



27/11/2020

RAP/RCha/ALB/12(2021)

## **EUROPEAN SOCIAL CHARTER**

12<sup>th</sup> National Report on the implementation of  
the European Social Charter

submitted by

**THE GOVERNMENT OF ALBANIA**

Article 3 and 11

for the period 01/01/2016 - 31/12/2019

Report registered by the Secretariat on

27 November 2020

**CYCLE 2021**

## REPORT

### Article 3 – The right to safe and healthy working conditions

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Pursuant to Law No. 10237 dated 18.02.2010 "On safety and health at work", as amended, 26 Decisions of the Council of Ministers have been approved insofar, of which:

The following approved in 2017:

- DCM No. 108 dated 15.2.2017 "On the approval of the regulation on the protection of children at work".

The following approved in 2019:

- DCM No. 596 dated 04.09.2019 "On some additions and amendments to DCM no. 639 dated 07.09.2016 "On the rules, procedures and health examination tests, to be conducted depending on the employees work, as well as the manner of functioning of the health service at work."

Two draft-decisions were prepared "On the approval of the regulation" On the minimum requirements of health and safety at work of workers with a fixed-duration employment contract and a part-time employment contract", which transposes Council Directive 91/383 / EEC, and "On the approval of the regulation" On the minimum safety and health requirements for medical treatment on aboard vessels", which transposes Council Directive 92/29 / EEC.

Furthermore, RIA was prepared to amend Law No.10237 dated 18.02.2010 "On safety and health at work" (amended), because during its implementation was encountered the lack of reporting and proving the accidents at work and occupational diseases to the self-employed. This means that failure to report the accident does not identify the elements not implemented by the entity as to safety and health at work and failure to improve the situation becomes a source of accident for other surrounding entities.

The concept "self-employed person" incorporated in this law is a recommendation of the Council of the European Union, with the purpose of addressing this category like any other employee, in terms of safety and health at work.

Draft-decisions were proposed and drafted on the amendments to DCM No. 108 dated 15.2.2017 "On the approval of the regulation on the protection of children at work" and DCM No. 788, dated 14.12.2005 "On determining an accident at work or due to work".

In order to carry out its mission correctly, the Labour Inspectorate work is orientated towards a reform that starts with making a well - known and authoritative, reliable, transparent and fortiori responsible institution. We have renovated the official website of the State Labour and Social Services Inspectorate (SLSSI), which has served as a bridge of communication with businesses and employees since July 2018 for addressing complaints, making requests for information, giving various clarifications or clarifications on the legal procedures, which the entities can apply online without being necessary to appear before our offices. Furthermore, it provides abundant information to any party interested, in relation to the rights and obligations of employers, employees and the public, as set forth in the labour legislation.

Regarding the full and comprehensive implementation of the Labour Code, Law No. 10237, dated 18.02.2010 "On the safety and health of work" and bylaws issued for their

implementation, SLSSI has launched "The Penalty Matrix" as a platform that is accessed on the official website of the institution.

Before we demand the implementation of employment standards by the business, we should set standards in our work and this platform will enable us to do this, specifically:

It will have a direct impact in the increase of the professional capacity of labour inspectors, as it gives them the opportunity to be clearly orientated in the labour legislation, which actually incorporates a considerable number of legal provisions to check, i.e. about 3000 thereof. Meanwhile, the legislation transpires grouped according to concrete issues. Furthermore, through it, we will be able to ensure a completely transparent inspection process, by minimizing in maximum the abuse of duty of labour inspectors.

The possibility provided to employers for self-correction, who are able to access this matrix, increases their awareness and this awareness translates directly into improving the employment situation to employees. Equal treatment, in terms of the sanction measure to business, in relation to the reflection of the same violations of legal provisions or in other words, the same sanction measure for the same legal violation, under the same conditions, also affects the improvement of the climate of fair competition in the labour market.

Our expectation regarding these measures is of particular importance, as we can obtain data and assessment on the most frequently violated legal provisions, with the aim at building clearly oriented planning on the inspections carried out, by differentiating the sectors or activities that need additional pursuance. The information received in time and in appropriate content, on the inspections carried out by SLSSI, enables the continuous improvement of the risk assessment methodology on any violation of the labour legislation, to have clear objectives in the future.

In addition, some instructions to be implemented by field labour inspectors have been prepared, on the manner of inspection, in the view of providing effectiveness to Occupational Safety and Health Councils, the Risk Assessment Document, company doctor, use of individual and collective protective equipment, signalling in the workplace and other important elements of safety and health at work, with the purpose of implementing this legislation as correctly as possible.

Increasing and strengthening the cooperation with inspectorates and other similar institutions was one of our priorities for 2019. It should be mentioning the ongoing cooperation with Tax and Duty Authorities, the Social Insurance Institute, the State Health Inspectorate, the State Police, the Prosecutor's Office, AKSEM, etc. Furthermore, we have established cooperation bridges, through Cooperation Agreements, with the Anti-Discrimination Commissioner, AMA, National Employment Service, Public Procurement Agency and Gender Alliance for Development Center.

In the framework of increasing employees and employers awareness, as one of the main issues of the Occupational Safety and Health Cross-Sectoral Strategic Document 2016-2020, SLSSI has cooperated with employers', employees' organizations and various organizations of civil society, such as the Labour Rights Center, the Gender Alliance for Development Center, the Albanian Center for Occupational Safety and Health, the Albanian Red Cross, for the development of various activities.

Furthermore, with the support of the International Labour Office ILO, was prepared the ESAP project (Employment and Social Affairs Platform), during the period May –June 2018. The project was funded by the European Commission, aiming at strengthening the Western Balkans labour inspectorates for the inspection in the sector of construction, and the entities operating the tailoring activity will be entity of inspection in the future, and a Memorandum of Understanding and Cooperation was signed with the Labour Inspectorates of the Western Balkans.

Being part of the European Agency for Safety and Health at Work (EU-OSHA), SLSSI has organized, through the focal point, some activities within the two-year campaign "Management of hazardous substances", such as: has distributed leaflets, brochures and posters in all the regional branches of SLSSI, distributed leaflets, brochures and posters in various entities where the hazardous substances are used.

In addition, in the framework of the European Week for Occupational Safety and Health, led by EU-OSHA, SLSSI organized round tables with the representatives of various businesses where are used hazardous substances, with labour inspectors of all SLSSI regional branches, as well as with the persons responsible for occupational safety and health issues, in the regions of Shkodra and Elbasan.

With the aim at improving the inspection process and strengthening the role of the State Labour and Social Services Inspectorate, for the creation of decent jobs, and as the training system for labour inspectors is lacked, a training center was established with the staff of the General Directorate of SLSSI. It trains the new inspectors and all inspectors on the procedures and the inspection process, as well introduce them with all laws / bylaws and amendments thereof.

***Measures taken by SLSSI in order to prevent the spread of COVID-19 in the workplace***

The State Labour and Social Services Inspectorate, as an executive structure of Public Administration, implements and follows the measures taken by the Government and the Ministry of Health in preventing the spread of COVID-19. It immediately approved the Order No. 46 dated 12.03.2020 "On taking special measures to prevent the spread of infection caused by COVID-19", in accordance with the orders of the Ministry of Health and the instructions of the World Health Organization. Furthermore, SLSSI is part of the tax- force set up by the Prime Minister's Order.

***Find hereunder the data resulting from the inspections against the spread of COVID-19, in the entities that have operated during the period concerned:***

**Data from the work of inspection teams, on the verification of implementation of protocols in the view of minimizing the spread of Covid-19, Progressive data**

Region - June 2020	Groups with the participation of labour inspectors - June	Labour inspectors- June	Entities inspected - June
Field groups and inspectors on 12 June	26	68	72
Field groups and inspectors on 13 June	7	19	13
Field groups and inspectors on 15 June	33	88	76
Field groups and inspectors on 16 June	33	88	100
Field groups and inspectors on 17 June	31	81	68
			329

"Covid-19" progressive inspections by regions:

Regions	Covid-19 Inspections	
	Number of inspections	In % versus total inspections
Berat	15	5%
Diber	1	0%
Durres	9	3%
Elbasan	21	6%
Fier	10	3%
Gjokaster	23	7%

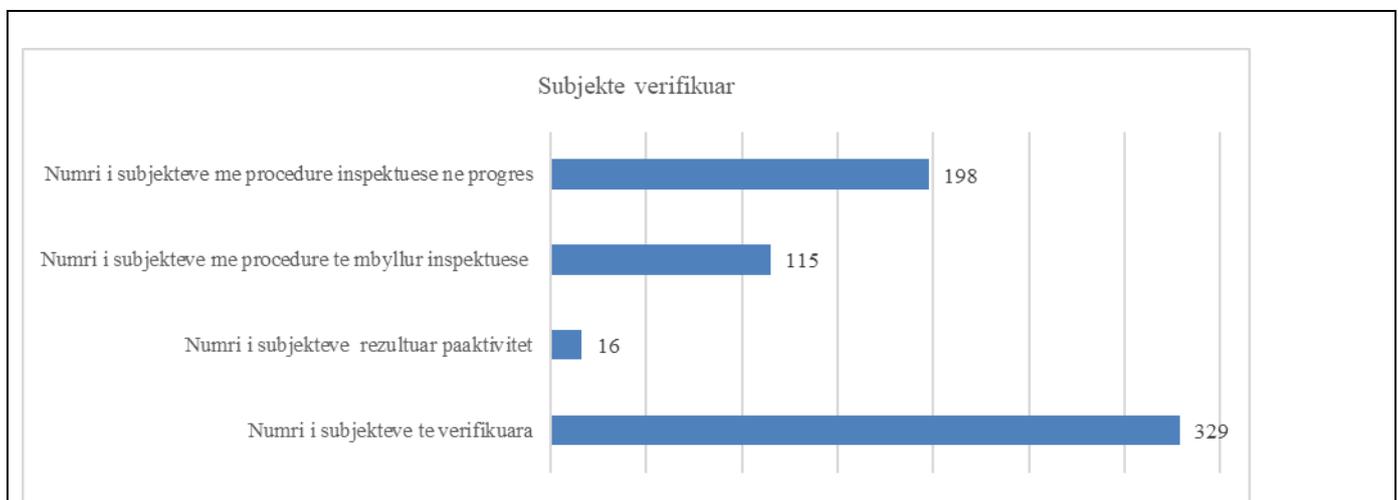
Korce	59	18%
Kukes	12	4%
Lezhe	6	2%
Shkoder	9	3%
Tirane	94	29%
Vlore	70	21%
<b>Total</b>	<b>329</b>	<b>100%</b>

The following transpires, as per the type of activity inspected:

No.	Type of activity	Entities	In % versus total
1	Agriculture, forests, fishing	1	0%
2	Mining, quarry	4	1%
3	Manufacturing enterprise	162	49%
4	Electricity, gas, water	0	0%
5	Trade, hotel-bar-restaurant	78	24%
6	Construction	20	6%
7	Transport, telecommunication (call center)	16	5%
8	Finance, insurance services	0	0%
9	Other activities	48	15%
	<b>Total</b>	<b>329</b>	<b>100%</b>

Data on inspection issues and the measures taken as to closed inspections

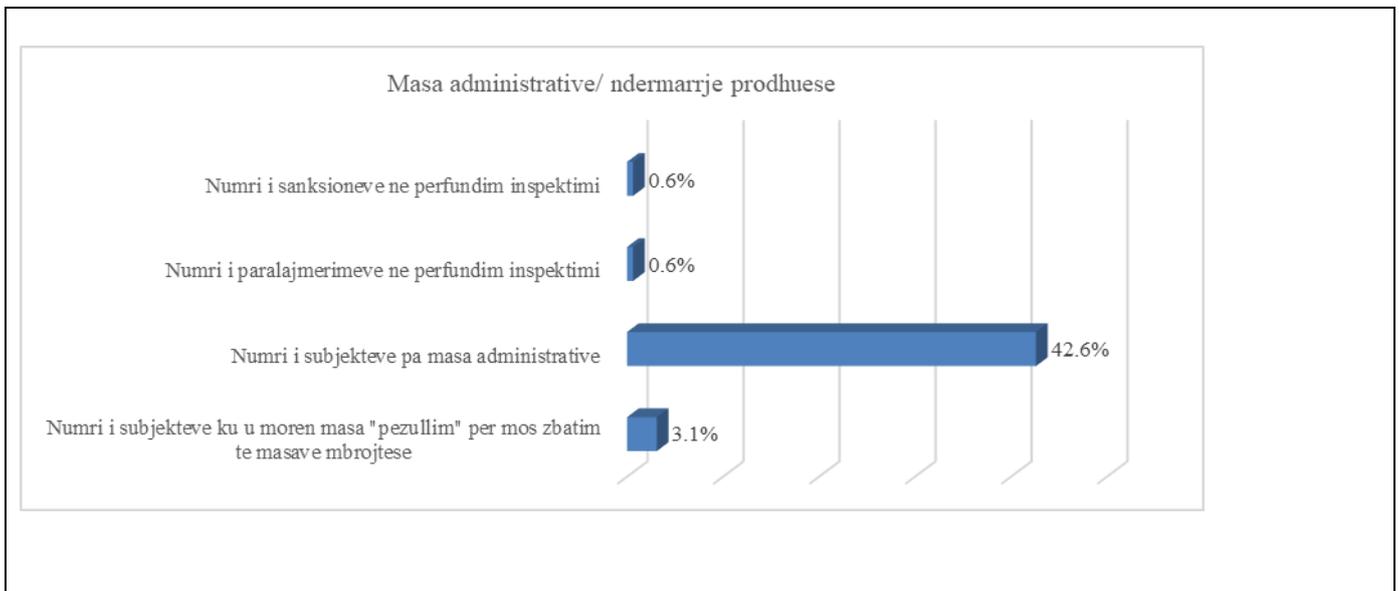
Number of entities verified / inspected	<b>329</b>	
Number of entities found without activity	16	4.9%
Number of entities with closed inspection procedures	115	35.0%
Number of entities with inspection procedures in progress	198	60.2%
Number of entities wherein were taken "suspension" measures for non-implementation of protection measures	8	2.4%
Number of entities without administrative measures	117	35.6%
Number of warnings in the end of the inspection	2	0.6%
Number of sanctions in the end of the inspection	2	0.6%





Entities verified

- Number of entities with inspecting procedure in progress
- Number of entities with closed inspecting procedure
- Number of entities resulted without activity
- Number of entities verified



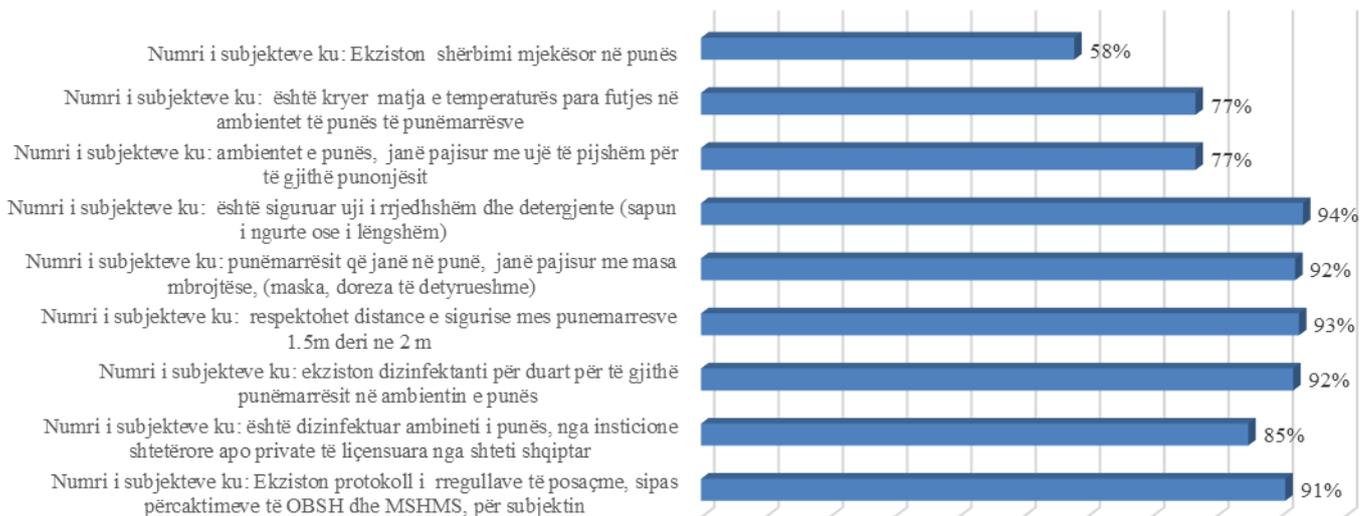
Administrative measures/manufacturing enterprises

- Number of actions in the end of inspection
- Number of warnings in the end of inspection
- Number of entities without administrative measures
- Number of entities wherein were taken "suspension" measures for failure to comply with the protective measures

Number of entities verified	329		
Number of employees, total	16212	49.3	average of employees / entity
Number of <b>female</b> employees	11407	70%	% females
Number of employees. Total at <b>work</b>	13253	2959	fewer employees at work
Number of <b>female</b> employees at work	9958	1449	fewer female employees, at work

<b>Number of entities wherein</b> entity is provided with a protocol, of special rules, according to the definitions of WHO and MHSP	299	91%	
<b>Number of entities wherein</b> the work environment was disinfected, by state or private institutions licensed by the Albanian state	280	85%	
<b>Number of entities wherein</b> there is in place a hand disinfectant for all employees in the work premises	303	92%	
<b>Number of entities wherein</b> is respected the safety distance 1.5m to 2 m between employees	306	93%	
<b>Number of entities wherein</b> the employees who are at work, are equipped with protective measures (masks, mandatory gloves)	304	92%	
<b>Number of entities wherein</b> running water and detergent are provided (solid or liquid soap)	308	94%	
<b>Number of entities wherein</b> the work premises are equipped with drinking water for all employees	253	77%	
<b>Number of entities wherein</b> the temperature was measured before the employees enter the work premises	253	77%	
<b>Number of entities wherein</b> is provided the medical service at work	191	58%	

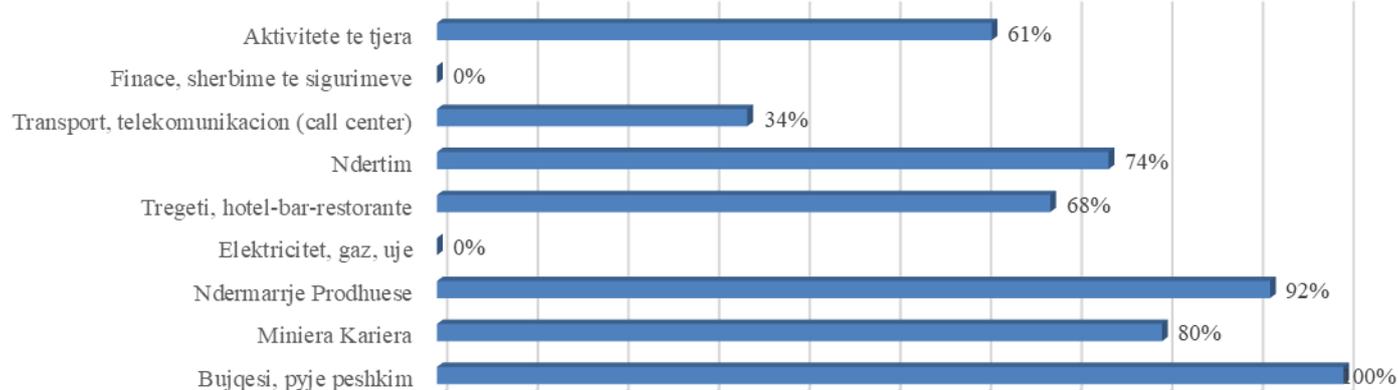
#### Ne subjektet e inspektuara



#### Number of the entities inspected

- Number of entities wherein the medical service of work is in place
- Number of entities wherein the temperature was measured before the employees enter the work premises
- Number of entities wherein the work premises are equipped with drinking water for all employees
- Number of entities wherein running water and detergent are provided (solid or liquid soap)
- Number of entities wherein the employees who are at work, are equipped with protective measures (masks, mandatory gloves)
- Number of entities wherein is respected the safety distance 1.5m to 2 m between employees
- Number of entities wherein there is in place a hand disinfectant for all employees in the work premises
- Number of entities wherein the work environment was disinfected, by state or private institutions licensed by the Albanian state
- Number of entities wherein the entity is provided with a protocol, of special rules, according to the definitions of WHO and MHSP

### Numri i punemarresve, gjithsej ne pune



Number of total employees

Other activities  
Finance, insurance services  
Transport, telecommunication (call center)  
Construction  
Trade, hotel-bar-restaurant  
Electricity, gas, water  
Manufacturing enterprise  
Mining, quarry  
Agriculture, forests, fishing

### Data by regions, Covid-19 Inspections

Regions	Number of inspections	without activity	with closed inspection procedure	with inspection procedures in progress
Berat	15	4	1	10
Diber	1	0	1	0
Durres	9	0	0	9
Elbasan	21	0	11	10
Fier	10	0	10	0
Gjokaster	23	2	14	7
Korce	59	2	23	34
Kukes	12	0	0	12
Lezhe	6	0	0	6
Shkoder	9	0	0	9
Tirane	94	5	50	39
Vlore	70	3	5	62
<b>Total</b>	<b>329</b>	<b>16</b>	<b>115</b>	<b>198</b>

### Covid-19 Inspections –The measures taken

Regions	with closed inspection procedure	"suspension" measure taken	without administrative measures	Number of warnings in the end of inspection	Number of sanctions in the end of inspection
Berat	1	2	3	0	0

Diber	1	0	1	0	0
Durres	0	3	0	0	0
Elbasan	11	0	11	0	0
Fier	10	0	10	0	0
Gjokaster	14	0	14	0	0
Korce	23	0	23	0	0
Kukes	0	0	0	0	0
Lezhe	0	0	0	0	0
Shkoder	0	0	0	0	0
Tirane	50	1	50	0	0
Vlore	5	2	0	2	2
<b>Total</b>	<b>115</b>	<b>8</b>	<b>112</b>	<b>2</b>	<b>2</b>

### Data by activities

No.	Type of activity	Number of inspections	Without activity	With closed inspecting procedure	with inspection procedure in progress
1	Agriculture, forests, fishing	1	0	1	0
2	Mining, quarry	4	1	0	3
3	Manufacturing Enterprise	162	6	69	86
4	Electricity, gas, water	0	0	0	0
5	Trade, hotel-bar-restaurant	78	2	22	53
6	Construction	20	1	2	17
7	Transport, telecommunication (call center)	16	1	7	7
8	Finance, insurance services	0	0	0	0
9	Other activities	48	5	11	32
	<b>Total</b>	<b>329</b>	<b>16</b>	<b>112</b>	<b>198</b>

### Covid-19 Inspections, Measures taken by activities

Nr	Type of activity	with closed inspection procedure	"suspension" measure taken	without administrative measure	Number of warnings in the end of inspection	Number of sanctions in the end of inspection
1	Agriculture, forests, fishing	1	0	1	0	0
2	Mining, quarry	0	0	0	0	0
3	Manufacturing Enterprise	70	5	69	1	1
4	Electricity, gas, water	0	0	0	0	0
5	Trade, hotel-bar-restaurant	23	0	22	1	1
6	Construction	2	1	2	0	0
7	Transport, telecommunications (call center)	8	1	7	0	0
8	Finance, insurance services	0	0	0	0	0
9	Other activities	11	1	11	0	0
	<b>Total</b>	<b>115</b>	<b>8</b>	<b>112</b>	<b>2</b>	<b>2</b>

**The data resulting from the work carried out by the verification groups, part of the task - force, on the verification of implementation of protocols to minimize the spread of Covid-19, with the participation of labour inspectors of the 12 Regional Branches,**

These are the inspections completed, with the participation of labour inspectors of 12 regions, by dates:

Date	Labour inspector part of task- force	Work groups	Number of Entities verified	Daily average (verifications / work group)
29-04-2020	17	14	57	4.1
30-04-2020	35	32	166	5.2
01-05-2020	33	30	148	4.9
02-05-2020	22	22	192	8.7
04-05-2020	33	33	214	6.5
05-05-2020	29	29	158	5.4
06-05-2020	28	28	190	6.8
07-05-2020	27	27	155	5.7
08-05-2020	24	24	140	5.8
09-05-2020	13	13	103	7.9
11-05-2020	45	31	200	6.5
12-05-2020	45	31	208	6.7
13-05-2020	48	32	183	5.7
14-05-2020	46	30	184	6.1
15-05-2020	36	28	167	6.0
16-05-2020	9	9	75	8.3
18-05-2020	34	26	207	7.9
19-05-2020	43	33	288	8.7
20-05-2020	40	30	252	8.4
21-05-2020	40	30	209	7.0
22-05-2020	27	25	176	7.0
26-05-2020	41	29	270	9.3
27-05-2020	41	31	243	7.8
28-05-2020	39	28	197	6.8
(1-7)-06-2020	28	19	279	14.7
(8-15)-06-2020	35	21	288	13.7
(16-17)-06-2020	14	14	146	
<b>Progressive</b>			<b>5467</b>	

Region-Date 16-17 June	Groups with the involvement of Labour Inspectors-dates 16-17 June	Labour Inspector- dates 16-17 June	Entities-verified date 16-17 June
Berat	2	2	42
Diber	0	0	0
Durres	4	4	26
Elbasan	1	1	7
Fier	0	0	0
Gjirokastr	0	0	0
Korce	0	0	0
Kukes	2	2	14
Lezhe	2	2	51
Shkoder	1	1	6
Tirane	0	0	0
Vlore	0	0	0

<b>Field groups and inspectors on June 16-17</b>	<b>14</b>	<b>14</b>	<b>146</b>
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Progressive data resulting from the involvement of the task force (as of April 29, 2020)

<b>Progressive data - Region Inspector</b>	<b>Entities - verified progressive until 17 June 2020</b>	<b>Average verifications / groups (from the beginning)</b>
Berat	494	164.7
Diber	693	231.0
Durres	815	163.0
Elbasan	410	205.0
Fier	175	43.8
Gjirokaster	72	24.0
Korce	488	162.7
Kukes	280	140.0
Lezhe	796	265.3
Shkoder	185	185.0
Tirane	432	61.7
Vlore	627	125.4
<b>12 Branches</b>	<b>5467</b>	<b>133.3</b>

According to the organization of prefectures' task forces, the labour inspectors have been mostly part of the working groups, in the view of the inspections of all activities that are allowed to operate.

According to the tasks assigned by the task force, Tirana branch has inspected the construction activities, in groups of three persons only with the involvement of labour inspectors.

<b>Nr</b>	<b>Business Category (Type of activity)</b>	<b>Entities</b>	<b>In% versus total</b>
1	Transport - Taxi	1	0.0%
2	Call Center	26	0.5%
3	Tailoring	166	3.0%
4	Banks / Financial Institutions	93	1.7%
5	Retail sale of new clothes in stores	316	5.8%
6	Service units at one-stop-shop	344	6.3%
7	Indoor food markets / supermarkets	1115	20.4%
8	Hair treatment / aesthetics / body treatment	200	3.7%
9	Activities in public markets	27	0.5%
10	Businesses that do not fall in the above categories with up to 25 employees	1020	18.7%
11	Businesses that do not fall in the above categories with 26-50 employees	36	0.7%
12	Businesses that do not fall in the above categories with over 50 employees	44	0.8%
13	Dental Clinics	111	2.0%
14	Construction Activities	383	7.0%
15	Bar-Café-Restaurants	1455	26.6%
16	Kindergarten and nursery school	128	2.3%
17	Commercial centers	2	0.0%
	<b>Total</b>	<b>5467</b>	

	<b>Were any penalties imposed on the entity? (Total)</b>	<b>entities</b>	
1	Yes	35	0.6%
2	No	2913	53.3%
3	Counselling	2500	45.7%
4	Suspended	19	0.3%
	<b>Entities total</b>	<b>5467</b>	

Within the measures taken to prevent COVID-19 spread in the workplace, pursuant to the Order No. 266 dated 21.04.2020 of the Minister of Health and Social Welfare, the Instruction of the Institute of Public Health and the protocols determined by the latter, according to the specification in the red protocol, all the entities that are included in this protocol must declare to the State Inspectorate of Health and the State Labour and Social Services Inspectorate the generalities and the license of the person responsible for occupational health (company doctor). Until the present a number of 342 entities have submitted these data to our Institution.

The situation created in the country by the spread of this pandemic, as well as throughout the world, was associated with various social and economic problems. During this period, the SLSSI has treated 341 complaints addressed to our institution, which consisted of non-payment of social security contributions, termination of employment, non-payment of arrears of salaries and war salaries. Furthermore, the e-mail address info @ sli, has responded about 70 information requests received from various employees and employers.

### **Information on the functioning of social care services in the situation of COVID-19 pandemic.**

Pursuant to the measures taken for the prevention of infection from COVID-19, by the recipients of social care services, pursuant to Order No. 157, dated 10.03.2020, of the Minister of Health and Social Protection, for the period from March 10 onwards, 81 residential centers were provided with residential care service, a number of approximately 1800 recipients, i.e. individuals in need.

Public and non-public community care delivery centers have not supplied the centers with the service, but have adapted the program and the support package in the conditions of the epidemiological situation. In particular, the public and non-public community centers have supplied the day service recipients with assistance. In this framework was provided the case management, food meal, psychological counselling, humanitarian aid packages, offered by Community Centers for children and families in the Municipalities of Tirana, Fier, Shkodra, Elbasan, Korca, Durres, Kukes, Lezha, etc.

With the purpose of providing the properly operation of residential care service, in the conditions of compulsory quarantine, as a measure for preventing the spread of Covid-19 virus, MHSP has approved the relevant protocols, specifically:

- Instruction of MHSP No. 253, dated 10.04.2020 "The protocol on the management of cases of children in need of protection, during the period of natural disaster due to the epidemic caused by Covid-19".
- Order of MHSP No. 254, dated 10.04.2020 "Protocol on the operation of public and non-public residential centers that provide housing services (shelters) for victims of domestic violence and trafficking in the pandemic situation of COVID19".
- Order of MHSP No. 290, dated 04.04.2020 "On the approval of the protocol for the operation of public and non-public residential centers, which provide long-term housing service for the elderly, during the period of natural disaster, due to the epidemic Covid -19".

During March-June 2020, out of 81 public and non-public residential care centers, which are functional in the epidemiological situation, 43 of them were monitored by SLSSI, to identify whether the measures were applied pursuant to the above instructions, and there was reported no loss of life of service recipients and care staff by Covid 19. All the centers that were

monitored have taken the measures for the normal functioning of the internal life of the recipients. No denial of service or legal violation was reported.

Related to issuance of safety and health regulations the following was approved in 2017:

- DCM No. 108 dated 15.2.2017 “On the approval of the regulation for the protection of children at work”.

The following was approved in 2019:

DCM Nr. 596 dated 04.09.2019 “On some amendments and additions to the DCM No. 639 dated 07.09.2016 "On the rules, procedures and types of medical examinations to be performed depending on the work performed by the employee, and the manner of functioning of the medical service at work."

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The concept "self-employed person" incorporated in this law is a recommendation of the Council of the European Union, with the purpose of addressing this category like any other employee, in terms of safety and health at work.

Draft-decisions were proposed and drafted on the amendments to DCM No. 108 dated 15.2.2017 “On the approval of the regulation on the protection of children at work” and DCM No. 788, dated 14.12.2005 “On determining an accident at work or due to work”.

### **Data on accidents at work 2017-2020**

For the period January-December 2017, 120 cases of accidents at work were registered, 137 employees were injured, of which 18 lost their lives.

The following results for the period concerned, as per the type of activity:

No	Type of activity	Injured	Caused death
1	Agriculture, Forestry, Fishing	2	0
2	Mining, Quarry	35	7
3	Manufacturing Enterprise	29	2
4	Electricity, Gas, Water	13	2
5	Commerce, HBR	10	0
6	Construction	27	4
7	Telecommunication	3	0
8	Finance, Services	14	3
9	Other activities	4	0
<b>Total</b>		<b>137</b>	<b>18</b>

### **Classification of accidents by the Regional Branches of SLSSI:**

Regional branch	No. of cases	No of accidents	Caused death	No. of injured on the Road
<b>Berat</b>	2	2	0	1
<b>Dibër</b>	29	34	5	0
<b>Durrës</b>	14	15	2	1
<b>Elbasan</b>	8	8	0	0
<b>Fier</b>	5	9	2	0

<b>Korçë</b>	15	16	2	1
<b>Kukës</b>	5	10	4	6
<b>Lezhë</b>	6	6	1	0
<b>Gjirokastrë</b>	2	2	0	0
<b>Shkodër</b>	3	4	1	0
<b>Tiranë</b>	27	27	1	5
<b>Vlorë</b>	4	4	0	1
<b>Totali</b>	<b>120</b>	<b>137</b>	<b>18</b>	<b>15</b>

For the period January-December 2018, were registered 166 cases of accidents at work, 195 employees were injured, of which 27 lost their lives.

Injured employees, except in cases of death, suffered mainly fractures on their arms and legs, amputation of fingers, body collapse, burns, etc. The injured in question were generally in the position of worker, electrician, wagon driver, firefighter, sanitary, teacher.

#### **Classification of accidents by type of activities:**

Manufacturing, mining and construction are the most affected sectors in 2018 from accidents at work, according to the figures below:

<b>NR</b>	<b>Type of activity</b>	<b>Injured</b>	<b>Caused death</b>
<b>1</b>	Agriculture, Forestry, Fishing	2	0
<b>2</b>	Mining, quarry	45	6
<b>3</b>	Manufacturing enterprise	51	3
<b>4</b>	Electricity, gas, water	20	4
<b>5</b>	Commerce, HBR	11	4
<b>6</b>	Construction	22	3
<b>7</b>	Telecommunication	2	0
<b>8</b>	Finance, Service	8	1
<b>9</b>	Other activities	34	6
<b>Total</b>		<b>195</b>	<b>27</b>

#### **Classification of accidents by the Regional Branches of SLSSI:**

<b>Regional branch</b>	<b>No of persons injured</b>	<b>Caused death</b>	<b>No. of injured on the Road</b>
<b>Berat</b>	10	0	3
<b>Dibër</b>	42	8	7
<b>Durrës</b>	25	0	5
<b>Elbasan</b>	17	5	3
<b>Fier</b>	11	1	3
<b>Korçë</b>	12	1	1
<b>Kukës</b>	8	3	2
<b>Lezhë</b>	12	1	5
<b>Gjirokastrë</b>	6	0	2
<b>Shkodër</b>	11	0	3
<b>Tiranë</b>	32	7	8
<b>Vlorë</b>	8	1	0
<b>Qendër</b>	1	0	1
<b>Total</b>	<b>194</b>	<b>27</b>	<b>43</b>

For the period January-December 2019, a number of 197 inspections were registered due to accidents at work, 176 employees were injured, of which 38 lost their lives.

Inspections due to accident Year 2019								
Regional branches	Total	Suspension/ M	Suspension /S	Warning	Fine	Value (.000)	Persons/injured	Persons/ fatal accidents
<b>Berat</b>	9	0	1	4	2	1040	8	2
<b>Diber</b>	19	0	0	12	2	360	21	3
<b>Durrës</b>	26	2	3	19	8	1162	21	3
<b>Elbasan</b>	16	0	3	11	4	1080	16	4
<b>Fier</b>	8	0	0	2	3	460	8	2
<b>Gjirokastrë</b>	10	0	1	0	2	150	6	3
<b>Korçë</b>	9	0	0	3	2	360	8	2
<b>Kukës</b>	8	0	0	3	2	360	6	1
<b>Lezhë</b>	15	3	1	5	6	2090	13	5
<b>Shkodër</b>	9	0	0	1	5	1770	7	4
<b>Tiranë</b>	60	2	3	7	26	6572	53	9
<b>Vlorë</b>	8	0	0	7	2	150	9	0
<b>Total</b>	<b>197</b>	<b>7</b>	<b>12</b>	<b>74</b>	<b>64</b>	<b>15554</b>	<b>176</b>	<b>38</b>

According to the regional branches, the largest number of inspections on accidents at work was in the regional branches Tirana, Durres, Dibra and Lezha.

The employees were treated as follows: 1 employee following the scheduled inspections; 2 employees due to complaints; 1 employee was provided with casual treatment and 172 employees were treated following the inspections due to the accident.

Regarding the inspections following the accidents at work, it transpires that in 38% of inspection cases due to the accident, was taken the administrative measure "warning", and in 32.4% of cases was taken the administrative measure "Fine".

According to the type of economic activity, these are the cases of accidents at work: year 2019	Entities inspected following the accident at work	Employees injured	Employees injured to death
<i>Agriculture, forestry, fishing</i>	1	1	-
<i>Mining, quarry</i>	25	27	7
<i>Manufacturing enterprise</i>	48	39	2
<i>Electricity, gas, water</i>	12	9	3
<i>Trade, hotel-bar-restaurants</i>	17	12	4
<i>Construction</i>	49	45	17
<i>Transport, telecommunications</i>	3	1	-

<i>Finance, insurance services</i>	-	-	-
<i>Other activities</i>	42	42	5
<b>Total</b>	197	176	38

In the period January-May 2020, were registered 63 inspections following the accidents at work, 58 employees were injured, of which 12 lost their lives.

Regional branches of SLSSI	No. of inspections following the accident at work (January-May 2020)	Employees injured (January-May 2020)	Employees injured to death (January-May 2020)
Berat	1	1	1
Diber	8	12	-
Durres	12	11	3
Elbasan	4	4	-
Fier	2	4	-
Gjirokaster	4	5	2
Korce	4	4	1
Kukes	1	1	-
Lezhe	3	3	-
Shkoder	1	1	-
Tirane	19	8	4
Vlore	4	4	1
<b>Total</b>	<b>63</b>	<b>58</b>	<b>12</b>

Accidents at work by type of activity January-May 2020:

Type of activity	Inspections following the accident	Employees injured	Accidents caused death
Agriculture, forestry, fishing	1	1	-
Mine, quarry	10	15	1
Manufacturing enterprise	15	12	2
Electricity, gas, water	4	4	-
Trade, hotel-bar-restaurants	3	2	1
Construction	14	8	2
Transport, telecommunications	-	-	-
Finance, insurance services	-	-	-
Other activities	16	16	6
<b>Total</b>	<b>63</b>	<b>58</b>	<b>12</b>

These are the data on occupational safety and health, obtained from the inspections executed in the years 2017-2020:

#### The year 2017

- **894** entities have the risk assessment document,
- **827** entities have employees dealing with occupational safety and health issues and the number of these employees is **3234**,

- **148** entities have persons or services specialized outside the enterprise to organize protection and prevention activities,
- **149** entities have an OSH coordinator when the entity works with subcontractors,
- **860** entities have representatives from the OSH Council,
- **3256** entities have in place the first aid service, and the number of trained persons amounts **5747**
- **3245** entities have in place the fire protection service, and the number of trained persons amounts **14454**,
- the evacuation plan exists in **1277** entities,
- **1765** entities have in place an employee training plan for OSH, according to the specifics of the workplace,
- **782** entities have **3490** employees who are provided with a license to practice the profession that deal with driving machinery and mechanical or electrical transport equipment, and **165** employees do not have a permit,
- **2672** entities have OSH tables,
- **2702** entities have in place collective protection measures,
- **2841** entities have in place the personal protective equipment,
- **105** entities have endangered groups, of these **69** pregnant women, **49** breastfeeding women and **77** persons with disabilities.

The processing of inspection forms transpires that the number of doctors for the period January-December 2017 amounts **1460 doctors**, while the periodic control of employees exists in **2242 entities**.

For the period January-December 2017, were found **10 employees with occupational diseases**, resulting from the continuous and insistent control by the Labour Inspectorate, in terms of taking collective and individual protection measures, as well as increasing the number of entities which are covered by medical service. (We emphasize that this number has been declared by the doctors of the enterprises, so they are suspected cases, not confirmed by the specialist doctor of occupational diseases, as these cases are not accompanied by the standard declaration sheet of occupational diseases issued by the Ministry of Health, which certifies whether this disease is caused or not by the work performed).

The analysis of the data, in terms of hazardous substances, transpires as follows:

- In Berat are used 48 types of hazardous substances such as: fuels, diluents, mastic.
- In Durrës are used 7 types of hazardous substances such as: Methanol, caustic soda, gasoline, gypsum powder, reagent cement, and butane, propane, and clay powder.
- In Elbasan are used 52 types of hazardous substances such as: Hydrocarbon derivatives, Petroleum and its by-products, sulphur, coke, lead, carbon, zinc, solar, chromium and toxic components, explosives.
- In Fier are used 10 types of hazardous substances such as: Gasoline, oil, etc.
- In Gjirokastra are used 8 types of hazardous substances such as: Diluents, mastic, etc.
- In Korça are used 20 types of hazardous substances such as: HCl, zinc anode, baking soda, paints, etc.
- In Kukës are used 36 types of hazardous substances such as: Benzene, gasoline, dynamite, cement, capsules, pesticides, herbicides, etc.
- In Lezha are used 14 types of hazardous substances, such as: Diluents, fuels, etc.
- In Vlora are used 60 types of hazardous substances such as: HCl, NH<sub>4</sub>OH, NaOH, CO<sub>2</sub>, CO, H<sub>2</sub>S, clinical waste, drugs, regent ray, silicon powder, etc.

- **2343** entities have in place the risk assessment document,
- **1478** entities have employees dealing with occupational safety and health issues and the number of these employees amounts **3709**,
- **235** entities have persons or services specialized outside the enterprise to organize protection and prevention activities,
- **262** entities have an OSH coordinator when the entity works with subcontractors,
- **792** entities have representatives from the OSH Council,
- **5451** entities have in place the first aid service, and the number of trained persons amounts **12489**
- **5312** entities have in place the fire protection service, and the number of trained persons amounts **15770**,
- **2818** entities have in place an evacuation plan,
- **2566** entities have in place an employee training plan for OSH, according to the specifics of the workplace,
- **829** entities have **3965** employees who are provided with a license to practice the profession that deal with driving machinery and mechanical or electrical transport equipment, and **26** employees do not have a license,
- **4624** entities have in place OSH tables,
- **4146** entities have in place collective protection measures,
- **4841** entities have in place personal protective equipment,
- **435** entities have endangered groups, of these **69** pregnant women, **49** breastfeeding women and 56 persons with disabilities.

The processing of inspection forms transpires that the number of doctors for the period January-December 2017 amounts **1624**, while the periodic control of employees exists in **4500 entities**. For the period January-December 2018, were found **11 employees with occupational diseases**, resulting from the continuous and insistent control by the Labour Inspectorate, in terms of taking collective and individual protection measures, as well as increasing the number of entities which are covered by medical service. (We emphasize that this number has been declared by the doctors of the enterprises, so they are suspected cases, not confirmed by the specialist doctor of occupational diseases, as these cases are not accompanied by the standard declaration sheet of occupational diseases issued by the Ministry of Health, which certifies whether this disease is caused or not by the work performed).

## 2019

The launching of the "Penalty Matrix", as an accessible platform on the Official Website of the institution for all entities, and which is used by all inspection bodies, has filtered the statistical data in terms of safety and health at work, with the purpose not having this data repeated, as the matrix registers the data as an entity and not as an inspection, which means that an entity can be inspected several times within a year due to a complaint, accident or accomplishment of the tasks assigned. Therefore, the data that we have already previously registered are not repeated.

<b>Number of entities inspected</b>	<b>7141</b>
<b>Total number of employees</b>	<b>119113</b>
<b>No. of entities that have the risk assessment document (yes)</b>	<b>3077</b>
<b>No. of entities that have the security council</b>	<b>906</b>
<b>No. of entities that have representatives from the security council</b>	<b>537</b>
<b>No. of employees suspected of having occupational diseases</b>	<b>34</b>
<b>No. of employees diagnosed with occupational diseases</b>	<b>28</b>
<b>No. of entities with full-time medical service</b>	<b>172</b>
<b>No. of entities with part-time medical service</b>	<b>1648</b>

No. of entities that conduct periodic medical examination of employees	3211
No. of employees that have hazardous substances	1628
No. of entities that have individual protection measures	5345
No. of employees that use individual protection measures	90350
No. of entities that have collective protection measures	4861
No. of entities that have safety and health coordinator	407
No. of entities that have first aid service	3439

### January- April 2020

Number of entities inspected	2460
Total number of employees	56242
No. of entities that have the risk assessment document (yes)	772
No. of entities that have the security council	805
No. of entities that have representatives from the security council	417
No. of employees suspected of having occupational diseases	10
No. of employees diagnosed with occupational diseases	2
No. of entities with medical service	1149
No. of entities with periodic medical examination of employees	1163
No. of employees that have hazardous substances	416
No. of employees that use individual protection measures	50003
No. of entities that have collective protection measures	4984
No. of entities that have safety and health coordinator	137
No. of entities that have first aid service	884

### Information on the organization of the labour inspectorate

The SLSSI staff amounts 154 employees, of which 98 are labour inspectors and the remaining is administration. It is organized in the Central Directorate, and in 12 Regional Branches of Regions, and by virtue of the number of labour inspectors, SLSSI covers with inspections 5% of declared economic activities, per year.

The SLSSI budget for the years 2017-2020 amounts as follows:

2017- 157,040,000 ALL

2018- 199,300,000 ALL

2019- 193,468,000 ALL, of which 200,000 ALL are provided for training.

2020-186,300,000 ALL, of these 200,000 ALL are provided for training.

### *Inspected entities and the number of employees for the years 2017-2020*

Year	Inspections	Employees
2017	7958	182154
2018	12297	291244
2019	13079	296808
2020 (January- May)	2814	71631

### *Fines 2017-2020*

#### *2017*

During 2017, a number of 80 fines were imposed by the inspectors of SLSSI Regional Branches, which were reviewed as to the legal validity and the data related to the sanctioned entity, activity, respective region, date when the fine was imposed and the value of the fine.

27 fines amounting 4,166,000 ALL, resulting from the scheduled inspections  
26 fines amounting 4,262,000 ALL, resulting from the inspections due to complaints  
26 fines amounting 5,098,000 ALL, resulting from the inspections following an accident  
1 fine amounting 220,000 ALL, resulting from casual inspections

Compared to the number of entities inspected during the year, it transpires that only 1% of them were sanctioned for the offence of violation of the labour legislation. In Kukës regional branch 3.2% of the entities inspected were sanctioned. Meanwhile, although there are a considerable number of sanctioned entities in Tirana regional branch, i.e. 30 sanctions or 37% of the total sanctions, there are only 1.2% entities inspected and sanctioned. During 2017, a number of 10 judicial processes were prosecuted, were won in the Administrative Court of First Instance and are being tried in the Administrative Court of Appeals, regarding the fines imposed on various entities. Furthermore, all the regional branches are working to issue execution orders, to collect and pay fines. It transpires that during 2017, 28 fines were collected and the State Budget was transferred the amount 2,868,000 ALL. A number of 17 administrative measures are being executed, and the collection process has started for four others. Regarding the complaints of the entities against the final decisions of inspectors, out of 80 administrative measures imposed for this period, 29 complaints were reviewed, and the relevant files were prepared to be submitted to the Fines Appeals Commission, upholding 26 sanctions.

### **2018**

The administrative measure "Fine", for the offence of violation of the provisions of labour legislation was imposed in 175 entities out of 12297 inspections performed, with a total amount of 29,854,000 ALL. Compared to the number of inspections from each regional branch, this legal measure was applied in 1.4% of the total inspections carried out by the 12 regional branches.

According to the calculation of an average per type of activity, the average value of fines is applied in the highest level in production activities, electricity, gas, water, construction and quarrying, and these activities have high risk as to safety and health at work.

### **2019**

The administrative measure "Fine", for the offence of violation of the provisions of labour legislation was applied in 160 entities out of 13079 inspections performed, with a total value of 381,622,000 ALL.

Every entity has the right to appeal the administrative measures taken or the violation of the legal provisions upheld in the final inspection decision. During this year, 53 inspection decisions were appealed to SLSSI, and 45 or 85% of them were upheld by the appeal commission at the SLSSI. A number of 6 sanctions (fines) were repealed and only 1 warning sanction was changed. The decisions that the Fines Appeals Commission repealed, case by case attention was sent to the inspectors who addressed these inspection practices, in order to provide the strictest implementation of the Labour Legislation. During 2019, the legal office has followed and continues to follow 44 judicial processes which relate to the sanctions imposed on various entities, as well as labour relations. Hence, a number of 23 judicial processes were won for this period, 4 judicial processes were lost, and 18 processes are ongoing. All the judicial processes were followed correctly and as we have previously mentioned most of these trials were won. We emphasize that the courts are independent institutions that are regulated and function independently and by special law. The legislation provides the appeal to the court as the tool at the highest hierarchical level, following the administrative procedure performed by the administrative bodies. It should be mentioning that Law No. 49/2012 "On the adjudication of administrative disputes and the functioning of

administrative courts", has defined 6 administrative courts for 12 regions and as a value for appeal at a rate of over 10 times the minimum salary. The revenues from fines during this period, resulting from the collection of fines and interest on arrears amount 26,697,878 (twenty-six million six hundred ninety-seven thousand eight hundred seventy-eight).

### ***January- May 2020***

The inspection data transpires that in most cases the entities inspected were punished with the measure "warning", rather than with other punitive measures, such as "suspension" or "fine". Hence, among the administrative measures imposed on economic entities, it transpires that 65% of these punitive measures are "warning", "suspension", 30% for flagrant violation of labour relations and safety at work and 4% are administrative measures "fine". During the period January-May 2020, 23 fines were imposed where 1% of the fines were imposed in terms of safety and health at work.

The specific law based on which the inspection activity of SLSSI is exercised is the Law No. 9634 dated 30.10.2006 "On the labour inspection", as amended. This law applies to natural and legal, local or foreign, private or public persons, who exercise profitable or non-profitable economic activities in the territory of the Republic of Albania.

1. The scope of application of this law excludes the following:

- a) institutions or activities, where the entry of the labour inspector endangers the interest of national security;
- b) all workplaces, where the inspection on labour relations, safety and health at work are regulated by special laws.

2. In special cases, except the cases provided in letters "a" and "b" of point 1 of this article, the labour inspectors have to be provided with authorization issued from relevant institutions.

Furthermore, Law No. 10237 dated 18.02.2010 "On safety and health at work", as amended, sets forth:

1. The provisions of this law shall apply to all sectors of activity, both public and private.
2. Specific provisions of this law shall not apply where other legal provisions for the respective areas provide more favourable treatment for the protection of safety and health of workers at work.
3. This law shall not be applied, when the characteristic features of some special activities of the public service, such as the armed forces, the state police, or some activities for the management of civil emergencies, are contrary to the provisions of this law. In these cases, safety and health at work must be ensured as much as possible, in accordance with the requirements of this law.

DCM No. 371/2016 "Policy paper and policy action plan for safety and health at work 2016-2020", have been approved in accordance with the vision and priorities of the Government provided for in the National Strategy for Integration and Development (2015-2020), in the National Strategy for Employment and Skills 2014-2020.

## **Article 11: The right to protection of health**

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organizations, to take appropriate measures designed inter alia:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents

As regards to the above mentioned health issues, we inform that **Universal Health Coverage** remains a continuous commitment of Albanian Government, promoting a healthy life, coordinating efforts and increasing investment in all health-related sectors. In this context, the Ministry of Health drafted the National Health Strategy 2016 - 2020, approved by Decision no. 439, dated 17.05.2017, as a policy document that coordinates efforts to improve health and well-being, where citizens' needs for quality and access to health care are intended to be met, despite financial barriers.

**The National Health Strategy 2016-2020** is guided by the principles of considering health as a human right guaranteed by effective and efficient health care, well governed, and providing equal access, as well as by the principles of solidarity, integrity, transparency and accountability. In order to reach the vision of the health system "Health for All, More Years of Life, Healthier Years" and the mission "To Protect, Improve and Promote Health, Productivity and Wellbeing of All People in Albania" in this the document are identified four strategic priorities related to the basic principles of enhancing and improving access to health services, which are:

- Investing in people's health throughout the life cycle;
- Universal health coverage for everyone;
- Strengthen health systems by placing people in the center.
- Improving governance and cross-sectoral cooperation on health.

The Albanian National Health Strategy 2016–2020 (ANHS 2020) provides a value-based framework for coherent action for health and wellbeing that goes beyond the health sector, both at national and local levels, based on all-inclusive and dynamic policy dialogue in addressing health challenges of the Albanian population.

The strategy was endorsed in 2017, aiming among other to contribute to achieving the WHO European framework policy for health and wellbeing Health 2020 and the UN 2030 Agenda for Sustainable Development goals (SDGs).

MoHSP, with technical assistance of WHO, is undertaken a review process of the Albanian National Health Strategy 2016-2020. A key objective of the review was to generate

information and lessons learned to feed policy making for health in the country's policy cycle beyond 2020. This report presents the overview of findings from the ANHS 2020 end-term review. The methodology scoped the desk review of the strategy itself, and the reports generated throughout its implementation on different segments, including the 2018 report on the evidence for ANHS 2020 implementation, and the key-informant interviews conducted in 2020. This effort was coupled by additional analyses of most recent data of ANHS 2020 implementation. In addition, a deep dive into health financing and universal health coverage (UHC) provided a specific insight and recommendations for this area of the ANHS 2020.

As regards to the **Primary Health Care (PHC)**, for the first time we have a new strategic document, "**The Primary Health Care Services Development Strategy in Albania 2020-2025**" approved DCM No.405, date 20 May 2020, which aims to increase the accessibility, quality and integration of health and social services in primary care. This strategy, as the main document related to PHC, is developed following the consideration of the Primary Health Care as fundamental service in the Albanian Health System efforts to control diseases and protect all population health. This strategy will determine the way of preparing the primary health care system that will better and efficiently address the health needs of all communities and categories of populations. Better access of vulnerable communities to health care services will be achieved through better horizontal integration of the various specialized professionals working at the community level, as well as vertical integration (continuity of care between PHC and hospital/other specialty areas). New service models will be set up to meet the most pressing needs identified at the community level, such as non-communicable disease prevention and control (NCDs), home care for the elderly, models of care through digital technology, especially in remote areas, etc.

The vision of this document is a PHC services that protect and improve community health by preventing disease, providing fact-based services, proactively addressing inequalities, covering vulnerable groups, and reducing the need for avoidable hospital services. Services are provided regardless of gender, nationality or economic status.

The PHC strategy aims at improving the reputation, self-esteem, and motivation of Primary Health Care workers. Lastly, the strategy will serve to achieve the political vision of a National Health Care System oriented towards universal coverage. This document presents a new vision of the PHC by setting clear priorities, objectives and interventions. It does not detail every activity enabling gradual change that will not affect the benefits already achieved by the system and operational structures.

This strategy determines that Primary Health Care Services Package, further updated by the Council of Ministers adopted the Decree No. 101, dated February 4, 2015, need for adaptation.

In the framework of improving quality and access to health care, especially in primary health care, MoHSP is implementing the **National Rehabilitation Program of 300 Primary Health Care Centers**. This three year program (2018-2020) aims to improve infrastructure in primary health care. All PHC centers are rehabilitated with state budget funds.

In the framework of the program for improving access and quality of primary health care services in **summer tourist areas and areas that are isolated during winter**, from several years MoHSP have been strengthened with health personnel (doctor and nurse for summer health centers) and equipped with additional medicines and medical materials to cope with the activity during these periods, approximately 20 summer Primary Health Care Centers and 92 winter Primary Health Care Centers per year.

With **Order no. 738, date 22. October 2018, “For approval of Clinical Medical Practice Guidelines and Clinical Medical Protocols”** are approved 230 Clinical Medical Practice Guidelines and Clinical Medical Protocols, for the implementation on all three levels of health care, primary, secondary and tertiary.

**Regarding the prevention of epidemics**, the Law 15/2016 "On preventing and fighting infections and infectious diseases", encompasses mode detection, treatment, reporting and management of the institutions responsible for such situations.

To promote and support the lifestyle of a healthy living and well-being at work, the prevention and control of chronic diseases, the Ministry of Health launched in early 2015, for the first time in the country, a program of mass-based care services primary health. The program of Basic Medical Examination Program, approved by **DCM nr.185, dated 04.02.2014**, "On determining the manner of implementation of the medical basis for citizens aged 35-70", as amended (last amendment in 2016), is a national program which is financed from the state budget and free for all persons 35 -70 years old, provides for annual health check up through the tests, examinations and interviews relating to the early identification of behavior with hidden danger and health problems. It offers at the same time professional advice and follow the other links of the system. The program is designed to maintain physical and mental health and mobility, and maybe a limitation of medical costs in old age. The program is offered at primary health care services throughout the country and covers a population of about 900,000 inhabitants. This service is provided within the public and non-public partnership.

In order to protect the health of the population the Ministry of Health and Social Protection, has developed several other strategic documents, still in force or under revision.

**National Program for the Prevention and Control of Non-Infectious Diseases in Albania 2016-2020**, is another important policy paper. This cross-sectoral program for the prevention and control of non-communicable diseases is designed based on strategies and policy programs combining and integrating the efforts of a number of actors from both government and civil society to achieve the goals, and in line with the WHO Global Monitoring Framework for Non-Infectious Diseases. This program aims to prevent and control non-communicable diseases in order to prevent premature deaths and significantly reduce the burden of non-communicable diseases by taking integrated actions, improving the quality of life and equity in healthy living expected by regions. The principles of program design and especially the plan for its implementation are health as a human right, equality in service delivery, strengthening the

health system, health in all policies, integrated programs, balancing between interventions in the population or at risk groups, and equal access for all.

**Under the above strategic framework, the Cervical Cancer Screening Program** in Albania, introduced in 2019, offers cervical cancer screening through HPV test, to all women aged 40-49, once every 5 years, in order to prevent cervical cancer of the uterus. This national program, aims to identify individuals at risk for developing cervical cancer, as well as to diagnose precancerous lesions at an early stage and prevent the development of cancer and the often-fatal consequences associated with it. "The national cervical cancer screening program has started to be implemented with the training of family doctors and nurses throughout the country, and after that started the free HPV test for women. The HPV test is planned to be performed free of charge for about 16 thousand women a year, who will be invited to do the test free of charge at health centers, in order to identify early and prevent cervical cancer.

After the implementation of the Basic Medical Examination Program (Check up 35-70 years old), as mentioned below, and the Cervical Cancer Screening Program (as mentioned above) **a National Program for Breast Cancer Screening**, has been launched with the introduction of mandatory mammography for women over 50 years old, aiming to meet the European standard of prevention programs at the center of health policies, turning the focus to health and not to the disease.

**Health Promotion Action Plan 2017-2021** is another important document of the health sector which aims the protection and promotion of the health and well-being of the Albanian population through empowerment and involvement of individuals, families and communities in partnership with health care providers and all other actors. The new Health Promotion Action Plan emphasizes the crucial role that health promotion plays in promoting healthy public policies and developing supportive health environments, improving social conditions and personal skills, and promoting healthy living including in particular a healthy diet, promoting physical activity, avoiding tobacco use, harmful alcohol consumption and drug use. Special attention in this Action Plan is paid to vulnerable groups of the population in Albania, including the Roma community, people with disabilities, etc.

The entry into force of **Law no. 44/2012 "On Mental Health"** was followed by the process of drafting a package of bylaws (during 2013-2014) in order to facilitate the implementation of specific legal provisions. Related to Mental Health Law 44/2012, as amended, MoHSP has planned to amend this piece of legislation within third quarter of 2020, following the recommendations of the European Committee for the Prevention of Torture of the Council of Europe (CPT), published in this the report of 2019, mainly related to Involuntary hospitalization of a person with mental health disorders of a civil nature.

In parallel with the drafting and adoption of this law, an **Action Plan for the Development of Mental Health Services 2013-2022** has been developed. Interventions planned in this document and implemented during the recent years continue to be inspired by the philosophy

of protecting the rights of persons with special mental disorders and needs, the fight against social exclusion and discrimination, through the establishment and operation of a network of integrated mental health services for treatment, rehabilitation and social reintegration.

The establishment of this Integrated Mental Health Services Network is based on the fulfillment of two major strategic objectives, the Decentralization of Mental Health Services through the extension and enrichment of the existing network of services closer to the community and the deinstitutionalization, by reducing the number of beds, psychiatric and the establishment and empowerment of community mental health services.

In this framework 10 (nine) Community Mental Health Centers (community ambulatory services) and 14 (thirteen) Supported Homes (community residential services), were established. Supported Homes are functional units of mental health services, aiming the provision of residential services to individuals in a similar environment as family, where the main purpose is the care and rehabilitation of individuals with mental disorder. The beneficiaries of these type of services are also persons with intellectual disabilities and currently these services accommodate about 140 people with long-term mental health disorders. For this period, are established two Supported Homes, one in Korca (in 2017) and one in Kavaja (in 2019) and one Community Mental Health Center in Kavaja (in 2019).

**Policy Document of the Strategy for the Prevention and Reduction of Alcohol Damages in Albania (2017 - 2021) and its five year Action Plan**, aims to balance these two approaches, compensation of benefits against harm, as well as the preservation of public health and social welfare, without compromising individual freedom in the meantime. The purpose of the strategy is to prevent or minimize the damage that alcohol causes to the individual, family and community, in the context of developing a safe and healthy drinking culture. In addition, MoHSP is drafting the **National Drug Control Plan and its five-year action plan**. Through the implementation of the foreseen this draft-strategy, inclined by the preventive philosophy, it is intended to achieve during the mandate of the implementation of this document, and onwards, a significant reduction in drug demand indicators and indicators of damages caused by drug abuse.

**Strategic Document and Action Plan for Sexual and Reproductive Health 2017-2021**, as a second strategic document in this field, aims to improve the sexual and reproductive health of the population of Albania, and to offer citizens an equal opportunity to exercise their reproductive and sexual rights. The strategic document aims to improve reproductive health through activities derived from the following major strategic objectives:

- Reduction of maternal morbidity and mortality;
- Reducing the morbidity and mortality of newborns, infants, children and adolescents;
- Promoting good reproductive and sexual health;
- Increasing the prevalence of modern methods of contraception through promotion, increasing access and quality of family planning services;
- Reduce the incidence of sexually transmitted infections, HIV and AIDS;

- Early detection, prevention and treatment of reproductive tract cancers;
- Development and implementation of cross-cutting measures to ensure access to and quality of sexual and reproductive health services;
- Promoting and promoting activities in the community and family, practices and values that improve reproductive health in all components that it includes and are interrelated with each other such as: maternal, infant and child health, family planning and reducing abortions, unwanted pregnancies, adolescent health, etc.

**Baby Check Pay.** It is a new social policy that was undertaken by the Government of Albania during 2018. The pay for all parents will be 40.000 ALL for the first child, 80.000 ALL for the second and 120.000 ALL for the third child. Everything will be digitized and will be taken within the year of childbirth. This policy will also affect growth and fertility.

Measures taken by the Ministry of Health in setting up the new **institution of the Health Inspectorate** are giving significant effects in the implementation of health legislation concerning the protection of individuals from smoking or control access of young people to alcohol.

The new program of **disinsection of coastal areas** continues its implementation and aims to prevent the spread of infectious diseases to a number of residents of the areas.

Several years ago was signed a **Memorandum of Cooperation between the Minister of Health and Minister of Education** 'for the benefit of children healthy behavior in schools. The memorandum aims to provide more effective service to prosecution and prevention of health problems in children of school through a better cooperation between institutions and reforming the structures responsible for health.

Institute of Public Health and **immunization programs** through programmes for HIV/AIDS prevention SSI offers services throughout the country.

Albania **vaccine coverage** remains quite high. While more efforts to reach marginalized groups of Roma children, young people leaving school, young people with drug problems, etc.

Since 2012, a series of **studies** have been conducted in children's national youth by the Institute of Public Health:

- The study 'healthy behaviors among children of school -HBSC. 2014
- Study on problematic drug users. 2015
- European study on substance use in youth schools – ESPAD

The introduction of the new **e-health card**, which contains a unique individual number and the number of compulsory insurance, has facilitate citizens' access to primary or medical services by minimizing bureaucracy. Following this important intervention, other e-based services has been introduced to the population and health system as next steps of the Ministry of Health for the implementation of the **Electronic Health Program**, which increases access, reduces

financial and geographical barriers and guarantees transparency and traceability of transactions in the health system. **Electronic prescription (E- prescription)** during 2018 was extended as a service to the entire primary health care system in 413 health centers, 1600 physicians medical prescriptions through the e- prescription system. On the daily basis, about 20,000 paper recipes are eliminated, mistakes are eliminated and drug therapies are improved. Meanwhile **Electronic Referral** has improved the access to specialized care for citizens. Specialized health services are provided through the referral system. During 2018, this system is offered throughout the country through the e-referral system, which includes 413 health centers, 1600 primary health care providers, 40 institutions offering specialized healthcare services. On average, 6000 e- referrals are offered on a daily basis, a service that covers the whole territory, all age groups and all categories of insured persons.

The implementation of above mentioned measures, ensure the integration of the health information system throughout the life cycle, which is a guarantee for the improvement of the quality of the provided service and provides a clear overview on the investment made for the health of the population.

The model of **Health Insurance Scheme** applied in the Republic of Albania is a mixed one: (Bismarck and Beveridge), which is based on compulsory contributions; voluntary contributions, as well as contributions from the state budget, regulated by **Law No. 10 383, dated 24.02.2011 "On compulsory health care insurance in the Republic of Albania", as amended.**

The economically active population pays compulsory health insurance contributions, while the state budget funds (which come from general taxation) pays contributes for the economically inactive population, thus giving solidary access to the scheme. All the other persons not included into the two groups above can join the health insurance scheme based on voluntary health insurance contributions.

The health insurance scheme is based on the single payer model, which is the **Compulsory Healthcare Insurance Fund**. DCM no. 124, dated 05.03.2014 "On Approval of the Statute of the Fund of Compulsory Health Care" (last amendment in 2016) gives the general rules of operation and organization, as the only autonomous public body that manages the compulsory healthcare in the Republic of Albania.

The Fund uses methods of payment for health services aiming to increase access to the health services, as well as to prevent and improve the population's health indicators. Compulsory health insurance scheme finances the health service packages, which includes:

- visits, examinations and treatment in public primary health care centers and public hospitals;
- visits, medical examinations and treatments in private primary care providers and private hospitals;
- drugs, medical products and treatments through contracted providers of health services.

By **Decision No. 955, dated 29.12.2014 of Council of Ministers** "On determining the categories of individuals to ensure that direct payments are excluded from health services", that exclude from direct payments for health services, which are part of the list of reimbursable drugs packages of primary health care services and hospital care covered by the compulsory insurance scheme health, categories as:

- persons benefiting from the Social Insurance Institute;
- persons benefiting from economic assistance or disability allowance, in accordance with the relevant legislation;
- persons registered as unemployed/job seekers in the National Employment Service;
- foreign asylum seekers in the Republic of Albania;
- children under the age of 18 years;
- students and students under the age of 25, with condition that they have no income from economic activity;
- categories of persons determined by special laws;
- victims of trafficking, as identified by the structures of the Ministry of Interior.

In addition, compulsory health insurance fund covers the following healthcare services to uninsured persons:

- medical emergency service;
- the service / benefit of the periodic preventive population control package in the population, as determined by a decisions of the Council of Ministers (Check-up 35 -70 years old, from 2014; Brest Cancer Screening; Cervical Cancer Screening, etc.);
- visit to the family doctor.
- people with chronic diseases benefit reimbursed drug treatment, despite they are not insured.

Regarding **reimbursed medicines** by the Fund, during the years 2012-2015 the adoption of the list of drugs carried annually **by the Council of Ministers**. Thus, in 2012 the list contained 1102 reimbursable drugs; in 2013 -1135 reimbursable drugs; in 2014- 1275 reimbursable drugs. In 2019, the List of Reimbursed Drugs contained 585 first alternatives and a total of 1150 trading alternatives.

With the aim to adapt Health system with the growth of chronic health problems who need specialized medical interventions, from 2014, have been introduced several interventions that guarantees the provision of a number of packages of hospital care services.

**Decision No. 308, dated 21.05.2014 of CM** "On approval of the health service packages that will be financed by the Fund of Compulsory Health Care" as amended (last amendment in 2018) that has defined packages of health services to be financed by the Fund, namely: packages dialysis service; cardiology service packages; Cardiac package of services; packages kidney transplant; service packages cochlear implant. These services can be taken in public and private hospitals under contract with the health insurance fund without direct cost to the citizens.

**By Council of Minister's Decision no. 318, dated 15.05.2019 "On reimbursable medical equipment packages"**, as amended, are approved the inclusion of diabetes strips for children into the medical equipment reimbursement list and expanded the group age category up to 25 years old.

As regards to the measures taken by the Albanian Authorities related to **Covid-19 pandemic emergency**,

The situation of COVID-19, which started in December 2019, presented a significant challenge for Albania, as well as for the whole world. The Ministry of Health and Social Protection has prepared several action plans over the years regarding preparedness for the influenza pandemic, safety and health emergencies and is prepared to respond in a timely manner to ensure the protection of citizens. However, due to the new nature of the virus and the disease it causes, and due to the globalization that makes people travel extensively thus increasing the risk of spreading, our plans has been reviewed frequently to reflect updated preparedness and prevention measures. Relying on the experience in treating other infectious diseases and our preparedness plan for influenza pandemics, as well as in international related papers, we have produced **"Covid - 19 Action Plan for Albania; Prevention, Preparation and Response Against Covid-19"** that has been be updated regularly, to document the measures taken so far, as well as to define the measures that may be needed in the future as the situation is very dynamic, based on several scenarios.

World Health Organization (WHO) is a member of the Task Force led by the Ministry of Health and Social Protection, and is working continuously to support the implementation of the COVID-19 Country Action Plan. Ministry of Health and Social Protection works closely with WHO to adopt 15 global guidelines and protocols including case management, surveillance, infection prevention and control, risk communication and coordination. Over 7,000 health professionals from central and local levels have received training in this framework.

Related to Anti Covid-19 pandemic measures, **Law no. 88/2019 "On 2020 budget"**, has been amended. This amendment allocated a 12 milliard ALL fiscal package for the overcome of the pandemic emergency.

**Council of Minister's Decision no. 249, dated 27.03.2020 "On the Anticovid-19 budget planning and allocation"**.

**Council of Minister's Decision no. 261, dated 27.03.2020, "On the 2020 budget funds reallocation as approved by the Ministry of Health and Social Protection"**.

**Council of Minister's Decision no. 260, dated 27.03.2020 "On an amendment to Council of Ministers Decision no. 42, dated 22.01.2020 "On financing hospital health care services from the health care insurance scheme for 2020"**.

Knowing the global challenge that pandemic caused by SARS-CoV-2 represents, Albanian Government, as other governments around the world, has taken measures ranging from increasing hospital capacity to drastic decisions that limit normal everyday activities, aimed at slowing down the rate of transmission of the virus. Under these conditions and recognizing

nature of the new coronavirus, complete cessation of its spread is virtually unattainable. Therefore, the aim of measures taken is to flatten the epidemic curve, which in the absence of these measures would have a steep slope, which would translate into a high degree of infection among the population during a short time and, consequently, overload of healthcare systems and increase in fatalities. In the face of this global challenge, it seems that safeguarding the lives and health of the population has become a priority and economic interests remain in the background. However, it is worth noting that both of these are intertwined and inseparable from each other, as economic development is impossible if the virus is widespread in the population. In the same fashion, the harmful consequences of the restrictive measures translate into economic, social and psychological difficulties.

Under these circumstances, the aim of updating relevant strategy is to identify mechanisms to cope with the crisis, combining and optimizing the fight against this pandemic with the flexibility of the restrictive measures relative to the risk and creating a strategy that is sustainable over time.

In this regard, a **National Policy Paper for Recovery and Reopening COVID 19 and its Action Plan has been developed**, which foresees the strengthening of the health care system through the implementation of the strict measures and decisions taken by the Albanian government, the orders of the Ministry of Health and Social Protection,.

In the current situation, we are focused on providing continuous testing, strengthening surveillance and contact tracing, implementing necessary personal protective measures (including physical distancing), strengthening health care systems and informing the public.

At this moment, MoHSP is working on finishing the **autumn-winter strategy** to get through with the COVID situation.

In the context of **Mental Health and Psychosocial Support in emergencies**, the Ministry of Health and Social Protection in cooperation with the WHO office and the UNICEF office in Albania organized an online training package "Mental Health and Psychosocial Support in Emergency Situations". These trainings aimed to equip front-line professionals with a basic understanding of the concepts, knowledge and tools to protect and improve the mental health and psychosocial well-being of people during an emergency. The training was divided into 8 separate modules, held every Thursday from 28 May to 16 July 2020, which addressed issues such as the introduction to mental health in emergency situations, intercultural issues and the protection of human rights during humanitarian emergencies, building psychosocial and mental health programs in emergency situations, community-based mental health and psychosocial support for children and adolescents during humanitarian emergencies, sexual and gender-based violence during humanitarian emergencies, stress-related disorders during humanitarian emergencies: Grief, loss and depression, severe mental disorders, substance use disorders and epilepsy as well as detailed concepts on Best Rebuilding. The training was addressed to a wide range of professionals as an effective response to address the mental health and psychosocial well-being of people during and after an emergency requires extensive collaboration between various humanitarian actors, public and private. On average, a participation of 230 people was

provided in each webinar, bringing the total number of attendees of this training to about 1800 professionals.

Albania is now in its 6<sup>th</sup> month of the COVID-19 pandemic as the first cases were recorded on 8<sup>th</sup> of March in people coming from Italy.

During the first phase of the pandemic in the country (up to June 2020) the spread of infection was contained effectively;

- The epidemic curve was ‘flattened’ with infection circulating in clusters only.
- The number of cases in need of hospitalizations never threatened the stability of health care,
- The mortality rate is kept at low levels.

After lifting most of the lockdown measures, it has been observed a surge in the number of cases, hospitalization and fatalities. Still, Albania seems to have been affected not as hard as most countries in the Western Europe or even some of its neighbours.

Pandemic crisis tested the health system and re-dimensioned the need for investment in the sector to cope with and manage natural disaster situations, an accessible and high quality health sector is necessary for the health of the population and is considered a key element for the economic growth and development of a country. We will continue to support an integrated approach to the functioning of the public health system at all levels of the system, focusing on the health of citizens, as the only functional mechanism that guarantees quality, accessible and safe health care for vulnerable groups, the elderly, children, women, people with disabilities and above all guarantees and shifts the focus from morbidity to the health of the population. This approach will be developed in the new **“National Plan Albania 2030”**.