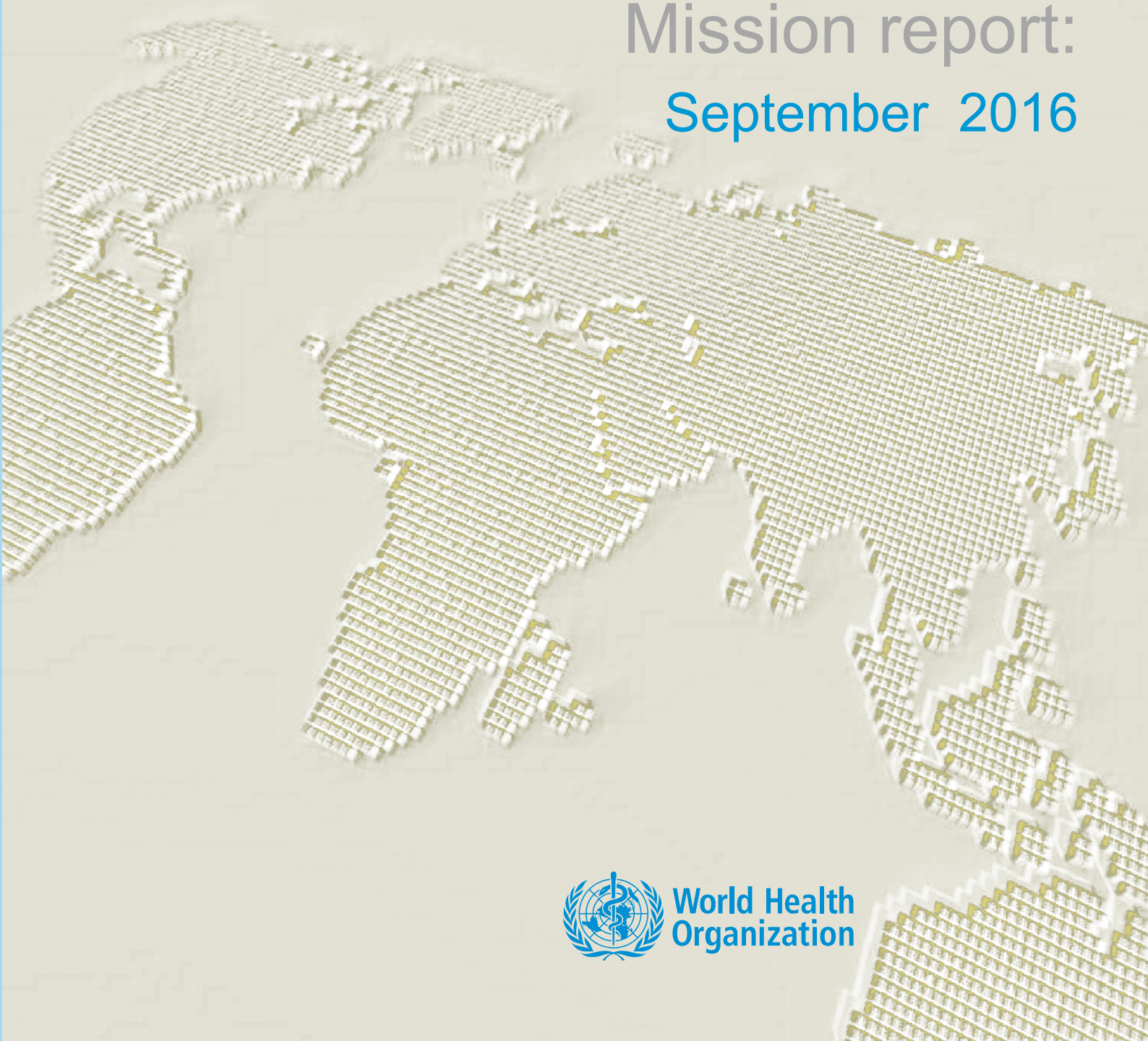
JOINT EXTERNAL EVALUATION OF IHR CORE CAPACITIES

of the

REPUBLIC OF ALBANIA

Mission report:

September 2016



World Health Organization

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- the Global Health Security Agenda for their collaboration and support.

Contents

Abbreviations

24/7	24 hours per day, 7 days per week
AEFI	adverse events following immunization
CBRN	chemical, biological, radiological and nuclear
CCHF	Crimean–Congo haemorrhagic fever
CDC	Centers for Disease Control and Prevention
EBS	event-based surveillance
ECDC	European Centre for Disease Prevention and Control
EOC	emergency operations centre
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FETP	field epidemiology training programme
GDE	General Directorate of Emergency
GHSA	Global Health Security Agenda
GOARN	Global Outbreak Alert and Response Network
IANP	Institute of Applied Nuclear Physics
IBS	indicator-based surveillance
IFSVR	Institute of Food Safety and Veterinary Research
IHR	International Health Regulations
IPH	Institute of Public Health
ISO	International Organization for Standardization
JEE	joint external evaluation
NFP	national IHR focal point
NGO	nongovernmental organization
NIH	National Institutes of Health
NITAG	National Immunization Technical Advisory Group
OIE	World Organisation for Animal Health
PPE	personal protective equipment
PVS	performance of veterinary services
RPC	Radiation Protection Commission
RPO	Radiation Protection Office
SEEHN	South-Eastern Europe Health Network
SOP	standard operating procedure
TB	tuberculosis
UNICEF	United Nations Children's Fund
WAHIS	World Animal Health Information System
WHO	World Health Organization

Executive summary

This document presents a joint assessment of Albania by country and external experts, conducted using the WHO International Health Regulations (IHR, 2005)[1] joint external evaluation (JEE) tool.[2] The JEE allows countries to identify the most urgent needs within their health security system. A country can then use those findings to determine how best to build capacity for enhanced preparedness, detection and response, and to set national priorities and allocate resources.

A multisectoral international team comprising individuals from a number of countries, selected on the basis of their recognized technical expertise, and advisers representing international organizations carried out the JEE mission in Albania from 5 to 9 September 2016. Interactive technical presentations covered the self-assessment results, joint multisectoral discussions and site visits to Albania's Institute of Public Health (IPH), laboratories and points of entry. This report describes the recommendations for priority actions jointly developed by the external team and their Albanian peers; these recommendations cover 19 technical areas of the IHR, as described in the JEE tool.

We are grateful to the Government of Albania for the opportunity to work with the host country team in the JEE process. Our overall impression is that our mission has been very positive, due in large part to the openness and collaborative nature of our hosts, most of whom were from the Ministry of Health and the IPH. We were impressed by the technical expertise and positive approach of the Albanian team, and there are many areas where this expertise and experience could be a model for other countries, both in the region and more widely.

Main findings

This summary highlights some of our preliminary findings covering areas of strength, issues that require attention and some next steps for consideration. These findings are expanded on in the main part of the document.

Strengths

There are many areas where we feel Albania performs well. These areas (which will need continued monitoring and resources for further improvement) are immunization, national legislation, zoonotic diseases (One Health)[3], real-time surveillance, risk communication and radiation emergencies. Our overall impression is that the programmes are efficient, effective and capable of detecting and responding to health events and emergencies.

Areas for attention

There are areas that we feel could be further improved, mainly because of a lack of sufficient resources, both human and financial. These areas are antimicrobial resistance, national laboratory systems, emergency response operations and chemical events. Our initial impressions are that the staff working in these areas are technically very capable, but would benefit from additional support to do their work at the desired level.

[1] See http://www.who.int/topics/international_health_regulations/en/

[2] See http://apps.who.int/iris/bitstream/10665/204368/1/9789241510172_eng.pdf

[3]
- A multisectoral, multi-disciplinary approach to addressing public health capacity that brings all the relevant ministries, agencies, sectors and disciplines together to provide expertise, information, and experience
- In the JEE context, taking a One Health approach means that all sectors and disciplines relevant to a particular technical area contribute to each step in the process, i.e. completing the initial self-evaluation, discussion during JEE missions, and decisions on scores and priority actions.
- Sectors may include human health, animal health, environment, food safety, economics, social science, borders, education, chemical safety, radiation safety, security, academia, government, private sector, regulatory bodies, laboratory, clinical medicine, among others, as appropriate to the IHR technical area under discussion

Next steps

There are some overriding issues that, if addressed, are likely to lead to improvements. These areas are 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; and increased multisectoral collaboration and coordination.

Albania scores

Technical areas	Indicators	Score
National legislation, policy and financing	P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of International Health Regulations (IHR) (2005)	4
	P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with IHR (2005)	3
IHR coordination, communication and advocacy	P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR	3
Antimicrobial resistance	P.3.1 Antimicrobial resistance detection	3
	P.3.2 Surveillance of infections caused by resistant pathogens	2
	P.3.3 Health-care associated infection prevention and control programmes	2
	P.3.4 Antimicrobial stewardship activities	1
Zoonotic disease	P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens	4
	P.4.2 Veterinary or animal health workforce	4
	P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional	3
Food safety	P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination	4
Biosafety and biosecurity	P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	2
	P.6.2 Biosafety and biosecurity training and practices	3
Immunization	P.7.1 Vaccine coverage (measles) as part of national programme	5
	P.7.2 National vaccine access and delivery	5
National laboratory system	D.1.1 Laboratory testing for detection of priority diseases	4
	D.1.2 Specimen referral and transport system	3
	D.1.3 Effective modern point-of-care and laboratory-based diagnostics	3
	D.1.4 Laboratory quality system	2
Real-time surveillance	D.2.1 Indicator- and event-based surveillance systems	5
	D.2.2 Interoperable, interconnected, electronic real-time reporting system	2
	D.2.3 Analysis of surveillance data	5
	D.2.4 Syndromic surveillance systems	5
Reporting	D.3.1 System for efficient reporting to WHO, FAO and OIE	4
	D.3.2 Reporting network and protocols in country	4
Workforce development	D.4.1 Human resources are available to implement IHR core capacity requirements	4
	D.4.2 Field epidemiology training programme or other applied epidemiology training programme in place	3
	D.4.3 Workforce strategy	3
Preparedness	R.1.1 Multihazard national public health emergency preparedness and response plan is developed and implemented	2
	R.1.2 Priority public health risks and resources are mapped and utilized	2

Emergency response operations	R.2.1 Capacity to activate emergency operations	2
	R.2.2 Emergency operations centre operating procedures and plans	1
	R.2.3 Emergency operations programme	2
	R.2.4 Case management procedures are implemented for IHR relevant hazards	3
Linking public health and security authorities	R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event	3
Medical countermeasures and personnel deployment	R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency	2
	R.4.2 System is in place for sending and receiving health personnel during a public health emergency	2
Risk communication	R.5.1 Risk communication systems (plans, mechanisms, etc.)	2
	R.5.2 Internal and partner communication and coordination	3
	R.5.3 Public communication	3
	R.5.4 Communication engagement with affected communities	4
	R.5.5 Dynamic listening and rumour management	4
Points of entry	PoE.1 Routine capacities are established at points of entry	3
	PoE.2 Effective public health response at points of entry	2
Chemical events	CE.1 Mechanisms are established and functioning for detecting and responding to chemical events or emergencies	2
	CE.2 Enabling environment is in place for management of chemical events	2
Radiation emergencies	RE.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies	4
	RE.2 Enabling environment is in place for management of radiation emergencies	4

IHR, International Health Regulations; FAO, Food and Agriculture Organization of the United Nations; OIE, World Organisation for Animal Health; PoE, point of entry; WHO, World Health Organization

Scoring of technical areas of the JEE tool

The JEE process is a peer-to-peer review, and is a collaborative effort between host country experts and JEE team members. The self-evaluation is the first step in the JEE process. In completing that evaluation, and as part of preparing for an external evaluation, host countries are asked to focus on providing information on their capabilities, based on the indicators and technical questions included in the JEE tool.

The host country may score its own self-evaluation or propose a score during the onsite visit with the JEE team. The external evaluation includes the discussions around the score, strengths and best practices; the areas that need strengthening; and the challenges and the priority actions. All of this is done in a collaborative manner, with the JEE team members and host country experts seeking agreement.

Should there be significant and irreconcilable disagreement between the JEE team members and the host country experts, among the JEE team, or among the host country experts, the JEE team lead will decide on the final score. This score will be noted in the final report, along with the justification for each party's position.

PREVENT

National legislation, policy and financing

Introduction

The International Health Regulations (IHR, 2005)[4] provide obligations and rights for States Parties. In some States Parties, implementation of the IHR (2005) may require new or modified legislation. However, even if new or revised legislation is not specifically required, states may still choose to revise some regulations or other instruments, to facilitate the effective implementation and maintenance of IHR (2005). Implementing legislation could serve to institutionalize and strengthen the role of IHR (2005) and operations within the State Party. It can also facilitate coordination among the different entities involved in the implementation of IHR. WHO provides detailed guidance on implementation of IHR (2005) in national legislation.[5] Also important are policies that identify national structures and responsibilities, as well as the allocation of adequate financial resources.

Target

States Parties to have an adequate legal framework to support and enable the implementation of all of their obligations and rights to comply with and implement the IHR (2005). In some States Parties, implementation of the IHR (2005) may require new or modified legislation. Even where new or revised legislation may not be specifically required under the State Party's legal system, states may still choose to revise a few legislations, regulations or other instruments in order to facilitate their implementation and maintenance in a more efficient, effective or beneficial manner. States Parties to ensure the provision of adequate funding for IHR implementation, through the national budget or another mechanism.

Albania: level of capabilities

In 2009, Albania introduced a public health law, "About Public Health". A prime ministerial decree followed in 2010, specifically for implementation of the IHR (2005). The legislation was assessed in 2014–2015, and in March 2016, a new law – "For Prevention and Fight against Infections and Infectious Diseases" – was introduced. This law includes most of the requirements of the IHR (2005), and covers all areas related to emergencies, cross-border issues, infection control and contact tracing, antibiotic resistance, zoonotic diseases, early warning and so on. Related decrees remain to be approved and implemented by the end of 2016 and 2017. Cross-border agreements or memoranda of understanding on emergencies are in place with neighbouring countries (Bosnia and Hercegovina, Croatia, Greece, Italy, Kosovo, Macedonia, Montenegro and Slovenia). Also, since 2000, Albania has been part of the South-Eastern Europe Health Network (SEEHN). Generic protocols are being established for cross-border preparedness and outbreak response, but these protocols need to be adapted for priority diseases. The country has a pandemic preparedness plan of action, which will be updated in 2017. There is also a protocol for communication – in country, cross border and with WHO – which has been updated every year since 2010. Albania ensures

[4] See http://www.who.int/topics/international_health_regulations/en/

[5] See http://www.who.int/ihr/legal_issues/legislation/en/index.html

coordination of the legal and policy frameworks between sectors through its multisectoral IHR coordination group and related documentation. However, there is a need for more joint operational protocols, and guidelines should be developed and tested with all sectors. Also, improvements could be made in some aspects of coordination between sectors (e.g. in the One Health area[6]).

Recommendations for priority actions

- Implementation is a big challenge and should be a primary focus for attention.
- There is a need for more joint operational protocols and guidelines to be developed and tested with all sectors.
- Additional coordination across sectors is required; for example, related to One Health surveillance.
- There is a need for more financial support.

Indicators and scores

P.1.1 Legislation, laws, regulations, administrative requirements, policies or other government instruments in place are sufficient for implementation of International Health Regulations (IHR) (2005) - Score 4

Strengths/best practices

Albania has a good platform to build on for the future, with a strong legal framework in place. There is a prime ministerial decree specifically for implementation of the IHR, and a new law – "For Prevention and Fight against Infections and Infectious Diseases" – was introduced in 2016. Cross-border agreements or memoranda of understanding on emergencies are in place with neighbouring countries (Bosnia and Hercegovina, Croatia, Greece, Italy, Kosovo, Macedonia, Montenegro and Slovenia). Also, generic protocols are being established for cross-border preparedness and outbreak response. There is a pandemic preparedness plan of action, which will be updated next year. There is also a protocol for communication – in country, cross border and with WHO. Albania ensures coordination of the legal and policy frameworks between sectors through its multisectoral IHR coordination group and related documentation.

Areas that need strengthening/challenges

- Decrees remain to be approved and implemented by the end of 2016 and 2017.
- Implementation of the legislation is a challenge.
- The necessary budget is required.

P.1.2 The state can demonstrate that it has adjusted and aligned its domestic legislation, policies and administrative arrangements to enable compliance with the IHR (2005) - Score 3

Strengths/best practices

The legislation was assessed in 2014–2015 and, in 2016, a new law – "For Prevention and Fight against Infections and Infectious Diseases" – was introduced. This law includes most of the requirements of the IHR, and covers all areas related to emergencies, cross-border issues, infection control and contact tracing, antibiotic resistance, zoonotic diseases, early warning and so on.

[6] A multisectoral, multi-disciplinary approach to addressing public health capacity that brings all the relevant ministries, agencies, sectors and disciplines together to provide expertise, information, and experience. In the JEE context, taking a One Health approach means that all sectors and disciplines relevant to a particular technical area contribute to each step in the process, i.e. completing the initial self-evaluation, discussion during JEE missions, and decisions on scores and priority actions. Sectors may include human health, animal health, environment, food safety, economics, social science, borders, education, chemical safety, radiation safety, security, academia, government, private sector, regulatory bodies, laboratory, clinical medicine, among others, as appropriate to the IHR technical area under discussion.

Areas that need strengthening/challenges

- There is a need for more joint operational protocols.
- Guidelines should be developed and tested with all sectors.
- Improvements could be made in some aspects of coordination between sectors; for example, in the One Health area.

IHR coordination, communication and advocacy

Introduction

The effective implementation of the IHR (2005) requires multisectoral and multidisciplinary approaches through national partnerships, to create efficient alert and response systems. Coordination of nationwide resources, including the designation of a national IHR focal point (NFP) for IHR communications, is a key requisite for implementation of the IHR (2005).

Target

The national IHR focal point to be accessible at all times to communicate with the WHO regional IHR contact points and with all relevant sectors and other stakeholders in the country. States Parties to provide WHO with contact details of their national IHR focal points, as well as continuously update and annually confirm them.

Albania: level of capabilities

Albania has an intersectoral high-level political emergency committee for public health emergencies; this committee is only activated for major events. Additionally, on a technical level, there is an IHR coordination committee that meets twice a year; this committee includes the relevant technical institutes. For coordination between the NFP and other relevant sectors, standard operating procedures (SOPs) have been developed for selected areas; for example, communication and prevention of communicable diseases (e.g. anthrax and influenza) after flooding and national disasters. There are also SOPs for radionuclear and chemical events. Outbreaks of zoonotic diseases are usually investigated by an outbreak team comprising members of the surveillance unit and reference laboratories at the country's Institute of Public Health (IPH), and the surveillance unit and laboratories at the Institute of Food Safety and Veterinary Research (IFSVR). The same mechanism works at local level among public health and veterinary directories. Information about potential zoonotic risks and urgent zoonotic events is systematically exchanged among animal surveillance units, laboratories and human health surveillance units. A zoonotic committee will be established to further improve such cooperation. There are also efforts to create a web-based One Health platform to facilitate the exchange of information more easily and promptly in the future.

Recommendations for priority actions

- Intensify the cooperation within the IHR coordination committee outside emergencies by having regular meetings, and clarify the roles of the participating institutions.
- Develop SOPs for responding to IHR relevant events by identifying, mandating and funding staff to do this.
- Intensify the intersectoral collaboration on issues relevant to IHR at the local and political level.

Indicators and scores

P.2.1 A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR - Score 3

Strengths/best practices

- An intersectoral high-level political emergency committee can be activated for public health emergencies.

- An IHR coordination committee at a technical level is established and meets twice a year.
- For selected areas, SOPs have been developed.

Areas that need strengthening/challenges

- SOPs are lacking, especially for the response to chemical and radionuclear events.
- The sectors outside public and animal health are not well integrated in terms of IHR coordination.
- The exchange of information on the importance of IHR at the local and political level is still challenging.
- There is no regular testing of multisectoral, multidisciplinary coordination and communication mechanisms.
- Establishment of a zoonotic committee is needed to improve collaboration in the area of zoonotic diseases.
- To fully meet the capacity requirements of P.2.1 (which currently has a score of 3), there is a need to strengthen the inclusion of all health-related sectors in the intersectoral, multidisciplinary IHR coordination body.

Antimicrobial resistance

Introduction

Bacteria and other microbes evolve in response to their environment, and inevitably develop mechanisms to resist being killed by antimicrobial agents. For many decades, the problem was manageable because the growth of resistance was slow and the pharmaceutical industry continued to create new antibiotics. Over the past decade, however, this problem has become a crisis. Antimicrobial resistance is evolving at an alarming rate and is outpacing the development of new countermeasures capable of thwarting infections in humans. This situation threatens patient care, economic growth, public health, agriculture, economic security and national security.

Target

Support work coordinated by the FAO, OIE and WHO for developing an integrated and global package of activities to combat antimicrobial resistance, spanning human, animal, agricultural, food and environmental aspects (i.e. a One-health approach). This would include: (i) having a national comprehensive plan for each country to combat antimicrobial resistance; (ii) strengthening of surveillance and laboratory capacity at the national and international levels following agreed upon international standards developed in the framework of the Global Action Plan; and (iii) improved conservation of existing treatments and collaboration to support the sustainable development of new antibiotics, alternative treatments, preventive measures and rapid, point-of-care diagnostics with systems to preserve new antibiotics.

Albania: level of capabilities

Albania has good microbiological capability within the capital area and probably more widely. Hence, the identification of bacterial infection and antibiotic resistance testing is likely to easily meet the first two standards required in this evaluation under indicators 3.1 and 3.2.

Albania has the ambition and the technical ability to move directly to the creation of a state-of-the-art web-based laboratory reporting and surveillance system, and the visiting team strongly encourage Albania to progress this important work. The development of such a system is necessary because of adverse trends in antibiotic resistance in all antibiotic classes against all classes of bacterial pathogens; the new system will permit earlier interventions, to stop further spread of infection.

The review team did not see evidence of an integrated policy to promote antimicrobial stewardship across medical prescribers. However, they were impressed that new legislation has called for an end to over-the-counter prescribing of antibiotics, which will help to ensure that patients require a prescription from a physician for antibiotics. Another positive was that the situation now allows for the possibility of steps to incentivize compliance with standards of good prescribing; the system will record prescribing by individual physicians' clinics and hospitals against standards set in nationally approved formularies. These steps will probably be easier to implement in the public sector than in the private sector.

Effective recording of antibiotic prescribing, and recording and analysis of prescribing patterns of individual physicians and groups of physicians within clinics and hospitals, requires the development of innovative surveillance reporting and descriptive statistical analyses. Albania appears to have considered setting up improved methods of capturing antibiotic prescribing and analyses. Methods under consideration include time series of prescribing patterns of particular classes of antibiotics alongside microbiological trends of

resistance to the same classes of antibiotics in the main species of bacterial pathogens (e.g. prescribing of carbapenems in response to trends in carbapenem resistance in Klebsiella pneumoniae).

The new web-based system designed for the capture of antibiotic resistance test results is also intended to be the platform for capturing antibiotic prescribing, thus facilitating integrated analysis of antibiotic prescribing and antibiotic resistance. It is possible that Albania could create a world-leading surveillance system that integrates antibiotic prescribing and antibiotic resistance.

Antibiotic treatment of food animals remains a major concern as a driver of antimicrobial resistance via the food chain. Albania has a strong veterinary sector, and a high level of collaboration has been achieved between the veterinary laboratory and veterinarians, and between the IPH in Tirana and public health professionals. Although it may be difficult to set standards for antibiotic use in animals and measure compliance with those standards, Albania is well placed to progress this and to apply lessons learnt from emerging models of best practice from other countries.

Health-care associated infection and Institute of Public Health

The team were not assured that a comprehensive programme of infection prevention and control was in place at all levels of the health system. However, they were confident that the capacity to move to implement such a programme was present, provided that managerial and financial support were available.

Recommendations for priority actions

Antimicrobial resistance

- Build a web-based laboratory reporting system capable of transmitting the results of bacterial culture and antibiotic susceptibility testing to a database that can be used for epidemiological analyses of antibiotic resistance trends.
- Build a web-based reporting system to capture courses of antibiotics prescribed, including manufacturer name and generic name, and that can be integrated with the antibiotic resistance testing database.
- Prepare a national antibiotic resistance One Health strategy.
- Establish national antibiotic prescribing formularies for primary, secondary and tertiary care.
- Design policy and a delivery framework to promote sound antibiotic stewardship, including:
  - incentivizing and measuring prescriber compliance with the antibiotic formulary;
  - promoting antibiotic stewardship within programmes of continuing professional development; and
  - communicating with the public the reasonable expectation of not being prescribed antibiotics unless clearly indicated.
- Continue working jointly with veterinarians and the veterinary laboratory to promote lowering or elimination of antibiotic exposure in farmed animals for consumption.

Health-care associated infection prevention and control programmes

- Review numbers of staff needed with specialization in infection prevention and control in health facilities, and their education, training and continuing professional development linked to professional appraisal.

Indicators and scores

P.3.1 Antimicrobial resistance detection - Score 3

Strengths/best practices

- The IPH has good microbiological capability to identify bacterial infections and test for antibiotic resistance.
- There are plans to create web-based laboratory reporting and an antimicrobial resistance surveillance system.

Areas that need strengthening/challenges

- Outside of Tirana, detection capacity is lacking.
- Laboratory reporting system is needed that can transmit timely results for epidemiological investigations and proper treatment.
- Improved collaboration as required between the animal health and human health sectors.

P.3.2 Surveillance of infections caused by resistant pathogens - Score 2

Strengths/best practices

- Albania has the capacity to test for certain pathogens such as Mycobacterium tuberculosis.

Areas that need strengthening/challenges

- Albania lacks a national plan with a list of priority pathogens.
- There is a need to establish a national surveillance system.
- Current AMR testing is limited to vertical programmes.

P.3.3 Health-care associated infection prevention and control programmes - Score 2

Strengths/best practices

- Pilot projects are in place to improve hospital sterilization programmes (Tirana University Hospital).
- Albania has national health-care associated infection prevention and control guidelines.

Areas that need strengthening/challenges

- Infection prevention action should be codified using SOPs and external quality assurance and audit.
- There is a need to increase the number of staff with specialization in infection prevention and control in health facilities.

P.3.4 Antimicrobial stewardship activities - Score 1

Strengths/best practices

- Albania has enacted legislation to end over-the-counter prescriptions.

Areas that need strengthening/challenges

- An integrated policy for stewardship of antibiotic prescriptions across animal and human health sectors is lacking.
- Enforcing new legislation in the private sector is a challenge, in particular in the case of pharmacies.
- Antibiotic use in food animals needs to be closely controlled.

Zoonotic diseases

Introduction

Zoonotic diseases are communicable diseases that can spread between animals and humans. These diseases are caused by viruses, bacteria, parasites and fungi carried by animals, insects or inanimate vectors that aid in transmission of pathogens. Approximately 75% of recently emerging infectious diseases affecting humans are of animal origin; and approximately 60% of all human pathogens are zoonotic.

Target

Adopt measured behaviours, policies and/or practices that minimize the transmission of zoonotic diseases from animals into human populations.

Albania: level of capabilities

Albania has identified anthrax, brucellosis, Crimean–Congo haemorrhagic fever (CCHF), leishmaniasis and leptospirosis as zoonotic diseases of greatest public health concern within the country. Rabies and tuberculosis (TB) are additional issues for the animal populations. One Health efforts are being improved, but no formal One Health policy has been established. The preparedness activities for avian influenza have strengthened generic zoonotic preparedness; for example, table-top exercises on avian influenza have been used as an example of how to respond to zoonotic events. The main learning points were the need for training of joint investigation teams, improving joint early warning system, and sharing laboratory capacities, and strengthening based on a common plan, joint One Health policies and surveillance.

The animal demographics are captured by the identification and registration unit at the country's Food Safety and Veterinary Institute. This unit is linked with veterinary epidemiology, and the data are stored in an electronic veterinary information system for livestock and animal health referred to as "RUDA". The system is supposed to have real-time tracking of animal population dynamics. The estimates are generally calculated by the Department of Veterinary Epidemiology and Animal Identification and Registration at the Food Safety and Veterinary Institute on a yearly basis, based on updates received from the field during vaccination and animal identification campaigns by private veterinarian practitioners.

Table 1: Total number of livestock household farms and the animal's populations by administrative region, 2015

Region	Farms	Sheep	Goats	Cattle	Pigs	Equine	Birds	Beehives
Tirane	28 225	73 204	47 922	40 689	3 916	7 540	413 469	16 919
Vlore	19 496	377 941	150 991	32 884	3 370	7 597	313 572	42 510
Shkoder	31 119	114 518	89 032	46 052	38 166	4 693	725 309	32 407
Lezhe	15 813	55 056	86 463	22 224	28 986	1 982	258 159	20 637
Kukes	13 396	89 285	34 458	32 448	595	5 668	131 623	32 382
Korce	38 585	289 199	111 451	41 584	8 073	17 835	472 148	57 495
Gjirokaster	11 274	342 717	154 983	24 346	1 722	6 417	121 395	32 235
Fier	45 745	198 459	37 304	50 877	17 235	13 446	961 176	30 960
Elbasan	41 001	249 320	139 880	48 245	3 403	17 734	758 296	52 807
Durrës	18 945	55 234	28 028	24 358	5 634	3 231	315 057	11 356
Diber	19 418	117 064	58 578	32 930	856	8 478	222 696	24 690
Berat	22 619	183 681	104 015	22 116	2 859	11 127	581 742	18 188
Total	305 636	2 145 678	1 043 105	418 753	114 815	105 748	5 274 642	372 586

The surveillance system on animal disease, which is operated by the Food Safety and Veterinary Institute, covers 79 animal diseases, some of which are reportable within 24 hours. Annual joint workshops are held between animal and human health entities, addressing the issues of sharing data for diseases that might affect both animals and humans. In general, there is cross notification between the respective epidemiology departments, but as yet there is no linked database. Reports produced by the animal surveillance systems on zoonotic diseases are shared with the country's Veterinary Directorate, the IPH, regional veterinary services and the National Food Authority. There are protocols and manuals on how to report animal diseases; however, private veterinary operators and farmers do not have many incentives to report, and there is no plan in place on how to promote animal health reporting.

The general surveillance covers endemic diseases since they are known and well recognized by the respective personnel. For emerging and new diseases, and alert system based on monitoring of increased mortality and morbidity is in place, and in such cases further investigations follows.

There are national disease control programmes for reducing spillover of zoonotic disease into human populations for anthrax, brucellosis, rabies and TB. Except for TB (where a test and slaughter strategy is implemented for monitoring and response), the diseases are detected through general passive surveillance and are controlled mainly through vaccination strategies.

In general, there is good coordination of actions between the veterinary and public health domains at the institute level, especially in relation to zoonotic diseases. However, Albania has no generic policy, strategy or plan for the response to zoonotic events in the country. Meanwhile, more has to be done to establish collaboration protocols for the regional and district structures. For diseases such as avian influenza, the contingency plans foresee common response teams composed of veterinary epidemiologists, public health epidemiologists and environmental experts. For other zoonotic diseases such as anthrax, brucellosis and CCHF, common investigation and control teams have been established. The newly established national committee on zoonoses is expected to prepare strategies and develop joint plans to respond to zoonotic outbreaks.

The public health laboratories and animal health laboratories are not formally linked; however, technical collaboration in the form of expert consultation is ongoing, based on needs determined case by case. No exchange or sharing of specimens has been established among laboratories.

Some joint training of the public health and animal health workforce is offered in the form of joint table-top exercises. Also, the 3-week field epidemiology course is open for veterinary epidemiologists, but these staff often do not attend training in priority zoonotic diseases. In addition, there is a lack of public health capacities of veterinary epidemiologists.

Recommendations for priority actions

- Develop a generic zoonotic plan to improve the coordination between animal and public health.
- Increase the capacity to jointly respond to zoonotic outbreaks.
- Establish a joint national committee on zoonoses.
- Update joint outbreak response protocols.
- Improve the exchange of information and establish an exchange platform for animal and public health data.
- Improve veterinary epidemiology.
- Address farmers' low compliance for reporting of increases in morbidity and mortality among animals by having the farmers actively involved in disease surveillance

Indicators and scores

P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens - Score 4

Strengths/best practices

- Both animal and human health surveillance systems cover all important zoonotic diseases.
- Reports on events and regular reports are shared between the animal and human health sectors.
- Cooperation between public and animal health is working well during outbreaks.

Areas that need strengthening/challenges

- Preparedness is very much focused on avian influenza – more generic approaches are missing.
- A standardized platform between animal and human surveillance has not yet been established.
- There is a need to increase the role of farmers in active disease surveillance and to provide training, to improve understanding.

P.4.2 Veterinary or animal health workforce - Score 4

Strengths/best practices

- About 60–100 veterinarians graduate each year from a 5-year training programme.
- The regular 3-week-long epidemiological training is open to veterinarians.
- Private veterinarian practitioners are regularly working with farmers and providing vaccination.

Areas that need strengthening/challenges

- Epidemiological training within veterinary training is not strong.
- Further promotion of training of veterinarians in field epidemiology is needed.
- The capacities of the veterinary epidemiology unit need to be improved.

P.4.3 Mechanisms for responding to zoonoses and potential zoonoses are established and functional - Score 3

Strengths/best practices

- Joint response teams have been established.
- Good systems in place for joint outbreak investigation for selected diseases such as brucellosis, CCHF and rabies.

Areas that need strengthening/challenges

- There is no generic plan or policy to respond to zoonotic events in the country, only plans for avian influenza and anthrax.
- The zoonotic committee needs to be established soon as an intersectoral platform.
- The coordination and alignment between animal and public health needs to be improved.
- The response capacity for zoonoses is limited.

Food safety

Introduction

Foodborne and waterborne diarrhoeal diseases are leading causes of illness and death, particularly in less developed countries. The rapid globalization of food production and trade has increased the potential likelihood of international incidents involving contaminated food. The identification of the source of an outbreak and its containment is critical for control. There is a need to develop risk management capacity with regard to control throughout the food chain continuum. If epidemiological analysis identifies food as the source of an event, based on a risk assessment, suitable risk management options that ensure the prevention of human cases (or further cases) need to be put in place.

Target

States Parties to have surveillance and response capacity for risk or events related to food- and water-borne diseases, with effective communication and collaboration among the sectors responsible for food safety and safe water and sanitation.

Albania: level of capabilities

Albania has enough public health staff trained in the investigation of food poisoning and food associated illness through field epidemiology training programmes at introductory, intermediate and advanced levels. In outbreaks of intestinal infectious diseases associated with food consumption at restaurants, hotels, other food retailing premises and functions, Albania has the capacity to measure the risk of exposure to food items, using cohort studies of diners and calculating item-specific attack rates, combined with appropriate microbiological testing of faecal specimens for enteric bacteria and viruses.

The team found that broader competence and ability was present in Albania at levels beyond those sought by the current instrument. This included awareness of the associated agenda of the microbiological safety of drinks and drinking-water. Also, there was knowledge about the surveillance of predominately waterborne infections such as cryptosporidium, and the technical ability to investigate outbreaks of intestinal infectious disease arising in the general population by case–control studies.

Recommendations for priority actions

- Formalize plans for effective communication and collaboration between sectors.
- Establish and implement food safety control management systems.

Indicators and scores

P.5.1 Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination - Score 4

Strengths/best practices

- Mechanisms are established and functioning for detecting and responding to foodborne disease and food contamination.
- Investigations of reported events are conducted and actions (e.g. restaurant closures) are taken.
- The country has the capacity to isolate and confirm pathogens associated with food-related events.

Areas that need strengthening/challenges

- Mechanisms for detecting and responding to foodborne disease and food contamination are in place, but formal written agreements need to be finalized.

Biosafety and biosecurity

Introduction

It is vital to work with pathogens in the laboratory, to ensure that the global community possesses a robust set of tools – such as drugs, diagnostics and vaccines – to counter the ever-evolving threat of infectious diseases.

Research with infectious agents is critical for the development and availability of public health and medical tools that are needed to detect, diagnose, recognize and respond to outbreaks of infectious diseases of both natural and deliberate origin. At the same time, the expansion of infrastructure and resources dedicated to work with infectious agents has raised concerns about the need to ensure proper biosafety and biosecurity to protect researchers and the community. Biosecurity is important for securing infectious agents against those who would deliberately misuse them to harm people, animals, plants or the environment.

Target

A whole-of-government national biosafety and biosecurity system is in place, to ensure that: especially dangerous pathogens are identified, held, secured and monitored in a minimal number of facilities according to best practices; biological risk management training and educational outreach are conducted to promote a shared culture of responsibility, reduce dual use risks, mitigate biological proliferation and deliberate use threats, and ensure safe transfer of biological agents; and country-specific biosafety and biosecurity legislation, laboratory licensing and pathogen control measures are in place as appropriate.

Albania: level of capabilities

Albania is fully aware of the importance of a robust system for biosafety and biosecurity, and has undertaken several initiatives to create a national comprehensive system. One of the major accomplishments is that Albania has a record of which institution harbours which high-risk pathogens. In addition, given the dangerous nature of some pathogens, stocks of such pathogens are destroyed or kept at extremely low levels in the laboratory facilities.

In Albania, the emphasis in the area of biosafety and biosecurity is on biosafety and (occupational) health. This approach is justified given that Albania is aware of where stocks of high-risk pathogens are kept. However, Albania needs strengthening of basic biosafety and biosecurity requirements. The emphasis should be on biosafety and health in routine laboratories. Due to low levels of funding, validation and servicing of facilities and equipment used in diagnostics lags behind, as does the availability of personal protective equipment (PPE). In addition, there seems to be a gap between levels of achievement regarding biosafety and biosecurity and in the central laboratories directly linked to the IPH and levels of achievement in other laboratories in the country.

Recommendations for priority actions

- The regulations and WHO recommendations currently used in the field of biosafety and biosecurity should be formalized in comprehensive national legislation in order to safeguard necessary standards in this area.
- The necessary resources for basic biosafety measures, such as validation and servicing of facilities and equipment used in diagnostics and training of staff, should be provided.
- The biosafety and biosecurity for national reference laboratories in the IPH and IFSVR should be improved.

- The level of biosafety achieved should be the same for centralized laboratories and other laboratories in the country.

Indicators and scores

P.6.1 Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities - Score: 2

Strengths/best practices

- Procedures are performed on the basis of various regulations and recommendations. In addition, there are written procedures for information security, personnel security, transport of materials and procedures to limit the culturing of dangerous pathogens.
- A basis for a quality assurance system has been laid down, although the system needs to be implemented for all laboratories and needs to more specifically address the requirements for biosafety and biosecurity.
- Collections of high-risk pathogens have been identified and most stocks have subsequently been destroyed.

Areas that need strengthening/challenges

- All regulations, recommendations and procedures need to be brought under one comprehensive framework of legislation.
- There is a need to provide resources for basic biosafety (and to a lesser extent biosecurity) measures, such as validation and servicing of facilities and equipment used in diagnostics.
- Improvements in infrastructure are needed to improve biosafety and biosecurity for national reference laboratories in the IPH and IFSVR.
- The level of biosafety needs to be strengthened so that it is equivalent in centralized laboratories and in laboratories in other areas.
- Laboratories need to be provided with sufficient PPE (see also the section on "Preparedness").

P.6.2 Biosafety and biosecurity training and practices - Score: 3

Strengths/best practices

- Training courses for all staff are in progress.
- The development of a quality system, including licensing and quality assurance and control, is in progress.

Areas that need strengthening/challenges

- Training programmes for staff need to be strengthened, both in terms of full coverage of the field of biosafety and biosecurity and in training of staff throughout the country.
- The necessary resources should be provided for further improvement of infrastructure and development of training facilities.
- Resources should be sustainable rather than project based in order to safeguard sustainability in the future.

Immunization

Introduction

Immunizations are estimated to prevent more than 2 million deaths a year globally. Immunization is one of the most successful global health interventions and one of the most cost-effective ways to save lives and prevent disease.

Target

A functioning national vaccine delivery system – with nationwide reach, effective distribution, easy access for marginalized populations, adequate cold chain and ongoing quality control – that is able to respond to new disease threats.

Albania: level of capabilities

Albania has a strong immunization programme that is based at the IPH. Immunization coverage levels are universally high, and vaccine purchases are completely funded by the Government of Albania, via funds procured through the United Nations Children's Fund (UNICEF). Coverage levels have been validated in national coverage surveys, and there is a system in place to monitor for adverse events following immunization (AEFI). Albania has adequate cold chain and vaccine distribution capacity, and no problem of vaccine stock-outs or shortages. There is a programme to access hard-to-reach populations through outreach and campaigns. The national immunization plan is updated annually and the national strategy is updated every 5 years. Immunization staff receive incentives if they reach coverage levels of more than 95%. WHO best estimates indicate that coverage in Albania is more than 98% for all scheduled childhood vaccines.

Recommendations for priority actions

- Maintain vigilance for monitoring and evaluation of high coverage and adequate funding for immunization programme.
- Continue efforts to introduce new vaccines to the schedule.
- Continue improvements to the cold chain.
- Continue roll-out of the national electronic immunization registry.

Indicators and scores

P.7.1 Vaccine coverage (measles) as part of national programme - Score 5

Strengths/best practices

- Vaccination levels are high, with 98% of children having received two doses of measles-containing vaccine according to administrative coverage and WHO/UNICEF best estimates.
- The immunization budget is fully funded by the Government of Albania.
- Public demand for vaccinations is high.
- Outreach to the Roma population is in place.
- Immunization status is routinely monitored, with door-to-door screening.

Areas that need strengthening/challenges

- Internal and external migration poses challenges to routine immunization because of the movements of populations.
- Funding is needed for the introduction of new vaccines.
- The web-based immunization information system needs to be supported and expanded.
- Interagency collaboration on AEFI needs to be supported and improved.

P.7.2 National vaccine access and delivery - Score 5

Strengths/best practices

- All health centres that store and distribute vaccines are equipped with ice-lined refrigerators and have temperature-monitoring devices.
- No vaccine stock-outs have occurred and vaccine forecasting is strong, with quarterly distribution to the Directorate of Public Health.
- There is a strong process for monitoring and responding to anti-vaccine rumours.
- The country has a functioning National Immunization Technical Advisory Group (NITAG) that meets regularly.
- The country has the resources to carry out a nationwide campaign for hepatitis B for adults.

Areas that need strengthening/challenges

- There is a need to maintain vigilance against any new anti-vaccine rumours.

Relevant documentation

- Albania National Immunization Plan
- WHO Country Immunization Profile (http://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=ALB)

DETECT

National laboratory system

Introduction

Public health laboratories provide essential services including disease and outbreak detection, emergency response, environmental monitoring and disease surveillance. State and local public health laboratories can serve as a focal point for a national system through their core functions for human, veterinary and food safety. Such functions include disease prevention, control and surveillance; integrated data management; reference and specialized testing; laboratory oversight; emergency response; public health research; training and education; and partnerships and communication.

Target

Real-time biosurveillance with a national laboratory system and effective modern point-of-care and laboratory-based diagnostics.

Albania: level of capabilities

Albania is well serviced with microbiology laboratories; the laboratories are located in district general hospitals, regional hospitals and at the two teaching hospital laboratories and the IPH in Tirana. A tiered system of laboratories has been created according to the plan.

Internationally recognized expertise exists within the IPH and the laboratory network. Albania can easily fulfil the minimum standard requested in the current evaluation instrument in terms of its capacity to diagnose priority infectious and communicable diseases.

The visiting team was not able to identify robust routine measures for external quality assurance over the laboratory network. There is an urgent need to move to a modern framework of quality assurance and to use SOPs to guide staff, assure users and ensure stability of operation even when staff turnover is substantial.

It was not possible for the review team to visit more than the national reference laboratory at the IPH. However, on the basis of the capabilities reported it is likely that the entire microbiology provision of Albania could be modernized to a high standard, although this will require substantial review and perhaps rationalization of existing provision and clarification of reporting routes. For example, it appeared that three major laboratories within the capital undertake national reference level work in addition to the fourth WHO-accredited TB reference laboratory. The team suggests that work be undertaken to map existing capacity, particularly using organograms and other standard tools of organizational analysis. Contemporary quality assurance systems and standards should now be adopted, such as those provided by the US Centers for Disease Control and Prevention (CDC), WHO and the International Organization for Standardization (ISO). An issue is that none of the national laboratories is accredited by recognized international accreditation bodies other than WHO.

Maintaining a highly trained workforce requires use of modern management methods such as programmes of continuous professional development linked to appraisal and to registration of key professionals (e.g. medical laboratory scientific officers, microbiologists, and infection prevention and control staff). Periodic and ad hoc training of laboratory staff with provision of PPE does not always correspond to the need.

Point-of-care testing

Introduction of modern point-of-care laboratory-based diagnostics is an area of active development and opportunity for all health systems. However, decision-making about investment in appropriate technologies is complex in view of the initial cost of the machines, and the ongoing costs of maintenance and reagents. Given Albania's strengths in academic microbiology the visiting team were confident that appropriate point-of-care laboratory testing was available in a limited number of settings and tests. The visitors strongly suggest that the country's health system continues to scan the rapidly evolving options for near patient testing. Working jointly with partner nations will facilitate technology transfer and help to ensure that purchasing is cost-effective. However, smaller nations such as Albania may be disadvantaged in contract negotiations, and the visiting team were supportive of efforts by Albania to seek international collaborations for joint purchasing of expensive items of equipment, and the associated reagents and servicing contracts.

Recommendations for priority actions

- Map the microbiology network, and streamline it if necessary.
- Set up CDC, ISO or WHO quality assurance frameworks in the laboratories.
- Codify key operations with SOPs.

Indicators and scores

D.1.1 Laboratory testing for detection of priority diseases - Score 4

Strengths/best practices

- A national tiered laboratory network is in place and is capable of conducting at least five of ten core tests.
- Laboratory services are widespread and can cover the needs of the population.
- Clinicians have guidance or protocols for laboratory diagnostics, and use appropriate laboratory tests in health-care practice.

Areas that need strengthening/challenges

- Not all laboratories are accredited or have confirmed their credibility through interlaboratory comparison tests.
- A national system for internal quality control and external quality assessment needs to be established.
- A plan and timeline for adding laboratory tests that are not currently available is in progress, but is not expected to be implemented before the end of 2017.
- National SOPs need to be developed.

D.1.2 Specimen referral and transport system - Score 3

Strengths/best practices

- A specimen referral network for each of the tests necessary to detect and confirm etiologies of the priority diseases is established and documented.
- SOPs for sample transport from intermediate or district levels to reference laboratories and national laboratories are in place.

Areas that need strengthening/challenges

- Contracts for specimen transport are supported by the Ministry of Health, but not all of those with contracts transport samples regularly or use a system organized by public health authorities.
- The specimen transport system needs to be improved.

D.1.3 Effective modern point-of-care and laboratory-based diagnostics - Score 3

Strengths/best practices

- Academic microbiological capacity is strong.
- There is a plan to expand testing.

Areas that need strengthening/challenges

- Purchasing of laboratory equipment, tests and reagents remains challenging owing to cost and limited purchasing power.
- The public health microbiology laboratory network capable of performing tests needs to be expanded.

D.1.4 Laboratory quality system - Score 2

Strengths/best practices

- A system for procurement of certified media and reagents is in place.
- There is a national body in charge of laboratory licensing, inspection and accreditation – the National Directory for Accreditation.

Areas that need strengthening/challenges

- Funding for maintenance and improvement of the public health laboratory network is inadequate.
- Laboratory equipment maintenance and calibration contracts are lacking.
- No laboratories are accredited in recognized international accreditation systems, except the WHO system.
- Despite the country's participation in international laboratory networks, the national laboratories did not participate in international intercomparison analysis.
- The percentage of laboratories participating in the national external quality assessment scheme is relatively low.
- The procurement process for acquiring the necessary media and reagents is not flexible enough to operate effectively during emergency situations.

Real-time surveillance

Introduction

The purpose of real-time surveillance is to advance the safety, security and resilience of the nation, by leading an integrated biosurveillance effort that facilitates early warning and situational awareness of biological events.

Target

Strengthened foundational indicator, and event-based surveillance systems that are able to detect events of significance for public health, animal health and health security; improved communication and collaboration across sectors and between subnational, national and international levels of authority regarding surveillance of events of public health significance; and improved country and regional capacity to analyse and link data from and between strengthened, real-time surveillance systems, incorporating interoperable, interconnected electronic reporting systems. Epidemiologic, clinical, laboratory, environmental testing, product safety and quality, and bioinformatics data; and advancement in fulfilling the core capacity requirements for surveillance in accordance with IHR and OIE standards.

Albania: level of capabilities

The surveillance function is ensured by the IPH, which is under Albania's Ministry of Health. Both indicator-based surveillance (IBS) and event-based surveillance (EBS) are in place.

IBS relies on mandatory reporting from all public and private general practioners, primary health-care facilities, and emergency rooms of hospitals from the country's 36 districts. A total of 73 diseases are reported monthly, and nine syndromes are reported weekly. For certain diseases, there is both zero reporting and immediate reporting. Data are transmitted to the National Institutes of Health (NIH) by email, mail or telephone. Feedback is provided through weekly bulletins for syndromic surveillance, and through monthly or quarterly infectious disease surveillance bulletins.

Pre-identified sources for EBS are animal health, food safety, entomologists and other departments of the IPH. Other sources of information are rumours from the community, ad hoc information transmitted by health professionals and media screening; these are analysed weekly. Description and investigation of public health events is reported on paper or by email.

In April 2016, the IPH and the Veterinary Epidemiology Unit jointly established a plan to develop a common web-based surveillance tool through which all One Health related information will be shared on a dashboard. The new application will integrate data that are currently collected through the major surveillance system, syndromic surveillance, animal health for zoonosis and immunization programmes.

Syndromic surveillance has been functional in Albania since the Kosovar crisis in 1999. Nine syndromes are under surveillance and reported weekly: diarrhoea with and without blood; upper and lower respiratory infections; rash with fever; jaundice; haemorrhage with fever; suspected meningitis; and unexplained fever.

Recommendations for priority actions

- Implement the web-based surveillance application.
- Train surveillance staff on data analysis, particularly at subnational level.
- Provide funding and logistics to support confirmation and investigation of events

Indicators and scores

D.2.1 Indicator- and event-based surveillance systems - Score: 5

Strengths/best practices

- Both the IBS and the EBS components are present and functional.
- Procedures for surveillance are written and well known; case definitions and data collection forms are standardized; a process has been implemented to validate and ensure the quality of the data collected; and accuracy, completeness, relevance, consistency and appropriate presentation of data are evaluated.
- All health staff recently recruited to participate in the surveillance system benefit from a 3-week training course.
- The public health laboratories are hosted by the NIH, and epidemiological and laboratory surveillance are well integrated; laboratory confirmation is done when necessary and data are consolidated by the Epidemiology Unit in the Department of Epidemiology and Control of Infectious Diseases.
- There is multisectoral collaboration on diseases of interest for other ministries (mainly the Ministry of Agriculture and Environment); laboratory data on specific diseases such as anthrax, brucellosis, CCHF, HIV, influenza and viral hepatitis are shared; and epidemiological bulletins are shared with other ministries.
- Albania's expertise on surveillance is well recognized, and data are regularly transmitted to international organizations. Experts provide support to other countries in the region, in particular through the SEEHN; the SEEHN secretariat is hosted by the IPH.

Areas that need strengthening/challenges

- Because of the renewal of staff, continuing training is needed.
- The list of diseases under surveillance needs to be revised; this revision is in progress.

D.2.2 Interoperable, interconnected, electronic real-time reporting system - Score 2

Strengths/best practices

- Surveillance procedures are in place and could easily be supported by an electronic system.
- The internet is available in all districts.
- The animal health surveillance system is already equipped with an electronic surveillance application, and information related to zoonoses is shared with the public health surveillance system.
- There is a good collaboration and sharing of information between the public health and the animal health surveillance systems.

Areas that need strengthening/challenges

- There is no electronic tool to support the public health surveillance; an attempt to develop such a system for syndromic surveillance was not given further support.
- The new web-based application should be developed and launched rapidly.

D.2.3 Analysis of surveillance data - Score 5

Strengths/best practices

- Staff at the three levels of the surveillance system have been trained on analysis of data.
- Routine analysis is done at each level and is reported in epidemiological bulletins.

Areas that need strengthening/challenges

- Staff at intermediate and peripheral levels would benefit from additional training.
- Analysis of data would be facilitated by the use of an electronic application.
- National databases for communicable diseases need to be improved.

D.2.4 Syndromic surveillance systems - Score 5

Strengths/best practices

- Surveillance of each syndrome targets specific diseases that have clear case definitions.
- Access to the internet has resulted in a sharp increase in data reporting (e.g. via email).
- Completeness of surveillance data is estimated at 93%.
- Albania provides expertise to other countries in the region.

Areas that need strengthening/challenges

- An electronic tool is needed to support syndromic surveillance.

Relevant documentation

- OIE reports (WAHIS)
- IHR reports to the World Health Assembly
- Legislation, protocols or other policies related to reporting to WHO, OIE WAHIS or FAO
- WHO IHR Annex 2
- OIE Terrestrial Animals and Health Code – Section 1
- European Union Decision 1082/EU/2013, Early Warning and Response System

Reporting

Introduction

Health threats at the human–animal–ecosystem interface have increased over past decades, as pathogens continue to evolve and adapt to new hosts and environments, imposing a burden on human and animal health systems. Collaborative multidisciplinary reporting on the health of humans, animals and ecosystems reduces the risk of diseases at the interfaces among them.

Target

Timely and accurate disease reporting according to WHO requirements and consistent coordination with FAO and OIE.

Albania: level of capabilities

Albania has established an NFP – the IPH within the Ministry of Health – and has informed WHO of its contact details, as required by the IHR (2005). Similarly, an OIE contact point has been established within the Ministry of Agriculture, in the Directorate of Veterinary. Both WHO and OIE national focal points are fully operational, and communicate regularly with WHO and OIE, respectively. The IPH is designated as a coordinating authority for the institutions that are responsible for implementing the IHR, by the Decision of the Council of Ministers No. 722, dated 24 September 2010.

Food safety issues due to microbiological origin are reported through the IHR NFP and to the OIE. However, there is no established mechanism to ensure that the NFP and OIE contact points exchange information when needed. Information exchange between the two entities does occur during outbreaks of zoonotic disease. There is a communication mechanism in place between human, animal and food safety authorities, contained in several legislative documents: law on communicable diseases, public health law and communication protocols.

The NFP and the OIE contact point are intended to represent the whole of government (i.e. all ministries) in terms of reporting to WHO. This provision is well established for the public health sector and is mostly established for the animal health sector, mainly because the national legislative provisions that oblige entities to report certain events has a strong emphasis on infectious and zoonotic hazards (affixed within the national law on communicable diseases). It is unclear how other sectors bound by IHR (e.g. environment, border control, transportation, emergency, chemical and customs) are obliged to report events to the NFP. It is therefore recommended that Albania clarify event-reporting obligations for non-health sectors, and the place of NFP within such obligations.

Links between the NFP and the OIE contact point are not institutionalized; that is, they are not contained in any legislative documentation. Nevertheless, a direct link between the NFP and the OIE contact point is based on procedures applied in the case of a zoonotic disease affecting animals and humans. The technical staff responsible are trained in field epidemiology matters and IHR procedures, based on training provided by the European Centre for Disease Prevention and Control (ECDC) and WHO.

Albania has legislation that specifies procedures for reporting on a potential public health emergency of international concern to WHO (i.e. the law on communicable diseases); however, that legislation is largely focused on infectious and zoonotic hazards. It is unclear what legislative requirements non-health sectors beyond the Ministry of Health and Ministry of Agriculture have in place pertaining to event reporting. It is also unclear how the NFP is positioned within the event-reporting requirements of non-health sectors beyond these two ministries.

In relation to multilateral regional and international or bilateral neighbouring country reporting requirements, Albania is part of the SEEHN and regularly exchanges information with neighbouring countries and countries that make up the network. Cooperation with neighbouring countries on health-related issues is well established.

The Albanian NFP has been active in using informal consultation mechanisms with WHO under Article 8 of the IHR (2005), requesting technical consultation from WHO on several occasions.

Albania's NFP has been actively using bilateral mechanisms of information exchange with other NFPs. Recent examples were a malaria case with Greece, a meningitis case with Italy based on a rumour notification, a suspected Ebola case with Macedonia and a leishmaniasis case with Serbia. As regards the malaria case, Albania's NFP consulted WHO and was linked to the Greek NFP by the WHO regional IHR contact point.

National systems to identify and report on a potential public health emergency of international concern have been tested through exercises and actual events. For example, ECDC organized exercises in 2013, and there was a rumoured Ebola case in Macedonia in 2015, a malaria case in 2016 and avian influenza in 2007. The events were identified by the general disease surveillance system, in collaboration with the veterinary surveillance system.

Exercises conducted have been limited in terms of the national stakeholders involved, engaging only the Ministry of Health and the Ministry of Agriculture. Similarly, during the public health decision-making process it is mainly these two ministries at different levels that have been regularly involved in related consultations. However, Albanian counterparts are planning an exercise in 2017 aimed at evaluating the timing required for detection and response to a public health event, together with other Balkan countries.

Recommendations for priority actions

- In line with the multihazard, whole-of-government approach, review reporting requirements for all IHR-bound sectors (e.g. environment, customs, border control, transportation, emergency and chemical) for notifying an event with potential public health impact. Focus on underlying legislations, protocols and SOPs for the individual sectors, and linkages between these.
- After analysing current gaps, ensure that various national sectors are adequately obliged to report to the NFP any event that may potentially constitute a public health event of international concern. The criteria given in the IHR (2005) Annex 2 could be incorporated into the reporting requirements for the national sectors.
- Ensure that all national sectors undergo necessary training in IHR reporting requirements, including event-reporting criteria and Annex 2, and the NFP's role and mandate. Hold multisectoral workshops aimed at aligning applicable procedures within different sectors and communication mechanisms.

Indicators and scores

D.3.1 System for efficient reporting to WHO, FAO and OIE - Score 4

Strengths/best practices

- NFP has been established in the capacity of the IPH within the Ministry of Health, and has informed WHO about its contact details, according to the respective IHR requirement. Similarly, the OIE contact point has been established within the Ministry of Agriculture, in the Directorate of Veterinary. Both the NFP and the OIE national focal point are fully operational, with regular communication with WHO and OIE, respectively.
- The IPH is a coordinating authority for the institutions that are responsible for implementing the IHR, by the Decision of the Council of Ministers No. 722, dated 24 September 2010.

- The technical staff responsible are trained in field epidemiology matters and IHR procedures, based on training provided by ECDC and WHO.
- Annex 2 criteria for reporting events is part of the national law on communicable diseases (as Art. 26).
- The NFP has been actively making use of the IHR provision for technical consultation with WHO within the IHR (2005).
- The NFP has established bilateral relationships with neighbouring countries for information exchange and emergency notification in case of a (suspected) event, and is part of the SEEHN. Cooperation with neighbouring countries on health-related issues is well established.

Areas that need strengthening/challenges

- Although there is good collaboration, the sharing of routine and emergency information within the human–animal interface (as part of the One Health approach) should be further analysed and strengthened. In particular, there is a need to incorporate the national authority responsible for wildlife and to strengthen its linkages with the authorities responsible for domesticated animals and with the IPH, which is the IHR NFP.
- Linkages between the veterinary sector (within the Ministry of Agriculture) and the wildlife health sector (within the Ministry of Environment) might need to be strengthened, because at present there are no visible mechanisms linking surveillance of public health and wildlife health.
- There is no established mechanism to ensure that the NFP and the OIE contact points exchange information when there is a need to do so. Information is exchanged between the two entities during outbreaks of zoonotic disease.
- There is a need to raise the awareness of non-health sectors about IHR (2005) provisions and the role of the NFP, through advocacy efforts that ensure all sectors reach the desired level of adherence to IHR (2005). All national sectors should be trained on the reporting requirements of IHR (2005), including event-reporting criteria and Annex 2, and the role and mandate of the NFP.

D.3.2 Reporting network and protocols in country - Score 4

Strengths/best practices

- For IHR, reporting of all infectious diseases and zoonoses is a legal requirement, under the law on communicable diseases, bounding institutions within the health sector and the veterinary sector (in the case of zoonoses) to report respective cases. For OIE, there are similar clearly established protocols for communication and reporting.
- Albania has demonstrated timely reporting of potential public health emergencies of international concern to WHO on several occasions. There has been training, although this has been limited to the human and animal health sectors (through the Ministry of Health and Ministry of Agriculture, respectively).
- National networks to identify and report on a potential public health emergency of international concern have been tested on multiple occasions through exercises (e.g. ECDC organized exercises in 2013) and actual events (e.g. a rumoured Ebola case in Macedonia in 2015, a malaria case in 2016 and avian influenza in 2007).

Areas that need strengthening/challenges

- Annex 2 criteria for reporting events to the IPH (via the NFP), which is in Art. 26 of the national law on communicable diseases, lacks one of the four criteria for reporting disease to WHO: potential travel and trade restrictions. This situation could lead to some events complying to that criterion being left out.

- Requirements for reporting events have a heavy emphasis on communicable diseases and zoonoses, whereas the multihazard approach of the IHR (2005) encompasses the whole range of natural and human-made events that have the potential to threaten public health. It is highly recommended that Albania review existing legislative provisions (i.e. laws, procedures and guidelines) – specifically those for non-health sectors – to ensure that the applicable legislation includes adequate provision for reporting events. Linkages between procedures for various sectors for reporting events to the NFP should also be studied and subsequently harmonized.
- There is a need to raise the awareness of non-health sectors about IHR (2005) provisions and the role of the NFP, through advocacy efforts that ensure all sectors reach the desired level of adherence to IHR (2005). All national sectors should be trained on the reporting requirements of IHR (2005), including event-reporting criteria and Annex 2, and the role and mandate of the NFP.

Workforce development

Introduction

Workforce development is important for establishing a sustainable public health system over time, by developing and maintaining a highly qualified public health workforce with appropriate technical training, scientific skills and subject-matter expertise.

Target

States Parties to have skilled and competent health personnel for sustainable and functional public health surveillance and response at all levels of the health system and the effective implementation of the IHR (2005). Workforce to include physicians, veterinarians, biostatisticians, laboratory scientists, farming/ livestock professionals, with an optimal target of one trained field epidemiologist (or equivalent) per 200 000 population, who can systematically cooperate to meet relevant IHR and Performance of Veterinary Services core competencies.

Albania: level of capabilities

In general, Albania has a good level of staffing in health-care facilities, with some 1600 medical doctors in primary care facilities, 2000 doctors at hospitals and about 7000 nurses. There are 50 trained epidemiologists (almost 1 per 50 000 people) working in health-care facilities, and about 100 others working in public health. Nevertheless, there is a need to strengthen capacity.

Albania has introduced a basic front-line field epidemiology training programme (FETP), but there is no proper mentoring programme, and no follow-up of the FETP for medium and advanced levels. The country collaborates with neighbouring countries in capacity-building through the MediPIET[7] programme and the SEEHN.

The Faculty of Public Health at the university has closed down, and is now included under the Faculty of Medicine. It is not clear what the consequences of that situation will be.

IPH provides courses for clinical personnel, but there is no separate branch for public health nursing, veterinarians and statisticians. Medical doctors can specialize in the field of public health, infectious diseases and microbiology.

There is a need to recognize training when setting staff salaries. The salaries are lower in the districts, and there are no incentives to retain health personnel in those areas.

Recommendations for priority actions

- Provide specialized training for medical doctors, nurses, veterinarians and statisticians in field epidemiology.
- Recognize that training should also relate to salaries; currently there are few incentives to remain working in the district.
- Further develop a full FETP programme; Albania has requested help to fulfil that requirement.
- Revise and update the workforce strategy.

[7] See http://medipiet.eu/

Indicators and scores

D.4.1 Human resources are available to implement IHR core capacity requirements - Score 4

Strengths/best practices

- There is multidisciplinary human resources (HR) capacity at national, regional and district level to implement the core capacities of the IHR.

Areas that need strengthening/challenges

- To fully meet the capacity requirements of this indicator, a better training programme for all different disciplines and cadres at all levels is needed.

D.4.2 Field epidemiology training programme or other applied epidemiology training programme in place - Score 3

Strengths/best practices

- The country has established a front-line or basic FETP; this includes 3 weeks of basic training and a total of 3 months follow-up, with on-the-job training.
- There is collaboration with other countries in the MediPIET programme and with the SEEHN.

Areas that need strengthening/challenges

- To fully meet all requirements of this indicator, all levels of an FETP should be in place. Albania will seek assistance from other countries or international organizations to fulfil these requirements.

D.4.3 Workforce strategy - Score 3

Strengths/best practices

- The country has a public health workforce strategy, but it is not regularly reviewed and updated.
- Important elements of capacity-building and training are ongoing in the country and involve collaboration with neighbouring countries, but there are weaknesses and shortfalls.

Areas that need strengthening/challenges

- There is a need to update mapping of the public health workforce.
- To fully meet the capacity requirements of this indicator, a multisectoral plan for the public health workforce needs to be developed and implemented.

RESPOND

Preparedness

Preparedness includes the development and maintenance of national, intermediate and community or primary response level public health emergency response plans for relevant biological, chemical, radiological and nuclear hazards. Other components of preparedness include mapping of potential hazards, the identification and maintenances of available resources, including national stockpiles and the capacity to support operations at the intermediate and community or primary response levels during a public health emergency.

Target

Preparedness will include the development and maintenance of national, intermediate and local or primary response level public health emergency response plans for relevant biological, chemical, radiological and nuclear hazards. This will cover mapping of potential hazards, identification and maintenance of available resources, including national stockpiles and the capacity to support operations at the intermediate and local or primary response levels during a public health emergency.

Albania: level of capabilities

In the field of preparedness for a serious (international) health threat, Albania has a number of emergency and contingency plans. There is a good emergency response operations plan (see the section on "Emergency Response Operations"), there are national disaster plans, but these do not always address health issues. In addition, there is a National Plan for Influenza (established in 2009), but this plan is contained within the framework of health emergencies. Thus, a single multihazard public health emergency preparedness and response plan has not been developed or implemented. Nevertheless, the influenza plan (including its annual update) contains all the necessary elements to become the framework for a multihazard public health emergency preparedness and response plan.

Recommendations for priority actions

- Involve all relevant sectors in developing a multihazard public health emergency preparedness and response plan.
- Provide laboratories with sufficient PPE (see also the section on "Biosafety and Biosecurity").
- Address the issue of "communication" in the multihazard public health emergency preparedness and response plan.
- Provide the necessary resources for these priority actions.

Indicators and scores

R.1.1 Multihazard national public health emergency preparedness and response plan is developed and implemented - Score 2

Strengths/best practices

- Since 2009, Albania has had an extensive National Plan for Influenza; the plan, which was established by a multisectoral committee, provides for stockpiling of antiviral drugs and PPE, uses sentinel sites throughout the country, is updated annually and provides resources for surge capacity.

- The components and structures already exist for developing a multihazard public health emergency preparedness and response plan.
- National disaster legislation deals with serious events, including health threats.

Areas that need strengthening/challenges

- There is a need to write and implement a multihazard public health emergency preparedness and response plan based on the National Plan for Influenza.
- The pandemic preparedness national plan needs to be updated.
- Tests, training and exercises based on this national preparedness plan should be updated, including the allocation of staff.
- The necessary PPE should be stockpiled.

R.1.2 Priority public health risks and resources are mapped and utilized - Score 2

Strengths/best practices

- Some risk mapping has been performed, including health aspects.

Areas that need strengthening/challenges

- A multihazard risk map is needed; it should cover biological, chemical, radiological and nuclear (CBRN) threats.

Emergency response operations

Introduction

A public health emergency operations centre (EOC) is a central location for coordinating operational information and resources for strategic management of public health emergencies and emergency exercises. Such centres provide communication and information tools and services, and a management system during a response to an emergency or emergency exercise. They also provide other essential functions to support decision-making and implementation, coordination and collaboration.

Target

Countries with capacity for: a public health emergency operations centre functioning according to minimum common standards; maintaining trained, functioning, multisectoral rapid response teams; real-time biosurveillance laboratory networks; information systems; and trained emergency operations centre staff capable of activating a coordinated emergency response within 120 minutes of the identification of a public health emergency.

Albania: level of capabilities

Albania does not have a health EOC. There is a national civil EOC, within the Ministry of Interior, and public health forms a part of that EOC. A focal point sits in the Ministry of Health, and there is also a team in the IPH that is available 24 hours per day, 7 days per week (24/7). There is no plan for additional staff, should they be necessary. The national civil EOC provides a means of communicating across government and national and international partners, and for convening partners as required. There is also a framework for sharing information, including scientific data and recommendations, with policy-makers and national leaders. However, only limited training has been provided for EOC staff. A multisectoral, civil emergency commission has been set up, and some training has been provided (e.g. in public communication). An emergency response committee meets every sixmonths, or as required. There is a national hotline (a toll-free 112 number) for use by the public and professionals. General simulation exercises have been carried out by the Ministry of Defence, but no public health exercises, either table-top or simulation, have taken place in the past year. Case management guidelines have been developed for priority diseases and IHR relevant hazards at all levels of the health system, and there are appropriate SOPs. However, training is currently provided on an ad hoc basis. Patient referral and transportation mechanisms are limited.

Recommendations for priority actions

- Establish a health EOC with all associated plans and procedures, together with an increase in the number of staff dedicated to this area of work.
- Establish a national training programme with an appropriate curriculum for staff working in the EOC and in case management of IHR-related emergencies.
- Improve patient referral and transportation mechanisms.
- Schedule public health exercises, both table-top and simulation.
- Identify additional financial resources.

Indicators and scores

R.2.1 Capacity to activate emergency operations - Score 2

Strengths/best practices

There is a national civil EOC within the Ministry of Interior, and public health forms a part of that EOC. A focal point sits in the Ministry of Health, and there is also a team in the IPH that is available 24/7.

Areas that need strengthening/challenges

- There is a need for a health EOC with all associated plans and procedures, together with an increase in the number of staff dedicated to this area of work.
- There is a need to develop and document a clear, fit-for-purpose, public health framework for emergency response operations.

R.2.2 Emergency operations centre operating procedures and plans - Score 1

Strengths/best practices

- None identified.

Areas that need strengthening and challenges

- There is a need for a public health EOC with all associated plans and procedures, together with an increase in the number of staff dedicated to this area of work.
- A plan for mobilization of additional staff when necessary should be developed.
- A national training programme with an appropriate curriculum for staff working in the EOC should be developed.

R.2.3 Emergency operations programme - Score 2

Strengths/best practices

Under the Ministry of Interior, a multisectoral, civil emergency commission has been set up, and some training has been provided (e.g. in public communication). An emergency response committee meets every 6 months, or as required. A focal point sits in the Ministry of Health, and there is also a team in the IPH that is available 24/7. There is a national hotline (a toll-free 112 number) for use by the public and professionals.

Areas that need strengthening/challenges

- There is a need to lay out and document a clear, fit-for-purpose, public health framework for emergency response operations. This should be monitored and evaluated regularly.
- There is a need for public health exercises, both table-top and simulation.

R.2.4 Case management procedures are implemented for IHR relevant hazards - Score 3

Strengths/best practices

- Case management guidelines have been developed for priority diseases and IHR relevant hazards at all levels of the health system, and there are appropriate SOPs.

Areas that need strengthening/challenges

- There is a need for a national training programme with an appropriate curriculum for staff involved in case management of IHR-related emergencies.
- Patient referral and transportation mechanisms need to be improved.

Linking public health and security authorities

Introduction

Public health emergencies pose special challenges for law enforcement, whether the threat is human-made (e.g. an anthrax terrorist attack) or naturally occurring (e.g. influenza pandemics). In a public health emergency, law enforcement will need to quickly coordinate its response with public health and medical officials.

Target

In the case of a biological event of suspected or confirmed deliberate origin, a country will be able to conduct a rapid, multisectoral response, including the capacity to link public health and law enforcement, and to provide and/or request effective and timely international assistance, such as to investigate alleged use events.

Albania: level of capabilities

Albania's national legislation provides for structures responsible for country preparedness and crisis management. These structures ensure rapid information exchange between competent institutions of different sectors of country administration, and their cooperation and coordination in case of emergency. For example, the ministers of defence, interior, agriculture and health (responsible respectively for the armed forces, state police, food and veterinary inspection, and public health security) are members of the Coordination Committee for Civil Emergencies and Crisis, which is chaired by the Prime Minister. Contact points from the Information and Civil Emergency Management and Crisis Offices of line ministries cooperate within the National Operations Center for Civil Emergencies, which commands human and logistical capabilities dedicated to assessing risks, and preventing, responding to and mitigating civil emergencies.

Protocol on the Rapid Assessment in Health Disaster () guides risk assessment activities, whereas the General Platform of the Ministry of Health on Risk and Disaster Management foresees general terms for initiating state of emergency. The latter document sets out the coordination mechanism between services and authorities competent in health at different administrative levels, and with the operational structures of the Ministry of Interior. A group of experts at the IPH can be activated at any time. The IPH maintains direct contact with the Albania Intelligence Agency (the Shërbimi Informativ Shtetëror - SHISH).[8] The IPH provides the expertise and scientific capacity necessary for analysing the risks for public health. However, it is not clear to what extent this capacity concerns threats posed by biological agents, and how responsibility in this area is shared with SHISH and the armed forces.

According to the National Defence Strategy, civil public health and health-care services remain at the disposal of the defence sector, and hospitals are obliged to provide a defined number of hospital beds and services for the treatment of mass casualties.

Public health and security services conduct joint training in investigation at points of entry (airport and port). The Directorate General of civil emergencies with international assistance organized a 2-week long exercise on CBRN hazards last April.

[8] See http://www.shish.gov.al/index.html

Recommendations for priority actions

The following recommendations suggest priority actions to address major gaps in Albania's capabilities concerning linkages between public health and the security sector.

- Apart from formal coordinating structures, public health and security services to develop and codify the permanent mechanism for the exchange of reports and information on events of joint concern at national, intermediate and local levels.
- Existing protocols regulating relations and dependencies between the health sector and security services to clearly define points of contact.
- The National Operational Plan for the integrated management of civil emergencies to be updated.
- A joint training programme of public health and security services to continue focusing on improving and exercising institutionalized knowledge of linkages between the services.

Indicators and scores

R.3.1 Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event - Score 3

Legislation and protocols regulate relationships between public health, animal health and security authorities, indicating institutions with points of contact, and setting out general terms for triggering notification and information sharing. However, the health services have only limited experience and knowledge of the existing protocols and procedures; hence, more training is required.

Strengths/best practices

- Competent institutions are in place, and practical experience has been gained from real crisis situations related to flood and from various trainings; there are links between the health sector (the Ministry of Health and the IPH), veterinary services and the national civil EOC; and formal and institutional relations are enforced with direct personal interactions.
- The INTERPOL National Central Bureau for Albania is part of the state police's International Cooperation and Coordination Directorate, and Albania has been a member of the Biological and Toxin Weapons Convention since 1992 (although the health sector's cooperative engagement and knowledge on these matters are limited).
- Albania has the legal structure and organizational capacity to detain, isolate or quarantine individuals who present a public health risk.
- The country has strengthened its capacities, with new initiatives and international assistance; for example, the "IPA Disaster Risk Assessment and Mapping" Programme, which started in October 2016, and the "Program 1204 (b)" for building national capacity in the field of civil emergencies and defence from weapons of mass destruction, which will help in reviewing the current National Civil Emergency Plan.

Areas that need strengthening/challenges

- It is not apparent which formal document confirms the current functional points of contact for public health involved in responding to biological threats. The formal status of the General Platform of the Ministry of Health on risk and disaster management is not clear.
- Considering specific challenges related to deliberate release of biological agents, Albania should better codify the system of conduct and relationships among institutions competent in civil emergency (including public health services) and the security and defence sectors, to support joint criminal and epidemiological investigations.
- Triggers for starting the cooperation and specific actions are not clearly defined; they currently depend on the expertise of participants and their common sense.

Medical countermeasures and personnel deployment

Introduction

Medical countermeasures are vital to national security and protect nations from potentially catastrophic infectious disease threats. Investments in medical countermeasures create opportunities to improve overall public health. In addition, it is important to have trained personnel who can be deployed in case of a public health emergency for response.

Target

A national framework for transferring (sending and receiving) medical countermeasures and public health and medical personnel among international partners during public health emergencies.

Albania: level of capabilities

Albania has no relevant plan outlining a system for sending and receiving medical countermeasures. Various procedures for specific outbreaks and disaster events provide for receiving assistance from foreign donors in the form of cash or goods (e.g. drugs or vaccines) but not medical devices. The country has no capacity to manufacture pharmaceutical or medical products, nor does it have any agreements in place with manufacturers or distributors to procure medical countermeasures during a public health emergency.

According to the Ministry of Health General Platform on risk and disaster management, members of the Operational Group for Disaster Management assess the need for medical measures and where they might be sourced from. Theoretically, regulatory aspects are considered in the process of requesting and receiving pharmaceuticals and vaccines. However, the only example of accepting products from international assistance was that of chlorine for water treatment, which was provided by Croatia during the flood crisis in February 2016. The Ministry of Health was confident that the procedures were efficient, since authorities took all the measures to smoothly pass the products through borders and customs. It appears that Albania can request and accept only registered drugs. The team did not see evidence of a specific procedure for a rapid, mutual recognition of authorization of pharmaceutical products provided via international health organizations. In this context, the procurement law and procedures were the only provisions considered.

Despite close contacts with its neighbours, Albania does not participate in regional or international agreements on joint procurement, sharing and distribution of medical countermeasures, apart from arrangements with UNICEF for the provision of vaccines and the cold chain, and drugs for HIV.

Albania does not have an action plan for sending and receiving health personnel during a public health emergency, nor does it participate in any international personnel deployment agreements such as the WHO's Global Outbreak Alert and Response Network (GOARN). Some consideration has been given to assessment of needs for human resources in Albania's Crisis Preparedness Plan Focused on Flu Pandemic. However, it was unclear whether and how the plan addresses regulatory and licensure concerns, training criteria, etc. There is some capacity for and experience in sending health personnel abroad. The capacity was proved when Albania delegated five experts for 1 month to regions afflicted by Ebola; procedure and expenses related to their mission were covered by an international organization.

Recommendations for priority actions

- An action plan setting out the decision-making process and procedures for sending and receiving medical countermeasures during a public health emergency to be developed, officially adopted and tested during exercises.
- An action plan setting out the decision-making process and procedures for sending and receiving health personnel during a public health emergency to be developed, officially adopted and tested during exercises.
- Albania to consider joining international agreements such as WHO's GOARN, or concluding agreements with partner countries on sharing (sending and receiving) medical countermeasures and health personnel during public health emergencies.

Indicators and scores

R.4.1 System is in place for sending and receiving medical countermeasures during a public health emergency - Score 2

Strengths/best practices

- There are competent institutions in place, and available staff with experience from real crisis situations and some training.
- The Ministry of Agriculture has adopted a plan and provisions for procuring and distributing animal countermeasures.
- The annual budget of line ministries, including the Ministry of Health, as well as the budgets of local governments, provide a special resource for planning and responding to emergencies.
- Albania, hosting the SEEHN Regional Health Development Centre in communicable diseases, has close political and working relations with countries in the region.
- Albania has a Pandemic Preparedness Plan; however, it is not clear how the plan regulates receiving medical countermeasures.

Areas that need strengthening/challenges

- There is no specific action plan and procedures describing the decision-making process for receiving or sending medical countermeasures; also lacking are formally dedicated staffing for logistics, tracing and distribution of countermeasures to be sent or received.
- There are no agreements with manufacturers or distributors to procure medical countermeasures that would be ready for adoption or activation during public health emergencies.

R.4.2 System is in place for sending and receiving health personnel during a public health emergency - Score 2

Strengths/best practices

- Staff have the readiness and expertise to cooperate under GOARN.

Areas that need strengthening/challenges

- Procedures providing for triggers for requesting personnel from other countries are lacking.
- Procedures addressing regulatory and financial aspects, professional profile, insurance and liability of professionals to be sent or received during public health emergencies are lacking.

Risk communication

Introduction

Risk communication should be a multilevel and multifaceted process that aims to help stakeholders define risks, identify hazards, assess vulnerabilities and promote community resilience, thereby promoting the capacity to cope with an unfolding public health emergency. An essential part of risk communication is the dissemination of information to the public about health risks and events, such as disease outbreaks.

For effective communication of the risk caused by a specific event, the social, religious, cultural, political and economic aspects associated with the event should be taken into account, and the affected population should be given a voice. Effective communication promotes the establishment of appropriate prevention and control action through community-based interventions at individual, family and community levels. Disseminating the information through appropriate channels is essential. Communication partners and stakeholders in the country need to be identified, and functional coordination and communication mechanisms should be established. In addition, timely release of information and transparency in decision-making are essential for building trust between authorities, populations and partners. Emergency communications plans should be tested and updated as needed.

Target

States Parties to have a risk communication capacity, which includes multilevel and multifaceted real-time exchange of information, advice and opinion between experts and officials or people who face a threat or hazard to their survival, health or economic or social well-being (so that they can take informed decisions to mitigate the effects (of the threat or hazard) and take protective and preventive action). It consists of a mix of communication and engagement strategies, such as media and social media communication, mass awareness campaigns, health promotion, social mobilization, stakeholder engagement and community engagement.

Albania: level of capabilities

Albania has generally well-developed national risk communication capacities. Despite having no fully developed multisectoral plan for risk communication, sections about risk communication are included in several disease-specific plans, such as the those for pandemic influenza and CCHF.

The IPH is the main agency for public communication, besides the Public Health Directorate. The IPH also provides ready-made messages for certain purposes, which are then tailored to a particular event. It also analyses target audiences, to develop the most effective outreach methods and messages. However, there is no dedicated budget for risk communication.

Despite the lack of a risk communication team, a technical officer responsible for risk communication is employed in the Health Promotion Unit in the Ministry of Health. One staff member is tasked with communication and media relations in general, but there is a need for additional training in risk communication for all those responsible. Currently, all heads of departments are obliged to undergo training in risk communication. There is a clear line of command related to risk communication within the Ministry of Health and the IPH, and messages are communicated in all relevant languages of the country: Albanian, Greek, Macedonian and Romani.

Regarding internal communication, there are communication protocols on IHR-related matters: one for communication between national stakeholders and another on communications with WHO.

During an emergency, risk communication is a responsibility of the Ministry of Interior, which has a dedicated person in place. There is an expressed need for better training of the staff involved in risk communication. The Ministry of Health is responsible for public communication in the case of a public health emergency and it has an emergency communications focal point. There is a clear internal agreement for communicating messages from the Prime Minister's office, and specific clearance procedures on the spokesperson and institution responsible for public communication.

Proactive communication has mostly been related to vaccination, but IPH is working on that also for other fields. For communication about vaccination, hard-to-reach populations are reached by direct contact.

In relation to internal and communication and communication with partners, there have been incidents (e.g. flooding) in which some agencies have given conflicting advice, and coordination could have been improved. Protocols for clearance of communication in the country are not well established when it comes to stakeholders outside of the national government, such as private entities and nongovernmental organizations (NGOs). In addition, the Ministry of Health is not involved and is not consulated by other ministries in the process of shaping public messages, even when the event might have public health consequences. There is a need for better coordination and regulations in place to ensure the Ministry of Health is sufficiently involved.

An interagency communication protocol for zoonotic diseases and radionuclear emergencies has been tested.. The Ministry of Health has a press office, as does the IPH. Simulation exercises from WHO have been used for training. No exercises on risk communication have been conducted to date.

There is a need to work more on communication through social media. Surveys have been used to measure the effect of different communication strategies. The communication protocol from 2011 needs to be updated.

Recommendations for priority actions

- Develop a risk communication plan across sectors.
- Implement regular training of staff.
- Improve use of social media.

Indicators and scores

R.5.1 Risk communication systems (plans, mechanisms, etc.) - Score 2

Strengths/best practices

- Although no formal multihazard emergency risk communication plan is in place, a score of two has been given, because there are operative elements of such a plan in many other plans, and because there are well-established procedures and practices functioning in real-time settings.

Areas that need strengthening/challenges

- No exercise has taken place on this item.
- There is no budget for risk communication.
- The absence of a plan makes itdifficult to develop SOPs and effective processes for risk communication.
- Roles are not specifically articulated for different stakeholders and levels (e.g. Minister of Health, Director of the Public Health Institute and technical leads) as regards risk communication.

R.5.2 Internal and partner communication and coordination - Score 3

Strengths/best practices

- When there is a health emergency incident, risk communication takes place both ad hoc and formally, usually in a coordinated manner between partners, and roles and responsibilities are relatively clear.
- There is some partner and stakeholder involvement (e.g. meetings and coordination among partners) during a health emergency incident.
- There are communication protocols on IHR-related matters: one for communication between national stakeholders and another on communications with WHO.

Areas that need strengthening/challenges

Various capacities must be strengthened if Albania is to fully meet the capacity requirements of indicator R.5.2 (i.e. to score 5 on this indicator):

- There is a need for regular communication and coordination with all partners, with their function tested by exercises, including definition of roles, sharing of resources and joint action plans.
- Protocols for clearance of communication in the country are not well established in relation to stakeholders outside the national government, such as private entities and NGOs.
- Other ministries do not involve or consult the Ministry of Health in the process of shaping the public message, even when the event might have public health consequences. There is a need for better coordination and for regulations to ensure that the Ministry of Health is sufficiently involved.
- No exercises in risk communication have been conducted to date.

R.5.3 Public communication - Score 3

Limited capacity exists with government spokespersons identified and trained for public communication

Strengths/best practices

- The IPH is the main agency responsible for public communication, in addition to the Public Health Directorate within the Ministry of Health.
- Communication staff at the IPH are trained to deal with social media issues, although there is no dedicated team; the person in charge of media within the Ministry of Health coordinates communication with the IPH, and there is a press office within the IPH.
- The IPH analyses target audiences before designing communication messages and determining the most effective ways to reach these audiences.
- In written documents, messages are given in all the relevant languages of Albania.
- There is a curriculum for training in risk communication, and the training in immunization includes simulated interviews, based on WHO materials.
- Proactive risk communication is conducted for vaccinations, and there are plans to develop a proactive risk communication strategy for mosquito control in the near future.

Areas that need strengthening/challenges

- Implement a proactive outreach strategy for a wider range of areas, including engagement and collaboration around health advice across different media (including social media).
- Roles are not specifically articulated for different stakeholders and levels.
- NGOs have sometimes failed to coordinate the shaping of their public messages with the official messages and standpoint, resulting in discrepancies in the messages.

- Communication protocols that were developed in 2011 need to be updated.
- There is no mechanism for evaluation of public communication.

R.5.4 Communication engagement with affected communities - Score 4

Albania has demonstrated capacity related to trainings and engagements with affected communities

Strengths/best practices

- Responsible national authorities in Albania have been actively engaging with affected communities during public health events. A recent example was the measles outbreak among the Roma population, where the IPH worked closely with community leaders to shape and spread risk communication messages about vaccination.
- Social mobilization, behaviour change communication and community engagement take place regularly during an outbreak, and there is a well-established system of involving volunteers from the affected communities.

Areas that need strengthening/challenges

- There is no systematic collection of feedback from the targeted communities on their information needs and perception of communication messages.

R.5.5 Dynamic listening and rumour management - Score 4

There is demonstrated capacity related to active listening and rumour management

Strengths/best practices

- There is regular informal monitoring of rumours around immunization, and screening of electronic media.
- Social psychologists and social scientists working in the health promotion unit of the IPH contribute to the design of public communication messages.

Areas that need strengthening/challenges

- There is a need to expand subjects for dynamic listening and rumour monitoring beyond the present focus on immunization, based on the national multihazard risk assessment.

OTHER IHR-RELATED HAZARDS AND POINTS OF ENTRY

Points of entry

Introduction

All core capacities and potential hazards apply to "points of entry", and thus enable the effective application of health measures to prevent the international spread of diseases. States Parties are required to maintain core capacities at designated international airports and ports (where justified for public health reasons, a State Party may designate ground crossings), to implement specific public health measures that are required to manage a variety of public health risks.

Target

States Parties to designate and maintain core capacities at international airports and ports (and where justified for public health reasons, a State Party may designate ground crossings), which implement specific public health measures required to manage a variety of public health risks.

Albania: level of capabilities

The country has one airport (Mother Teresa in Tirana), one designated port (Durrës), four other ports and 11 ground crossing points. No single authority is in charge of health at points of entry.

The plans for responding to public health emergencies at points of entry are not part of the national response plan. They have not been formally tested, even though some exercises were done (e.g. on meningitis B).

Guidance for the control of vectors and reservoirs in and near points of entry is part of the national integrated vector control programme. There are procedures to decontaminate environment, conveyances and goods, but they are not updated or tested.

Health staff at points of entry are not under the authority of the IPH, but do communicate data to the surveillance unit. Points of entry are not integrated in the routine surveillance (i.e. there is no weekly or monthly reporting) but do communicate any events that occur. Health staff at points of entry also benefit from training organized by the IPH.

There is good communications between health, customs, police, port and airport authorities, and companies but there are no formal agreements and no regular coordination meetings.

Tirana Airport: Between 2 and 2.5 million travellers pass through the airport every year. The airport is managed by a private company (currently a Chinese company). Health is under the responsibility of the Ministry of Health, and the public health staff depend on the Inspectors Directorate. Procedures are based on CDC guidelines.

Public health staff are on duty 24/7. Three public health doctors and nurses are in charge of detecting ill passengers, and isolating and referring them to hospital when needed.

The airport is equipped with a screening or observation room in the police area, and an isolation room. The health staff do not have a dedicated vehicle (an ambulance is sent by the hospital in case of referral).

In the case of a suspicious case of a communicable disease, the information is sent to the IPH and the patient is referred to the Infectious Diseases Unit at Tirana University Hospital.

Control of hygiene in bars, restrooms and hotels of the airport is also under the responsibility of the health staff. In the case of an event, samples are collected and sent to the IPH. Food inspection is the responsibility of the National Food Authority, at the Ministry of Agriculture. Health staff are in charge of controlling the certificates that have been issued by the companies. Since 2014, entomologists have been present and are in charge of vector control.

Durrës Port: A total of 800 000 passengers pass through the port every year; many of them are passengers on the ferries that travel between Italy and Albania. The port is managed by the Government of Albania. As with other staff of the port, the health staff are under the responsibility of the Ministry of Transport. There are two public health doctors and nurses.

Ground crossings: There are no health staff at ground crossings. Health is the responsibility of the relevant district.

Recommendations for priority actions

- Formalize coordination between the different sectors working at points of entry, through the development of written SOPs and the organization of regular meetings, even when there is no public health emergency.
- Formalize the relationship between public health staff working at points of entry and the IPH.
- Equip the airport with a vehicle for inspections and transport of ill travellers.

Indicators and scores

PoE.1 Routine capacities are established at points of entry - Score 3

Note: There is a functioning inspection programme to ensure safe environment at points of entry, and trained personnel for the inspection of conveyances (Score 4 and 5); however, procedures for coordination are not formalized.

Strengths/best practices

- There are sufficient health staff at points of entry.
- There are appropriate medical services at points of entry, including sufficient qualified staff, well equipped screening and isolation rooms, and capacity for referring patients.
- Environment inspection programmes are well established, and vector control programmes are in place.
- Activities to be conducted at points of entry are described in the national integrated vector control programme.

Areas that need strengthening/challenges

- There is a need to formalize the currently ad hoc collaboration between staff working at points of entry and other sectors (e.g. police and customs); for example, through development of written SOPs with roles, and through organization of regular coordination meetings.
- Health staff working at points of entry need to receive regular training and to systematically participate in relevant training organized by the Ministry of Health and the IPH.
- Health staff at the airport should be equipped with a vehicle for conducting inspections and investigations, and transporting patients.

PoE.2 Effective public health response at points of entry - Score 2

Note: facilities for assessing and isolating suspect travellers and animals are in place (Score 3), but there is no national contingency plan to respond to public health emergencies at points of entry (Score 1).

Strengths/best practices

- In public health emergencies, the procedures proposed by WHO are followed (e.g. investigation, isolation, reference and tracing of contacts).
- Both the port and the airport have facilities for screening suspect humans and animals, and for isolating suspect human cases.
- There is a system for referral of suspect travellers to the Infectious Diseases Unit at Tirana University Hospital.

Areas that need strengthening/challenges

- In case of a public health emergency, coordination with other sectors at points of entry should be formalized through written SOPs.
- Health staff should benefit from regular training and be updated on procedures.

Chemical events

Introduction

States Parties should have surveillance and response capacity for chemical risk or events. Effective communication and collaboration is needed among the sectors responsible for chemical safety, industries, transportation and safe disposal.

Target

States Parties to have surveillance and response capacity for chemical risks or events, with effective communication and collaboration among the sectors responsible for chemical safety, industries, transportation and safe disposal.

Albania: level of capabilities

Albania is a party to all main international legally binding agreements for chemical safety, and has an established legal basis regulating management of chemicals that is harmonized with European Union (EU) legislation. A legal act on emergency situations and civil crisis management is currently being re-drafted according to the EU Seveso Directive.[9] However, there is a lack of guidance documents and protocols to ensure that the legislation is implemented.

According to the legislation, the Ministry of Health is responsible for collecting information on the safety and risks of hazardous chemicals to health. It is also responsible for providing advice on preventive and curative measures, particularly in the case of chemical emergencies, and participating in planning the medical response to emergencies.

In 2016, the Office of Chemicals Management was established under the jurisdiction of the Ministry of Environment, which has been the leading agency in chemicals management since 2009.

The Ministry of Interior maintains a register of hazardous sites for implementation of emergency action, and takes responsibility for management of chemical events with technical support from other agencies. A CBRN plan is in progress.

Monitoring of chemical contamination in the air, water and soil is conducted by the Environment Protection Agency, and also partly by the IPH. The Institute of Food is responsible for food safety monitoring. A list of substances included in monitoring programmes is limited to indicator chemicals. There is limited technical and methodological capacity to identify other chemicals of concern, including for identification of agents during emergency situations. There is no mechanism in place for exchange of information between agencies.

Clinical toxicological services are provided to intoxicated patients by the University Hospital Center and by the reanimation departments of regional hospitals. The University Hospital Center is the only place that has capacities for decontamination. There is no regular countrywide surveillance of poisonings.

Recommendations for priority actions

- Develop mechanisms and protocols to ensure the implementation of legislation, in particular through a regular and timely exchange of information.

[9] See http://ec.europa.eu/environment/seveso/

- Strengthen human capacities in the Ministry of Health, and identify institutions responsible for chemical risk assessment and rapid risk assessment during chemical emergencies.
- Consider creating a poison control centre in line with WHO recommendations.

Indicators and scores

CE.1 Mechanisms are established and functioning for detecting and responding to chemical events or emergencies - Score: 2

Strengths/best practices

- Most international legally binding (conventions) and voluntary agreements such as the Strategic Approach to International Chemicals Management (SAICM)[10] are ratified and their implementation is in a progress.
- A national assessment of chemical safety has been performed and the results have been made public.
- A national infrastructure for chemicals management has gained legal approval.
- Environmental monitoring of chemicals in air and water, and food monitoring for indicator chemicals are conducted.
- There is a specialized centre for treatment of poisonings at the central level, and basic capacities in regional hospitals.

Areas that need strengthening/challenges

- There is a need to establish a coordination mechanism for regular exchange of information (preferably online) between agencies involved in chemicals management.
- Decontamination facilities, PPE and antidotes should be in place and correspond to the need identified through assessment of hazards and risks.
- Particular attention should be paid to creating infrastructure and strengthening human resources in the health system, including considerations on establishing a poison control centre.

CE.2 Enabling environment is in place for management of chemical events - Score: 2

Strengths/best practices

- The country has created a legislative basis for chemicals management in general and for management of chemical emergencies; the legislation defines the roles and responsibilities of stakeholders.
- A CBRN plan is under development, and the Ministry of Health is involved in planning the public health response to chemical emergencies.
- The law on chemicals management stipulates establishment of an intersectoral committee on chemical safety.

Areas that need strengthening/challenges

- There is a need to establish and regularly update an inventory of hazardous sites and activities as well as an inventory of hazardous chemicals; these inventories should be freely accessible to stakeholders.
- Risk assessment and exposure scenarios for chemical health hazards for potentially exposed populations should be developed based on risk assessment of hazardous sites and activities.
- There is a need to establish mechanisms for detecting and responding to chemical events.
- A simulation exercise should be organized once the national CBRN plan has been adopted.
- Cooperation with international networks (e.g. the European poison centres network, the WHO Chemical Risk Assessment Network and the SEEHN) should be strengthened.

[10] See http://www.saicm.org/

Radiation emergencies

Introduction

States Parties should have surveillance and response capacity for radionuclear hazards, events and emergencies. This requires effective communication and collaboration among the sectors responsible for radionuclear management.

Target

States Parties to have surveillance and response capacity for radionuclear hazards/events/emergencies with effective communication and collaboration among the sectors responsible for radionuclear management.

Albania: level of capabilities

In Albania, a system of regulations of radionuclear safety functioning, aligned with basic safety standards, has been established; the system includes legislation and infrastructural frameworks. The Ministry of Health, through its Radiation Protection Office (RPO) and in cooperation with the Institute of Applied Nuclear Physics (IANP), is responsible for radionuclear safety control on an everyday basis. The customs services control the transboundary movement of radioactive substances.

In emergency situations, the Ministry of Interior, General Directorate of Emergency (GDE) is responsible for coordinating a response. The Ministry of Health Radiation Protection Commission (RPC) is an advisory body in case of radiological emergencies.

Radioactive sources are controlled through two processes – notification and licensing. The control includes an inventory and makes it mandatory for anyone dealing with radioactive sources to obtain permission from the RPC.

An integrated national emergency response plan is in place and is communicated to all relevant parties. The national emergency plan is rehearsed and tested from time to time.

Relevant legislation has been reviewed in compliance with international standards. There is an online, 24-hour communication system between the RPO, IANP, customs and GDE.

The radioactive waste management comprises segregation of radioactive sources, their conditioning and their interim storage in a centre for the managing of radioactive materials (IANP).

Albania is a party to conventions related to radionuclear safety and reports to the International Atomic Energy (IAEA).

Recommendations for priority actions

- Include regular evaluation and revision of the integrated national emergency response plan in the legislation as an obligation for all responsible stakeholders.
- Organize exercises on a regular basis, ensuring that the Ministry of Health is involved and participates in an evaluation of the capacities needed for assessment of public health risks.
- Equip storage facilities for radioactive waste in hospitals and in the centre for management of the waste (the IANP), in compliance with international norms.

Indicators and scores

RE.1 Mechanisms are established and functioning for detecting and responding to radiological and nuclear emergencies - Score: 4

Strengths/best practices

- Albania has a national emergency plan that was developed in line with the requirements of the IAEA, is communicated to all agencies involved and is tested from time to time.
- There is a radiation monitoring mechanism for the control of the use and storage of radioactive substances, and for radiation emergencies.
- The systematic online exchange of information between all authorities competent to deal with radiological materials is established and functioning.

Areas that need strengthening/challenges

- There is a need to establish an inventory of emergency units that are involved in the response to radiation emergencies and have the capacity to manage patients during radiological events.
- Hospital units and the RPO should be equipped with the necessary protective and decontamination devices.
- Legal requirements for the update of the emergency plan should be considered.

RE.2 Enabling environment is in place for management of radiation emergencies - Score: 4

Strengths/best practices

- The coordination mechanism for management of radioactive substances is under the authority of the Ministry of Health and functions regularly; the NFP is a member of the RPC.
- A radiation emergency mechanism is in place.
- Transboundary movement of radioactive substances and waste is controlled and an alerting system in suspicious cases is in place 24 hours per day.
- Waste management, including in hospitals and other medical facilities using radioactive substances, is well established.

Areas that need strengthening/challenges

- Radiation emergency drills should be organized on a regular basis and followed by evaluation of a response.
- There is a need to strengthen the capacity of the health system for assessment of public health risks during radiation emergencies.
- Reference laboratories and storage facilities for waste management should be properly equipped.

Appendix 1: Joint external evaluation background

Mission place and dates

Tirana, Albania, 5–9 September 2016

Mission team members

- Benjamin Dahl, Centers for Disease Control and Prevention, United States of America (USA) (team lead)
- Frode Forlund, Norwegian Institute of Public Health, Norway (team co-lead)
- Boguslaw Andrzej Suski, European Centre for Disease Prevention and Control
- Andreas Gilsdorf, Robert Koch Institute, Germany
- Robbin Westerhof, Health Care Inspectorate, Ministry of Health, The Netherlands
- David Harper, Chatham House, United Kingdom
- Mark Reacher, Public Health England, United Kingdom
- Vasily Esenamanov, WHO
- Pierre Nabeth, WHO
- Irina Zastenskaya, WHO

Objective

To assess Albania's capacities and capabilities relevant to the 19 technical areas of the joint external evaluation (JEE) tool for providing baseline data to support Albania's efforts to reform and improve their public health security.

The JEE process

The JEE process is a peer-to-peer review. The external evaluation includes discussions around the scores, the strengths, the areas that need strengthening, best practices, challenges and the priority actions. This entire process should be collaborative, with JEE team members and host country experts seeking full agreement on all aspects of the final report findings and recommendations.

Should significant and irreconcilable disagreement arise between the external team members and the host country experts, or among the external experts or the host country experts, the JEE team lead will decide the outcome; this will be noted in the final report along with the justification for each party's position.

Preparation and implementation of the mission

Before the visit, all the background documentation and detailed explanation of the evaluation process and related logistical implications were shared with the national counterparts in charge of the evaluation from Albania's side.

Limitations and assumptions

- The evaluation was limited to 1 week, which limited the amount and depth of information that could be managed.
- It was assumed that the results of this evaluation will be publically available.

- The evaluation is not an audit. Information provided by Albania will not be independently verified but will be discussed and the evaluation rating mutually agreed to by the host country and the evaluation team.
- This is a peer-to-peer review.

Key host country participants and institutions

- Deputy Minister of Health, Albania, Klodjan Rjepaj
- Dr Silvia Bino, Institute of Public Health (IPH), Ministry of Health, Albania (Albania's lead representative)
- Dr Rakip Gjoni, Emergency Response, Ministry of Health
- Dr Erol Como, Primary Care, Ministry of Health
- Dr Erida Nelaj, EPI Manager, Ministry of Health
- Luljeta Alla DVM, IPH
- Kujtim Mersini DVM, Ministry of Agriculture
- Lindita Tafaj, Chemicals Management, IPH
- Liljana Cara DVM, Institute of Food Safety and Veterinary Research (IFSVR)
- Lindita Molla, IPH
- Renis Maci, IFSVR Food Safety Agency
- Dr Artan Bego, IPH
- Dr Andi Koraqe, Faculty of Medicine
- Jona Boci, IFSVR
- Dr Shpetim Qyra, IPH
- Majlinda Kota, PhD, IPH
- Iris Hatibi, PhD, IPH
- Dr Artan Simaku, IPH
- Dr Adela Vasili, IPH
- Dr Elona Koreta, IPH
- Dr Silvana Novi, Ministry of Health
- Dr Alketa Hila, ISKSH
- Dr Maksimiljan Dhima, Emergency Operation Office, Ministry of Interior
- Lorenc Hashorva, State Health Inspectorate
- Hermes Plaku, Radiation Protection Office, IPH
- Ida Murraj
- Liljana Kola, Institute of Nuclear Physics
- Mirela Alushllari, Institute of Applied Nuclear Physics

Supporting documentation provided by Albania

National legislation, policy and financing

Relevant documentation

- Law No. 10 138, 11 May 2009 "PËR SHËNDETIN PUBLIK" (About Public Health)
- Decree No. 772, 24 September 2010 "PER ZBATIMIN E RREGULLORES NDERKOMBETARE TE SHENDETIT" (For the Implementation of International Health Regulations (2005))
- Ligj No. 15/2016 "PER PARANDALIMIN DHE LUFTIMIN E INFEKSIONEVE DHE SEMUNDJEVE INFEKTIVE" (For Prevention and Fight against Infections and Infectious Diseases)

IHR coordination, communication and advocacy

Relevant documentation

- World Organisation for Animal Health (OIE) reports (World Animal Health Information System – WAHIS)
- IHR reports to the World Health Assembly
- Legislation, protocols or other policies related to reporting to WHO

Antimicrobial resistance

Relevant documentation

- National Healthcare Associated Infection Prevention and Control Guideline
- Law No. 15/2016, For Prevention and Fight against Infections and Infectious Diseases

Zoonotic diseases

Relevant documentation

- List of zoonotic priority pathogens for public health
- Descriptions of existing zoonotic surveillance systems
- OIE country performance of veterinary services (PVS) report
- OIE country PVS gap analysis report

Food safety

Relevant documentation

- WHO food safety publications (http://www.who.int/foodsafety/publlications/all/en)

Biosafety and biosecurity

Relevant documentation

- Registry of high-risk pathogen collections housed in the country
- Policy document for biorisk or biosafety management in a facility
- OIE country PVS report (also included for Prevent 2 – Zoonoses)
- OIE country PVS gap analysis report (also included for Prevent 2 – Zoonoses)
- OIE country PVS laboratory mission report

Immunization

Relevant documentation

- Albania National Immunization Plan
- WHO Country Immunization Profile (http://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=ALB)

National laboratory system

Relevant documentation

- Law No. 15/2016, For Prevention and Fight against Infections and Infectious Diseases
- Decision of the Council of Ministers No. 722, 24 September 2010 on Implementation of International Health Regulations
- IPH (http://ishp.gov.al/)
- Ministry of Health (http://www.shendetesia.gov.al/)

Real-time surveillance

Relevant documentation

- OIE reports (WAHIS)
- IHR reports to the World Health Assembly
- Legislation, protocols or other policies related to reporting to WHO, OIE WAHIS or FAO
- WHO IHR Annex 2
- OIE Terrestrial Animals and Health Code – Section 1
- European Union Decision 1082/EU/2013, Early Warning and Response System

Reporting

Relevant documentation

- Law No. 15/2016, For Prevention and Fight against Infections and Infectious Diseases
- Decision of the Council of Ministers No. 722, 24 September 2010 on Implementation of International Health Regulations

Workforce development

Relevant documentation

- Law No. 15/2016, For Prevention and Fight against Infections and Infectious Diseases
- Decision of the Council of Ministers No. 722, 24 September 2010 on Implementation of International Health Regulations
- IPH (http://ishp.gov.al/)
- Ministry of Health (http://www.shendetesia.gov.al/)

Preparedness

Relevant documentation

- Preparedness Plan for Crisis with Focus on Pandemic H1N1 Influenza, 2005
- Disaster Risk Assessment at Country and Prefecture Level in Albania, 2005

Emergency response operations

Relevant documentation

- WHO Public Health Emergency Operations Centre Network (http://www.who.int/ihr/eoc_net/en/)
- Monitoring and Evaluation for Disaster Risk Reduction (http://www.un-spider.org/risks-and-disasters/sendai-framework-drr)
- Sendai Framework for Disaster Risk Reduction 2015–2030

Linking public health and security authorities

Relevant documentation

- Law 8756 on Civil Emergencies, 26 March 2001, with later amendments
- Decision of the Council of Ministers No. 965, 2 December 2016, "On inter-institutional cooperation of leading structures, in civil emergencies and crises situations"
- Council of Ministers Decision No. 835, 3 December 2004, adopting the National Civil Emergency Plan
- Law on Public Health No. 10 138, 11 May 2009
- Law on Prevention and Fight against Infections and Infectious Diseases No. 15/2016, 10 March 2016
- Crisis Preparatory Plan Focused on Pandemic Flu H1N1, adopted 9 September 2009
- Protocol on the Rapid Assessment in Health Disasters (Shëndetësor ndaj Fatkeqësive)
- Ministry of Health General Platform on Risk and Disaster Management

Medical countermeasures and personnel deployment

Relevant documentation

- Law 8756 on Civil Emergencies, 26 March 2001, with later amendments
- Crisis Preparatory Plan Focused on Pandemic Flu H1N1, adopted 9 September 2009
- Protocol on the Rapid Assessment inshëndetësor Ndaj Fatkeqësive Health Disasters
- Ministry of Health General Platform on Risk and Disaster Management
- Haemorrhagic Fever Plan (not delivered)

Risk communication

Relevant documentation

- Law No. 15/2016, For Prevention and Fight against Infections and Infectious Diseases
- Decision of the Council of Ministers No. 722, 24 September 2010 on Implementation of International Health Regulations
- IPH (http://ishp.gov.al/)
- Ministry of Health (http://www.shendetesia.gov.al/)

Points of entry

Relevant documentation

- Assessment Tool for Core Capacity Requirements at Designated Airports, Ports and Ground Crossings (http://www.who.int/ihr/ports_airports/PoE/en/index.html)

Chemical events

Relevant documentation

- National Profile of Chemicals Management, updated 2012 (http://chemicals.al/doc/profili_kombetar_en_2012.pdf)
- Law No. 27, 17 March 2016 on Chemicals Management and Law on Industrial Accidents
- Ministry of Environment – Reports of State of Environment (http://akm.gov.al/cil%C3%ABsia-e-mjedisit.html#raporte_publikime)

Radiation emergencies

Relevant documentation

- RASSIA Report for ALBANIA IAEA Document
- Information on the RPO website (www.ishp.gov.al/rpo incl. legislative and infrastructural framework)
- Luan Qafmolla, Shyqyri Arapi (2010). Crisis Management During Accident with High Radioactive Sources in Albania/ Dangerous Materials: Control, Risk Prevention and Crisis Management. Volume 00 of the series NATO Science for Peace and Security Series C: Environmental
- Statement by the Albanian Delegation to the 58th Session of the General Conference of the IAEA, Vienna, 24 September 2014

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