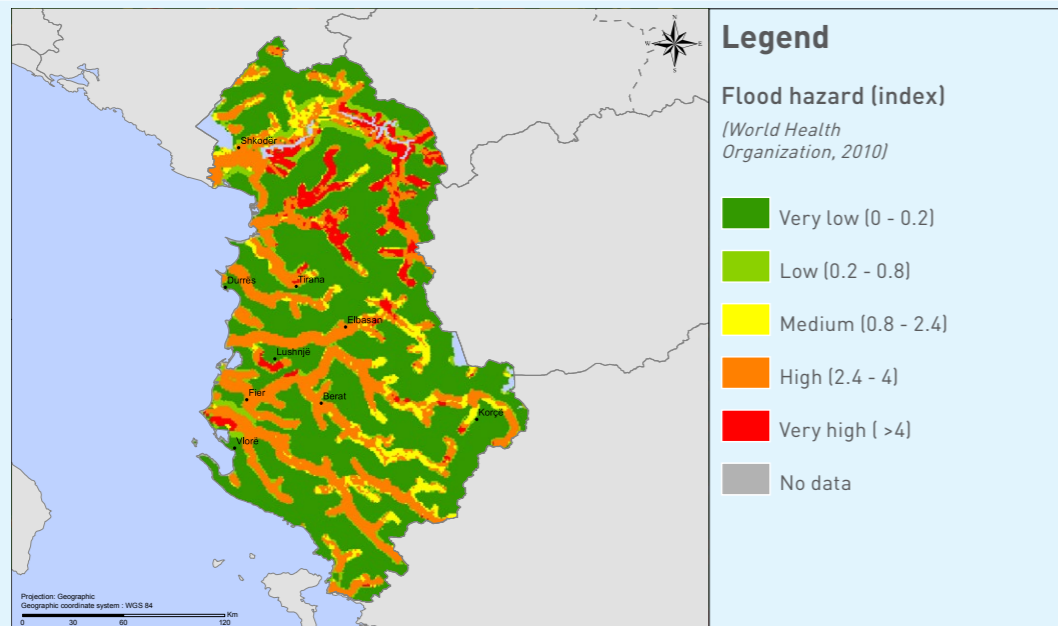
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2 WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the-european-region-the.-volume-1.-exposure-to-natural-hazards.-version-2.0>, accessed 23 August 2019).

Albania: Flood hazard map³**Disclaimer**

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Albania is striving to achieve Universal health coverage (UHC), in line with the UN's Sustainable Development Goals (SDGs). Investing in health emergency capacities supports the country's progress towards these and other SDGs. The investment will safeguard social and economic progress, by reducing the impact of emergencies when they happen.

³ Ibid.



Dr Florinda Beu working at the medical post in the hotel where displaced people stay after a 6.4 magnitude earthquake struck western Albania 25 November 2019. Photo credit: WHO



“Universal health coverage and health emergencies are two sides of the same coin”



Dr Tedros Adhanom Ghebreyesus
Director-General of World Health Organization

Universal health coverage and health emergency capacity, or emergency preparedness, are two sides of the same coin in a people-centred health system. When countries strengthen their emergency preparedness and response capacities, they also strengthen their health system's ability to provide universal health coverage. In the same way, when countries strengthen their health systems, they strengthen their capacity to be prepared for and respond to emergencies. True universal health coverage means people can access quality, affordable, safe and culturally sensitive life-saving services when they need them most – including when they have been hit by an emergency.

2
BOX**Investing in emergency preparedness makes economic sense**

Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through prevention, preparedness, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life-saving health services to 100 million vulnerable people. It will save approximately 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

Extract from A Healthier Humanity: The WHO Investment Case for 2019–2023⁴

The return on investment is US\$ 8.30 for every US\$ 1 provided – a more than eightfold return. The investment pays back in multiple ways:

- it saves people, society, economy from the next emergency
- it strengthens the health system
- it helps to meet several Sustainable Development Goals
- it contributes to global efforts to protect 1 billion more people worldwide.

⁴ WHO. A Healthier Humanity: The WHO Investment Case for 2019–2023, pp. 24–28. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 23 August 2019).

3
BOX**Investing in health emergency preparedness is key to achieving the SDGs**

Investing in health emergency preparedness and response is key to achieving SDG 3 “Ensure healthy lives and promote well-being for all at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity, and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage) and 3.9 (deaths from chemical contamination).

Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).



WHO training in Albania on the use of the “Assessment tool for core capacity requirements at designated airports, ports and ground crossings” for emergency preparedness
Photo credit: WHO

The International Health Regulations: a framework to protect people from health emergencies

Since 2007, the IHR have made a difference to the way the world prepares for and responds to emergencies. The IHR (2005) is a central mechanism within the WHE Programme to guide countries towards achieving common approaches and capacities to detect, assess and respond to health threats. The IHR (2005) is a legally binding treaty signed by all WHO Member States. What it commits them to is:

1. Sharing information with WHO, and each other, about all hazards – disease outbreaks and other health threats (e.g. chemical or nuclear contamination) – that could spread across international borders.
2. Developing and maintaining the **core capacities** needed to prepare for, detect and respond to disease outbreaks, and other health threats.
3. Reporting annually on their implementation of the IHR.

The IHR have already strengthened international cooperation and country capacities to deal with health emergencies. Nonetheless, many Member States in the European Region, and indeed around the world, have scope to further strengthen their IHR core capacities.

For more information about the IHR see:

https://www.who.int/topics/international_health_regulations/en/

IHR Core Capacities for monitoring and evaluation

1. Legislation and financing
2. IHR coordination and national IHR focal point functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health Service Provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies

Albania's emergency preparedness and response capacities

6
BOX

Overview of IHR monitoring and evaluation in Albania

Four complementary components of monitoring and evaluation help to provide a comprehensive overview of the current status of IHR country capacities.⁵ The States Parties Annual Reporting is mandatory; the Joint External Evaluation (JEE), After Action Reviews (AARs) and Simulation exercises are voluntary.

In particular the JEE fosters a peer-to-peer discussion between international and national experts to identify strengths and weaknesses in emergency preparedness and response within the national health system. Results and recommendations from these activities are the basis for the development of a National Action Plan for Health Emergency Preparedness.

Done or in process:

- States Parties Annual Reporting: 2019
- Joint External Evaluation: 2016
- National Action Plan for Health Emergency Preparedness: due to be finalized

Recommended:

- After Action Reviews
- Simulation exercise (SIMEX)

5 WHO. IHR monitoring and evaluation: a key element for public health emergency preparedness and response. Copenhagen: WHO Regional Office for Europe; Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0006/375819/IHR-Brief_WEB.pdf?ua=1, accessed 23 August 2019).

7
BOX

Highlights from Albania's 2019 self-assessment report on its IHR core capacities

Analysis of Albania's annual reporting data for 2019 shows the IHR core capacities with most room for improvement in Albania are currently:

- Chemical events
- Radiation emergencies
- Risk Communication
- National Health Emergencies Framework

The government of Albania is committed to further developing and maintaining strong emergency preparedness and response capacities. In 2016 Albania underwent a Joint External Evaluation (JEE)⁶ of its IHR core capacities in the context of implementing the IHR.

Following the JEE, Albania prepared a National Roadmap (IHR-PVS) to strengthen collaboration and coordination between animal health and public health service in 2018.

6 WHO. Joint External Evaluation of IHR Core Capacities of the Republic of Albania. Geneva: World Health Organization; 2017. (<https://apps.who.int/iris/bitstream/handle/10665/254886/WHO-WHE-CPI-2017.18-eng.pdf?sequence=1>, accessed 23 August 2019).

Key findings from Joint External Evaluation of Albania's IHR core capacities

Strengths:

- Albania performs well in many areas: immunization, national legislation, zoonotic diseases/One Health, real-time surveillance, risk communication and radiation emergencies.
- The JEE team's overall impression was that the programmes in these areas were efficient, effective and capable of detecting and responding to health events and emergencies.

Focus on these areas can lead to improvements of IHR capacities:

- Access to increased resources for the implementation of health-related laws and for the procurement of laboratory kits, reagents and quality assurance.
- Further development and formalization of plans; application of web-based reporting for surveillance.
- Training and continuing professional development across all sectors.
- Increased multisectoral collaboration and coordination.

Other areas for intervention:

- Antimicrobial resistance.
- National laboratory systems.
- Emergency response operations.
- Chemical events.

The staff working in these areas are technically very capable, but would benefit from additional support (including more staff and resources) to do their work at the desired level.

Albania's health emergency preparedness initiatives

Emergency preparedness and response

Albania has established a Commission on Health Emergency Preparedness and Response and Civil Emergency Related Health Aspects that will form the basis of the development of emergency response systems, from preparedness through to recovery. Albania is in the process of finalizing its health sector Emergency Response Plan, which will form the basis of its emergency response operations.

One Health

A National Bridging Workshop on the IHR and the World Organisation for Animal Health (OIE) Performance of Veterinary Services Pathway was organized in 2018.

Hospital safety

Two major hospitals in the country have been assessed based on the Hospital Safety Index for structural and non-structural functionality during disaster and emergency response capacities. Hospital emergency response plans are under development, to ensure health facilities are ready to manage any health response required.

Infection prevention and control (IPC)

According to the 2018/2019 Global Monitoring of Country Progress on Antimicrobial Resistance in Albania, a national IPC programme and operational plan are available and national guidelines for health care IPC are disseminated. Selected health facilities are implementing the guidelines, with monitoring and feedback in place. Better compliance with IPC practices in health care settings is needed in the implementation of guidance tools.

Opportunities for further progress

The JEE, the National Roadmap (IHR-PVS) to strengthen collaboration and coordination between animal health and the public health service, and subsequent work by technical working groups convened by the Ministry of Health, have created opportunities to further strengthen and reinforce Albania's capacities.

The most important opportunity is for the government to develop and adopt a National Action Plan for Health Emergency Preparedness (NAP), and a Health Emergency Strategy based on it. Formal approval of the NAP and Health Emergency Strategy, along with a commitment of domestic resources by the government to implement them, would put Albania on track to build robust and sustainable IHR core capacities.

Areas for further investment and action identified in the Joint External Evaluation⁷ are defined in Box 8.

⁷ WHO. Joint External Evaluation of IHR Core Capacities of the Republic of Albania. Geneva: World Health Organization; 2017. (<https://apps.who.int/iris/bitstream/handle/10665/254886/WHO-WHE-CPI-2017.18-eng.pdf?sequence=1>, accessed 23 August 2019).

Success stories

Tackling measles

Albania eliminated endemic transmission of measles in 2015. Since then, it has seen sporadic imported cases of measles – some of which have caused secondary transmission in Albania. Imported cases in Pogradec and Tirana in late 2017 led to a multicentred outbreak in early 2018. Albania rapidly mobilized a catch-up campaign targeting unvaccinated children and infants in the affected areas. This included applying a temporary change to Albania's national vaccination schedule to allow infants aged 9-12 months to receive a "zero dose" of the measles, mumps and rubella (MMR) vaccine: in normal circumstance, infants do not receive the vaccine until they are 12 months old.

Establishing medical emergency centre

Albania's Ministry of Health has established a Medical Emergency Centre with capacity to treat 1 500 patients. The Centre has well trained staff and good equipment, including a helicopter ambulance. It has established good links with hospitals across Albania to facilitate the referrals and transfers of patients during, and immediately after, an emergency.

Protecting people from health emergencies together: The way W(H)E work



The WHO Health Emergencies (WHE) Programme is providing the Organization's response to increasingly demanding crises. Mainstreamed across all levels of the Organization, it is geared to better protect people from health emergencies by establishing people-centred health systems which can detect, assess, communicate and respond to crises in a matter of hours.

Since each country is unique, the Programme tailors its support to countries' specific hazards, vulnerabilities and systems. It recognizes that structures and people with the right skills need to be in place where disease outbreaks occur, where disasters and conflicts strike, and where people fall sick and die. Therefore the Programme places countries at its centre.

The health emergency management cycle defines the rhythm of the Programme. Its four phases – prevention, preparedness, response and recovery – are grounded in the requirements of the IHR and seamlessly complement each other to save lives. Here's how it works:

1. **Prevention** and control of infectious diseases – through vaccination, for example – help prevent outbreaks in the first place.
2. At the same time, countries need to develop, test and evaluate their national plans and strengthen their capacities to be **prepared** for the next emergency of any type. This includes, for example, assessing hospitals for safety and functionality, establishing a laboratory network of excellence, setting up systems for disease surveillance, and engaging communities to communicate risks.
3. During the **response**, life-saving health interventions and pre-positioned essential health packages are delivered in collaboration with health partners to ensure that affected populations have timely access to quality health services, leaving no one behind.
4. The **recovery** phase is the time to learn from experience and build back better; it is the opportunity to make health systems stronger for the future.

Bridging health emergencies and universal health coverage – two sides of the same coin – will pave the way for countries to achieve the related Sustainable Development Goals. To make this a reality, the WHE Programme has tailored the global strategy into a European Action Plan. The Plan bonds countries with comparable levels of capacity and capability to avert or respond to emergencies. This requires cooperation across sectors and across borders.

As a strong believer in partnership, WHO invites all governments, sectors, partners and people in the European Region to implement the Action Plan jointly. Together we have the expertise and know-how, and together we can support global efforts to prevent, prepare for, respond to and recover from all health emergencies, while contributing to protecting 1 billion more people worldwide.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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