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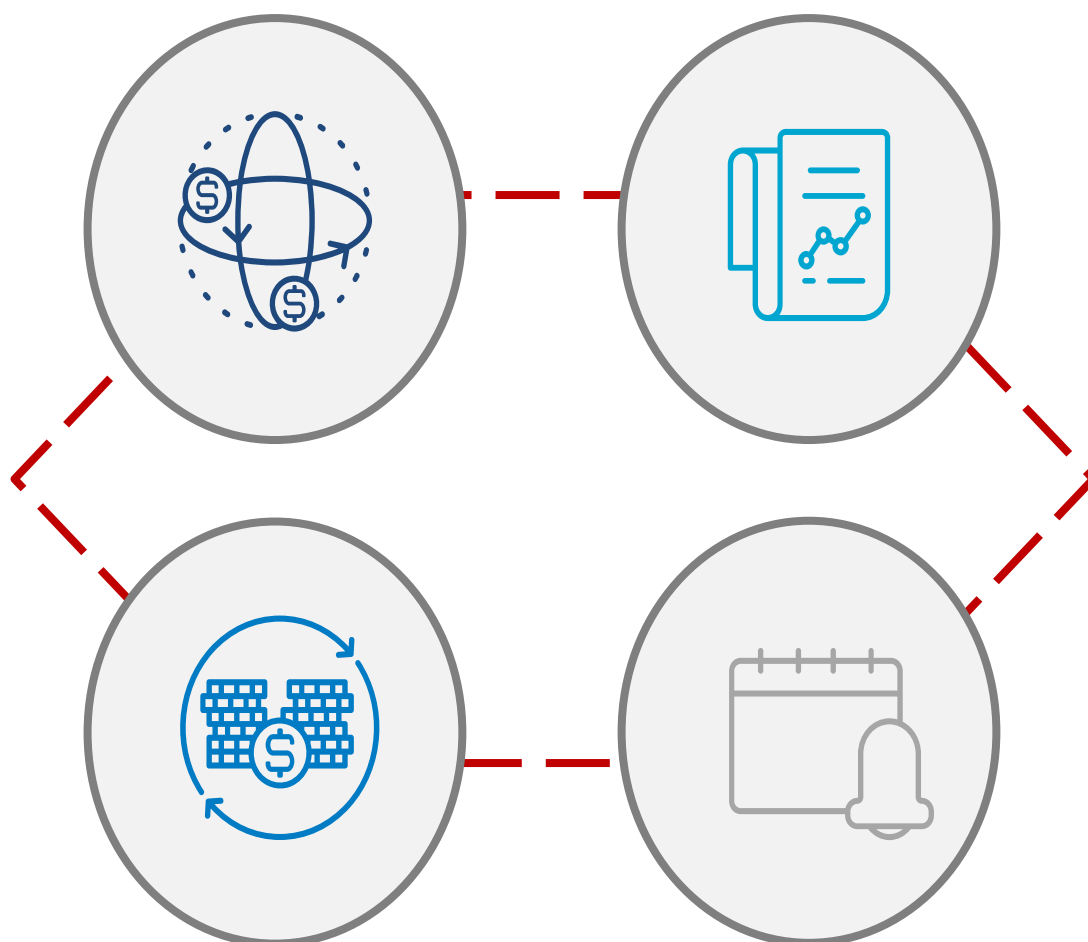
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ALBANIA

SOLIDAR – Together in Health Emergencies

Situational Analysis Report on the Current State of Public Health Emergency Preparedness and Response at Local Level

February 2025



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ABBREVIATIONS

AAR	After-Action Reviews
CDC	Center for Disease Control and Prevention
CE	Civil Emergencies
CEP	Civil Emergency Plan
CMC	Civil Emergency Committee
COG	Continuity of government
CoM	Council of Ministers
COOP	Continuity of operations
CPC	Civil Protection Committee
CPCM	Civil Protection Commission at Municipality Level
CPE	carbapenem-resistant Escherichia coli
CRN	Community Resilience Network
CSOs	Civil Society Organisations
DCM	Decision of the Council of Ministers
DLD	Disaster Damage and Loss Database
DRA	Disaster Risk Assessment
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
EOP	Emergency Operations Plan
ER	Emergency Room
ESPR	Earthquake Social Protection Response
EU	European Union
EUCPM	European Union Civil Protection Mechanism
GDP	Gross Domestic Product
GIS	Geographic Information System
GPs	General Practitioners
HIV	Human Immunodeficiency Virus
HOM	Head of Operations at Municipal Level
ICS	Incident Command System
IFRC	International Federation of Red Cross and Red Crescent Societies
IHR	International Health Regulations
IM	Incident Manager
IMCCE	Inter-Ministerial Committee on Civil Emergencies
IMS	Incident Management Systems
IPH	Institute of Public Health
LCEPs	Local Civil Emergency Plans
LGUs	Local Government Units
LHUs	Local Healthcare Units
LPCEs	Local Plans for Civil Emergencies
MI	Myocardial infarction
MoHSP	Ministry of Health and Social Protection
NACP	National Agency for Civil Protection
NCEM	National Emergency Medical Center
NCEP	National Civil Emergency Plan
NCPA	National Civil Protection Agency
NDRA	National Disaster Risk Assessment
NDRRS	National Disaster Risk Reduction Strategy



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NGOs	Non-Governmental Organisations
OCHA	Office for the Coordination of Humanitarian Affairs
PHC	Primary Healthcare Centers
PHEOC	Public Health Emergency Operations Center
RCPC	Regional Civil Protection Centers
RESEAL	Resilience Strengthening in Albania
RHOs	Regional Health Operators
RRA	Rapid Risk Assessments
RRT	Rapid Response Team
UNDP	United Nations Development Program
UNDRR	United Nations Office for Disaster Risk Reduction
VBHC	Value-based healthcare
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization



1 INTRODUCTION

1.1 CONTEXT

Since June 2015, Albania has undergone a significant local government territorial reform, clustering smaller municipalities into larger units, reducing the number from 373 to 61. The new legal framework, including Law no. 131/2015 on "Local Self-Government" and Law no. 121/2016 on "Social Care Services", has transferred several critical functions to local governments. The following functions are particularly relevant in the context of health emergencies, preparedness and response: fire protection and rescue; construction, rehabilitation, and maintenance of primary health service buildings; the organization of local-level health protection education activities; management of social centers; and planning, budgeting and providing social services, including mapping needs, establishing a basket of services, and preparing local plans for social care services.

In addition, Law no. 45/2019 on "Civil Protection" extends responsibilities to all public and private entities and citizens to undertake a structured approach to civil protection. This includes a) carrying out a risk assessment in each territory, drafting and approving a disaster risk assessment document, b) informing the public and endangered communities based on the findings of the disaster risk assessment document, c) developing Local Plans for Civil Emergencies (LPCEs), incorporating strategies to manage identified risks and d) engaging and training communities through simulations and small drills, enhancing their ability to react effectively in case of disasters or emergencies. By these changes, the responsibility of the local administrative level in Albania has significantly grown while capacities have still to be developed.

To date, the National Agency for Civil Protection (NACP) with support from the United Nations Development Program (UNDP) has developed Disaster Risk Assessment (DRA), Disaster Risk Reduction (DRR) and Civil Emergency Plan (CEP) templates. These templates have been successfully applied in municipalities in the Prefecture of Fier. Other municipalities are expected to adopt and implement these templates to enhance their disaster preparedness. However, these documents currently lack an integrated health component, which would be crucial for comprehensive emergency preparedness. Field visits revealed that none of the municipalities or health centers had also prepared such documents, sufficient relevant guidance from the national level is lacking. Additionally, communities are not used to preparing, planning and performing exercises to build their knowledge and skills on how to behave in case of disaster.

The SOLIDAR project envisages addressing these gaps by a) supporting the NACP in developing and incorporating the necessary health components into the DRA and DRR actions and b) strengthening the capacity of the NACP in conducting joint exercise drills at community level to ensure that communities have the knowledge and skills necessary to respond effectively when emergencies arise.

The objective of this consultancy is to provide technical assistance for the development of an integrated methodology for public health risk assessments, risk management, and civil protection planning. This approach should be consistently implemented across different entities at local level, including municipalities, health centers, and community resilience networks (CRNs). The SOLIDAR project aims to initiate a sustainable process of incorporating the health dimension into key disaster risk management documents, with a particular focus on vulnerable populations. In addition, the consultancy will support the establishment of joint exercise drills to ensure a coordinated response between health and non-health actors, thereby better preparing communities to respond to emergencies.



Target beneficiaries:

- Municipal hospitals: Kruja, Puka, Malësia e Madhe, Përmet, Tepelena, Gramsh, Peqin;
- Health centers: Kamza, Vora, Fushë-Kruja, Velipoja, Dajç, Fushë-Arrëz, Qerret, Gjegjan, Qelëz, Këlcyra, Cërrik, Belsh;
- Municipalities: Kamza, Vora, Kruja, Shkodër, Fushë-Arrëz, Puka, Malësia e Madhe, Përmet, Këlcyra, Tepelena, Gramsh, Cërrik, Belsh, Peqin;
- CRNs: Gramsh, Përmet, Fushë-Kruja, Puka, Dajç.

1.2 OBJECTIVE

The Rapid Situation Analysis Report on Public Health Emergency Preparedness and Response aims to assess the current state of Albania's local-level emergency management systems, focusing on public health and civil protection. It identifies existing gaps in preparedness, resource allocation, and inter-sectoral coordination. The analysis seeks to integrate health dimensions into disaster risk management frameworks while emphasizing the role of local governments, healthcare institutions, and community networks in building resilience.

The report also outlines strategies for enhancing institutional capacities, ensuring equitable access to resources, and improving response mechanisms during public health emergencies. Through this, it aims to support the development of an adaptive and inclusive framework that prioritizes vulnerable populations, fosters collaboration among stakeholders, and strengthens Albania's overall disaster preparedness and response system.

1.3 REPORT METHODOLOGY

This Rapid Situation Analysis was conducted using a mixed-methods approach, integrating a comprehensive desk review with targeted field interviews and site visits. The goal was to triangulate policy and institutional data with practical insights from local actors, in order to assess the current status of public health emergency preparedness and response capacities in Albania.

1. Desk Review

The desk research aimed to map the legal, institutional, and strategic landscape governing public health emergencies and civil protection in Albania. The review included:

- Analysis of relevant national legislation such as Law no. 45/2019 on Civil Protection, and Law no. 15/2016 on Infectious Diseases;
- Review of national strategic frameworks including the National Disaster Risk Reduction Strategy 2023–2030, the Emergency Operations Plan (MoHSP, 2020), and the National Civil Emergency Plan (2023);
- International reference documents and frameworks including the Sendai Framework for Disaster Risk Reduction and the WHO International Health Regulations (2005);
- Documents, guidance, and templates produced by projects such as SOLIDAR, RESEAL (UNDP), and the Swiss Development Cooperation;
- Supplementary grey literature, reports from donor agencies, and secondary data made available by national and international stakeholders.



2. Field Interviews and Site Visits

Between January 27–31, 2025, the project team conducted an intensive field mission across multiple locations in Albania. The field component was designed to validate and complement desk findings with local perspectives and firsthand observations.

A total of 24 structured and semi-structured interviews were held with representatives from the following key stakeholder groups:

- Healthcare Providers: Directors of Municipal Hospitals and Primary Health Centers (including 24/7 PHCs);
- Civil Protection Authorities: Municipal Civil Protection Directors, Prefectures, and Regional Civil Protection Centers;
- Central Institutions: Ministry of Health and Social Protection (MoHSP), Institute of Public Health (IPH), National Agency for Civil Protection (NACP), and the National Coordination Centre;
- International and Civil Society Actors: UNDP-RESEAL, Red Cross, and Together for Life;
- Regional Health Operators and Local Healthcare Units.

The interview framework was aligned with the objectives of the SOLIDAR project and focused on the following themes:

- Existing capacities and infrastructure for emergency response;
- Availability, content, and quality of emergency preparedness plans in health institutions;
- Coordination mechanisms between health and civil protection actors;
- Institutional memory, staff turnover, and continuity of planning;
- Awareness and application of risk assessments;
- Training, simulations, and funding mechanisms for preparedness activities;
- Inclusion of vulnerable groups and social protection in emergency plans.

In addition, existing emergency plans were reviewed where available, such as those from the PHC in Vora, the Municipal Hospital in Kruja, and the PHC in Berdicë.

1.4 RELEVANT CONCEPTS ON PUBLIC HEALTH EMERGENCY

Public Health Emergency Preparedness and Response refers to the comprehensive framework of strategies, policies, and actions implemented to manage and mitigate risks associated with health emergencies. According to the **World Health Organization (WHO)**, this includes activities designed to prevent, detect, and respond to health crises such as pandemics, natural disasters, or chemical and biological threats. The **National Disaster Risk Reduction Strategy (NDRRS 2023-2030)** in Albania emphasizes integrating health considerations into civil protection planning to strengthen the country's ability to manage such emergencies.

A **Public Health Emergency** is an event that poses a significant threat to the health of a population, often requiring immediate and coordinated action. This includes outbreaks of infectious diseases (e.g., COVID-19, measles), biological or chemical incidents, or health consequences from natural disasters like earthquakes and floods. Albania's **National Civil Emergency Plan (2023)** identifies public health emergencies as a key risk, focusing on biological hazards such as pandemics, antibiotic resistance, and waterborne diseases. The **International Health Regulations (2005)** define such events as extraordinary occurrences with potential global implications, requiring an international response.

Preparedness involves proactive measures to minimize vulnerabilities and enhance capacities for effectively managing health emergencies. The **United Nations Office for Disaster Risk Reduction (UNDRR)** emphasizes preparedness through risk assessments, simulation exercises, and community education. Albania's **Civil Protection Law (2019)** and **National Disaster Risk Reduction Strategy (NDRRS 2023-2030)** underline



preparedness as a foundational principle, calling for updated emergency plans every three years and regular multi-stakeholder training exercises to ensure readiness at all levels.

Response refers to immediate actions taken to mitigate the impact of a health emergency, such as mobilizing healthcare resources, deploying emergency services, and ensuring access to essential medical care. According to the **United Nations Office for the Coordination of Humanitarian Affairs (OCHA)**, effective response prioritizes saving lives and minimizing suffering. The **All Emergency Operations Plan (MoHSP, 2020)** in Albania outlines a structured response framework, emphasizing coordination among institutions like the National Emergency Medical Center (NCEM), Institute of Public Health (IPH), and regional health operators during crises.

Additional relevant concepts:

- **Resilience:** Resilience is the capacity of communities, systems, and individuals to withstand and recover from emergencies while maintaining critical functions. The Sendai Framework for Disaster Risk Reduction promotes resilience as a goal for sustainable disaster management. Albania's NDRRS 2023-2030 prioritizes resilience through risk-informed planning and robust health infrastructure;
- **Disaster risk reduction:** DRR involves identifying and mitigating risks to reduce the likelihood and severity of disasters. The National Disaster Risk Assessment (NDRA, 2023) in Albania highlights biological hazards as a priority, recommending the integration of advanced monitoring systems and early warning mechanisms;
- **Health system strengthening:** Strengthening health systems is critical for addressing emergencies. The WHO advocates for resilient healthcare infrastructure, trained personnel, and stockpiled medical supplies. In Albania, the Civil Protection Law (2019) mandates that 2-4% of the health sector budget be allocated to preparedness and risk reduction efforts;
- **Risk communication:** Transparent and timely communication is vital for managing public perception and ensuring compliance during emergencies. The Center for Disease Control and Prevention (CDC) defines risk communication as a real-time exchange of information that fosters trust and informed decision-making. Albania's All Emergency Operations Plan includes a dedicated focus on risk communication strategies during health crises;
- **Community engagement:** Involving local communities in emergency preparedness builds trust and enhances response efficacy. The International Federation of Red Cross and Red Crescent Societies (IFRC) stresses community-centered approaches. The Albanian NDRRS 2023-2030 echoes this sentiment, calling for local training programs and awareness campaigns to empower communities;
- **Early warning systems:** Effective early detection systems are critical for preventing and managing health emergencies. According to WHO, robust surveillance systems enable real-time monitoring and rapid response. Albania's NDRA (2023) recommends strengthening early warning capabilities to address biological hazards like pandemics and waterborne diseases;
- **Continuity of government (COG) and continuity of operations (COOP):** The earthquake situation of November 2019 showed strong gaps in this field with the government of Albania and the different emergency response institutions of the country. In 2024, as part of the UNDP RESEAL project, these concepts were introduced in Albania. While different governmental institutions are at different stages with the implementation, it is crucial that the status gets analysed, and concepts trained and exercised. In the medical field, both the ministry and the Institute for Public Health have developed a COG-COOP plan.



1.5 RELEVANT INSTITUTIONS FOR PUBLIC HEALTH EMERGENCIES IN ALBANIA

CENTRAL GOVERNMENT INSTITUTIONS

1. National Agency for Civil Protection - Responsible for disaster risk reduction, civil protection coordination, and implementing the National Civil Emergency Plan (NCEP);
2. Ministry of Health and Social Protection (MoHSP) - Leads public health emergency preparedness and response. Oversees tertiary hospitals, regional hospitals, health centers, and emergency medical services (The National Center for Emergency Medical Services);
3. Council of Ministers (CoM) - Approves policies for risk reduction and civil protection at the national level. Declares states of emergency and ensures inter-ministerial coordination;
4. Civil Protection Committee (CPC) - Operates under the Prime Minister's Office to implement disaster risk reduction strategies and to coordinate during emergencies;
5. Institute of Public Health - Manages disease surveillance and public health training. Acts as the laboratory expertise for communicable disease diagnosis; the focal point for International Health Regulations (IHR). Should establish the Public Health Emergency Operations Center (PHEOC);
6. National Emergency Medicine Center - Coordinates emergency medical response during public health crises.

REGIONAL AND LOCAL INSTITUTIONS

1. Regional Civil Protection Centers (RCPC) - Serve as the local branches of NACP, implementing civil protection measures at the regional level;
2. Prefectures - Coordinate disaster response and risk assessments at the county level. Supervise the implementation of emergency measures by municipalities;
3. Municipalities - Develop and update local DRAs and Local Civil Emergency Plans (LCEPs). Manage community-level early warning systems and emergency responses;
4. Regional Health Operators (RHOs) - Oversee healthcare delivery at the regional level. Act as intermediaries between local health units and national structures during emergencies;
5. Local Healthcare Units (LHUs) - Provide primary healthcare and act as the first responders in public health emergencies. Collect and report health data for disease surveillance;
6. Primary Healthcare Centers (PHCs) - PHCs are the first level of interaction between the health system and the community, providing accessible, localized health services.

INTERNATIONAL AND REGIONAL PARTNERS

1. United Nations Development Programme - Supports disaster risk reduction initiatives and the development of national strategies (e.g., NDRRS);
2. World Health Organization - Provides guidance on public health emergency preparedness and response. Collaborates with the MoHSP for compliance with IHR;
3. European Union Civil Protection Mechanism (EUCPM) - Facilitates cross-border assistance and integration into European Union (EU) disaster management frameworks;
4. Centres for Disease Control and Prevention (CDCs) - Offers technical support for risk communication, disease surveillance, and public health capacity-building.
5. United Nations Children's Fund (UNICEF) - Actively supports health and emergency preparedness for children and vulnerable populations. It contributes to immunization programs, nutrition, and maternal and child health services in crisis settings.



6. World Bank – Engaged in development planning and system strengthening in areas such as healthcare infrastructure, resilience, and disaster risk financing mechanisms. Supports broader institutional reforms relevant to health emergency preparedness.
7. South Eastern Europe Health Network – A regional collaboration platform where Albania is a member, focusing on health system development, cross-border health emergencies, and sharing best practices in public health policies.
8. Disaster Preparedness and Prevention Initiative for South Eastern Europe – A regional initiative that includes the NCPA as a member. It promotes cooperation and capacity building in disaster risk reduction and emergency preparedness among countries in the region.

2 CIVIL PROTECTION

2.1 LEGAL AND INSTITUTIONAL FRAMEWORK

The constitution of the Republic of Albania is the political and juridical starting point for organizing civil emergencies. Articles 170, 174 and 175 address the issues of state of natural disaster (civil emergency), the acts issued, and the measures taken under these circumstances.

The main legal act covering the civil emergencies in Albania, is the Law no. 45/2019 "On the civil protection". This law regulates the functioning of the civil protection system, clearly defining the responsibilities of the institutions and structures of this system, international cooperation, rights and obligations of citizens and private entities, education, training and inspection.

Law. No. 152/2015 "On fire protection and rescue services" and other bylaws in its implementation. Normative act no. 9, dated 16 Dec. 2019 "For coping with the consequences of the natural disaster", approved by law o. 97/2019 "For the approval of the normative act, with the power of law, no. 9, dated 16 Dec. 2019, of the Council of Ministers," to coping with of the consequences of the natural disaster.

Law no. 45/2019 "On the civil protection" ensures the adaptation of the civil protection system to European standards, in accordance with a series of European Union directives and the priorities of the Sendai Framework for Disaster Risk Reduction. One of the main objectives of the law is to strengthen the civil protection system, through setting up of the National Civil Protection Agency (NCPA) as a central institution under the Ministry of Defense that is responsible for disaster risk reduction and civil protection, in the entire territory of the Republic of Albania. NCPA will be the highest coordinating, management, technical, supervisory, and controlling authority in the field of disaster risk reduction and civil protection. The NCPA will be organized as the general directorate at the central level, while at the local level, it will be organized on a regional basis, according to the civil protection centres.

This law also obliges central and local institutions to prepare sub-legal acts and respective DRA, based on sectors and area they cover. Referring to the law requirements, there are 17 approved bylaws (DCMs,) each of them covering different aspects of the civil protection system.

From a legal standpoint, and in accordance with the Sendai commitments, the Law "On Civil Protection" (45/2019) was adopted on 18 July 2019 in order to promote disaster risk reduction. This law introduces new concepts: Disaster Risk Management (DRM), national and local strategies for DRM, harmonization of urban planning with DRM at local and national level, regional strategies for risk assessment, risk assessment certificates for development projects, civil emergency plans at all levels in line with the National Plan for Civil Emergencies (CE) and list of critical infrastructure. According to it, disaster risk assessments and a national civil emergency plan, as well as a local emergency plan, must be prepared and adopted at least every three years. The National DRM Strategy and Local DRM Strategies, on the other hand, must be updated at least every five years. This law divides the duties and responsibilities of institutions, private entities, civil society organizations



and associations and citizens as a whole, along with specific obligations related to disaster risk reduction as described:

PARLIAMENT

- Approves the budget of NCPA, as part of the budget of the ministry responsible for civil protection;
- Exercises parliamentary control over issues related to civil protection;
- Ratifies international agreements on civil protection;
- Decides on the extension of the disaster situation beyond 30 days announced by the Council of Ministers.

COUNCIL OF MINISTERS

Approves and ensures the implementation of policies for risk reduction and civil protection in the Republic of Albania and has the following responsibilities:

- Approves the National Strategy for risk reduction, the National Plan for EC, the evaluation of risk at the central level;
- Can decide to declare the state of natural disaster in a part or throughout the country, for a period of up to 30 days;
- Informs the Assembly of the Republic of Albania about the situation created, the risks that arise and the measures taken for managing the situation, as well as seeking its consent for the prolongation of the disaster situation beyond 30 days.

CIVIL PROTECTION COMMITTEE

The **Civil Protection Committee** as a structure at the Prime Minister Office is responsible for the disaster risk situation. It is the highest, permanent body, responsible for the implementation of policies to reduce disaster risk and civil protection in the Republic of Albania.

INTER-MINISTERIAL COMMITTEE ON CIVIL EMERGENCIES

The **Inter-Ministerial Committee on Civil Emergencies (IMCCE)** within the declaration of the state of natural disaster is the highest body for the coordination of the actions of state institutions and private entities, as well as material and financial resources for coping with the natural disaster:

- Coordinates the entire activity of civil protection institutions and structures;
- Defines the ways and procedures for the use of material and financial resources;
- Establishes the allocation of funds for recovery from natural disasters;
- Appoints the central operations manager for natural disaster management.

NATIONAL CIVIL PROTECTION AGENCY

The **National Civil Protection Agency** is the central institution under the minister responsible for civil protection and responsible for downsizing of disaster risk and civil protection, throughout the territory of the Republic of Albania.

NCPA exercises coordinating, leading, technical, supervisory and controlling authority in the field of disaster risk reduction and civil protection.

- NCPA implements the strategic directions and objectives set by the ministry responsible for civil defense;
- Coordinates the work for drafting the National Strategy for risk reduction, National Plan for EC and Disaster Risk Assessment at central level;



- Cooperates with international organizations and international counterpart organizations in framework of risk reduction & civil protection;
- Through the Civil Protection Training Center conducts trainings of state structures, private and voluntary entities;
- Enters into agreements with non-profit organizations, or other legal entities in connection with civil protection.

Four Civil Protection Regional Centers, four regional branches which depend on NCPA that constitute the specialized institutional network, which implements the tasks for disaster risk reduction and civil protection in the county.

PREFECT

- Carry out risk assessment in the territory of the respective region;
- Approve and update the CE Plan in the region;
- Establishment of Disaster Damage and Loss Database (DLD) at county level;
- Ensure the functioning of the monitoring system, early warning, notification and alarm in the territory of the county;
- Coordinates the distribution of international assistance in case of disasters at the county level;
- Coordinates operational forces at the county level in case of disasters and appoints the head of operation at the county level;
- Monitors the implementation of measures taken by the municipalities of the region to reduce the risk by disasters and civil protection.

LOCAL SELF-GOVERNMENT UNITS

- Draft the disaster risk assessment;
- Draft and review the DRR Strategy;
- Draft, approve and update the Local Plan for CE;
- Establish the disaster loss database;
- Ensures the functioning of the monitoring system, early warning, notification and alarm in their territory;
- Carry out the assessment of damages caused by various disasters in their territory.

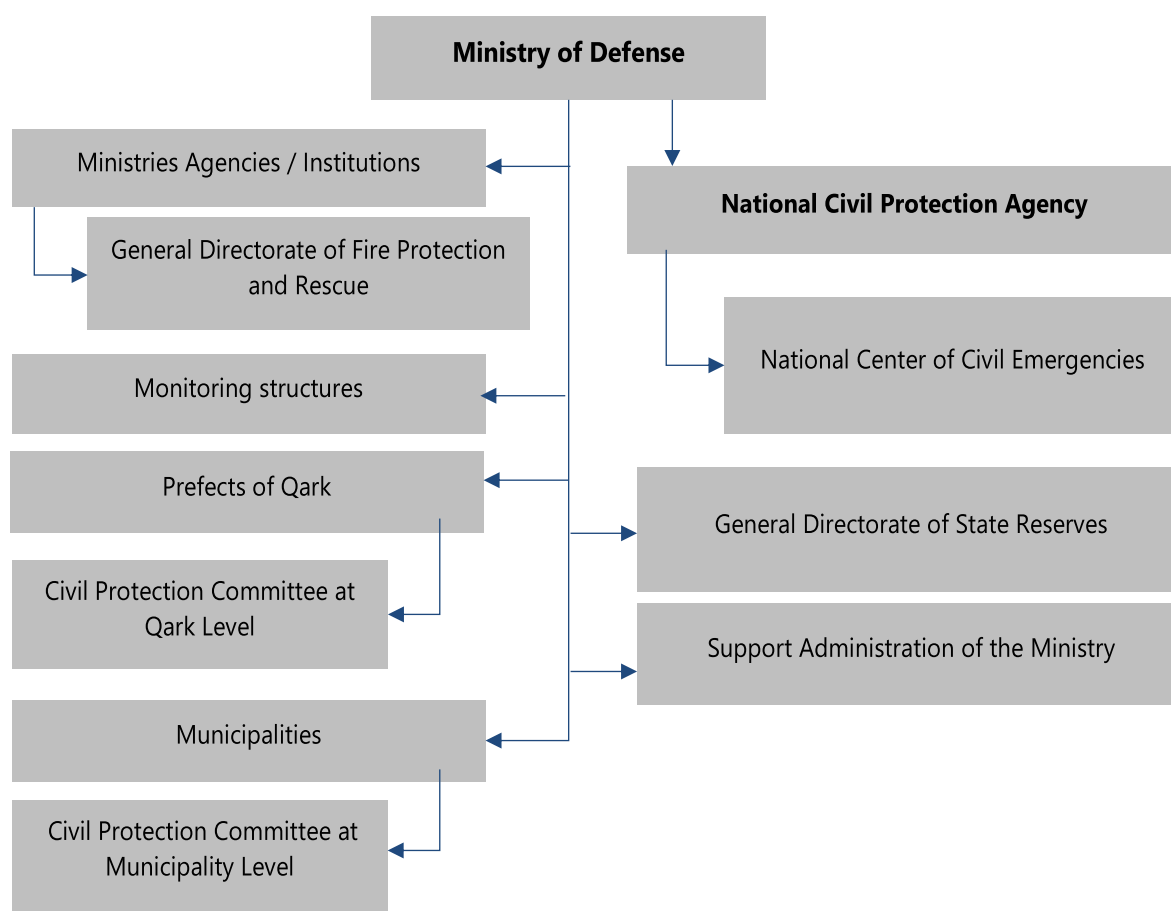


Figure 1: Schematic presentation of the civil protection system

2.2 CIVIL PROTECTION STRUCTURES AT LOCAL LEVEL

The Qark Prefect plays a pivotal role in disaster risk reduction and civil protection at the county level, acting as a coordinator between municipalities and the NCPA. Key responsibilities include assessing disaster risks, drafting and approving the county-level disaster risk assessment document, and ensuring that municipalities allocate adequate funds for disaster preparedness. The Prefect collaborates with municipalities to implement risk mitigation measures while overseeing the development, approval, and updating of the county's CEP, which is shared with the NCPA for planning purposes. Additionally, the Prefect manages data collection and monitoring systems, ensuring the community, border counties, and the NCPA are promptly informed of any disasters.

In emergency scenarios, the Prefect coordinates operational forces, appoints heads of operations, and takes necessary measures to alleviate disaster impacts. This includes managing international assistance, setting priorities for emergency investments, and creating a database of disaster losses. The Prefect engages all available county capacities, including citizen involvement, to address disasters and ensures that municipalities comply with disaster mitigation measures. If municipal compensation needs exceed 8% of their budget, the Prefect requests additional support from the NCPA or the Civil Emergency Committee (CEC) to address damages. Through these responsibilities, the Prefect serves as a central figure in uniting municipal and regional efforts for effective disaster management.

Municipalities hold a crucial role in Albania's Civil Protection System, serving as the primary responders and administrators of civil protection measures at the local level. They are responsible for conducting disaster risk



assessments within their territories, drafting and approving disaster risk documents, and sending these to the Qark Prefect and the NCPA for analysis and planning. Municipalities also inform the public about identified risks, develop and revise disaster risk mitigation strategies, and maintain updated local civil emergency plans. To strengthen preparedness, municipalities organize training programs for employees and residents and ensure the operation of local monitoring, early warning, and alarm systems to promptly inform communities and relevant authorities of emergencies.

Beyond planning and communication, municipalities oversee various operational tasks, such as creating databases of disaster losses, supporting preventive and rehabilitation investments, and appointing operational heads during disasters. They assess damages, determine local needs, and compensate citizens for losses while collaborating with neighbouring municipalities to manage shared risks. Municipalities maintain infrastructure readiness, including fire protection systems, flood prevention mechanisms and rural road access, and ensure food and resource reserves for emergencies. In cases of severe disasters that meet criteria for a state of natural disaster, municipalities prepare damage reports and submit them to the Qark Prefect and NCPA, requesting the declaration of such a state. Civil protection commissions at the municipality level, led by the Mayor, coordinate these efforts, ensuring integration with both local and central structures for comprehensive disaster management.

The **Civil Protection Commission at Municipality Level (CPCM)** is a key body established in each municipality to oversee civil protection measures. Chaired by the Mayor, the CPCM is composed of representatives from the Municipal Council, municipal departments, local military and police authorities, directors of local institutional offices, and representatives of non-governmental organisations (NGOs) active in civil emergencies. The composition, roles, and functions of the CPCM are defined and approved by the Mayor, ensuring a diverse and inclusive approach to emergency management.

The CPCM is responsible for coordinating all state and non-state activities related to civil protection within the municipality. Its duties include developing and implementing plans for disaster prevention, mitigation, preparedness, and response. The commission organizes search-and-rescue efforts, manages emergency assistance from domestic and international sources, and ensures essential services such as hygiene, electricity, water supply, and care for affected populations during emergencies. Additionally, the CPCM maintains up-to-date data on transport logistics, heavy machinery, and strategic reserves, and disseminates information to the Qark Prefect and the community. It also raises awareness about evacuation routes, emergency communication tools, and safety measures, promoting community resilience against disasters.

LHUs can be part of the CPC at the Municipality Level. Their involvement is both logical and beneficial due to the critical role healthcare plays in managing and mitigating the impacts of emergencies. While the legal framework often outlines general categories of members, such as representatives of local offices of institutions operating in the municipality, LHUs typically fall under this umbrella.

The **Head of Operations at Municipal Level (HOM)** is an operational role appointed by the Mayor to manage civil emergency situations within the municipality. The HOM is responsible for overseeing the implementation of the municipality's CEPs and managing the human and material resources designated for emergency response. Acting as a key coordinator, the HOM ensures collaboration between local, central, and international structures to facilitate effective disaster management.

Key responsibilities of the HOM include maintaining regular communication with the Inter-Ministerial Committee on Civil Emergencies, the Head of Operations at the central level, and counterparts in neighbouring municipalities. The HOM implements the Mayor's orders, reports to the CPCM, and works in alignment with the Municipality or Qark CEPs. Additionally, the HOM coordinates with volunteers and local citizens engaged in emergency response efforts. If the municipality's resources are insufficient to handle a crisis, the HOM advises the Mayor to seek support from neighbouring municipalities or central government institutions, ensuring that all available capacities are mobilized to address the emergency effectively.



2.3 NATIONAL DISASTER RISK ASSESSMENT

The NDRA is a strategic framework developed by Albania's NCPA in partnership with UNDP and international donors, including the governments of Sweden and Portugal. It was created under the Resilience Strengthening in Albania (RESEAL) project to address the country's vulnerability to disasters. The NDRA aligns with key national policies, such as Law 45/2019 on Civil Protection, and global frameworks like the Sendai Framework for Disaster Risk Reduction. The initiative is grounded in Albania's experience with significant disasters, such as the 2019 earthquake, which caused damages amounting to €985.1 million – 7.5% of the national GDP. By identifying and addressing disaster risks, the NDRA seeks to enhance resilience, inform policy-making, and strengthen institutional capacities for DRM.

The NDRA identifies eight critical disaster hazards:

1. **Floods:** The most frequent hazard, exacerbated by Albania's mountainous terrain and aging water infrastructure;
2. **Earthquakes:** A high-risk hazard, with severe impacts on informal and poorly constructed buildings, particularly in urban areas like Tirana and Durrës;
3. **Landslides:** Widespread risk in mountainous regions, linked to construction activities and deforestation;
4. **Wildfires:** Increasingly common due to climate change, particularly affecting the northern and coastal areas;
5. **Technological hazards:** Includes risks from industrial facilities, oil refineries, and transport systems, particularly in economic hubs like Durrës and Fier;
6. **Biological hazards:** Threats include pandemics (e.g., COVID-19), antibiotic resistance, and waterborne diseases;
7. **Dam failures:** Risks from aging hydropower and agricultural dams, with Shkodër and Tirana at high risk;
8. **Avalanches:** Localized but significant risks in regions like Korçë and Dibër.

Focusing on the **biological hazards**, the assessment concludes:

- **Pandemics:** The COVID-19 pandemic is a prime example, showcasing the wide-reaching impact of such hazards on health systems, the economy, and societal functions;
- **Antibiotic resistance:** A growing global issue that increases the difficulty of treating infections, posing a significant threat to public health;
- **Waterborne diseases:** These result from contaminated water sources and can cause large-scale health crises, particularly during floods;
- **Emerging and re-emerging diseases:** Such as measles and other infectious diseases that can rapidly escalate into public health emergencies.

These hazards are primarily of organic origin, transmitted through biological vectors like pathogens, toxins, or bioactive substances. Examples include bacteria, viruses, parasites, and even venomous or poisonous flora and fauna.

A comprehensive regional risk analysis categorizes Albania's 12 administrative counties (qarks) based on their exposure and vulnerability to these hazards. High-risk regions include Tirana, Vlorë, Shkodër, Fier, and Elbasan, which face multiple threats due to dense populations, critical infrastructure, and economic activities. Medium-to-high risk regions, such as Durrës and Berat, are vulnerable to floods, earthquakes, and technological



hazards. Meanwhile, medium-risk regions like Korçë, Dibër, Lezhë, and Kukës face more localized hazards, such as avalanches and landslides. This regional breakdown helps decision-makers prioritize interventions based on specific needs and vulnerabilities.

The NDRA employs a multi-hazard, multi-risk approach, combining qualitative and quantitative data from thematic hazard reports. It integrates risk scoring based on hazard probability and impact, cascading risk analysis to identify secondary hazards, and stakeholder engagement to ensure a participatory and inclusive process. This methodology supports the development of a comprehensive understanding of Albania's disaster risks, facilitating informed decision-making and resource allocation. Moreover, it highlights the need to consider complex interactions between hazards, such as floods triggering epidemics or earthquakes causing dam failures.

The NDRA outlines several key recommendations to mitigate disaster risks and build resilience. Disaster risk mitigation measures include the integration of advanced monitoring systems, early warning mechanisms, and infrastructure upgrades, particularly for dams and urban housing. Capacity-building initiatives emphasize training local and national stakeholders, improving coordination between institutions, and establishing specialized emergency response units. Strategic development efforts focus on aligning local disaster management plans with national and international frameworks, embedding disaster risk assessments into urban planning and economic development, and fostering partnerships with international organizations and donors.

2.4 BIOLOGICAL HAZARD RISK ASSESSMENT

The **Biological Hazard Risk Assessment** provides an in-depth evaluation of Albania's exposure to and management capacity for biological hazards. It aims to strengthen Albania's disaster risk management system. The report identifies critical biological risks, including the COVID-19 pandemic, antibiotic resistance, measles outbreaks, waterborne diseases, and emerging and re-emerging infectious diseases. It highlights Albania's gaps and proposes targeted recommendations for risk mitigation.

Key risks include:

1. **COVID-19 pandemic:** The pandemic has significantly impacted Albania, exposing gaps in healthcare infrastructure and public health coordination. Regional disparities in testing and data collection, such as the dominance of testing in the Tirana region compared to other areas, highlight the inequalities in healthcare service distribution. These disparities have hindered effective pandemic management. Despite vaccination efforts, the pandemic continues to strain healthcare systems and poses challenges due to new variants like Omicron. The report calls for a strengthened response framework, including equitable vaccine distribution, improved testing capacity, and public education to combat misinformation and vaccine hesitancy;
2. **Antibiotic resistance:** Antibiotic resistance, particularly carbapenem-resistant *Escherichia coli* (CPE), represents a growing health crisis in Albania. This issue arises from the misuse of antibiotics in both human healthcare and animal farming, coupled with inadequate sanitation and infection control measures. The report underscores the absence of surveillance systems, laboratory capabilities, and effective public awareness campaigns, which limits Albania's ability to address this challenge. Without immediate action, antibiotic resistance threatens to increase healthcare costs, prolong hospital stays, and complicate treatment outcomes, affecting both individual health and the economy;
3. **Measles outbreaks:** The resurgence of measles in Albania is attributed to declining vaccination rates, with coverage dropping from 96.3% in 2016 to 91% in 2020. The COVID-19 pandemic further disrupted immunization campaigns, creating a "perfect storm" for outbreaks. Measles outbreaks not only threaten public health but also disrupt societal functionality, as school closures and quarantines



become necessary containment measures. The report emphasizes that young children and unvaccinated populations are at the highest risk and advocates for targeted immunization drives and public health campaigns to restore high vaccination rates and prevent future outbreaks;

4. **Waterborne diseases:** Albania faces significant risks from waterborne diseases like gastroenteritis, which account for tens of thousands of cases annually. Inadequate water and sanitation infrastructure, particularly in rural areas, exacerbate these risks. Recent outbreaks in Fushe-Kruja and Kukës illustrate the vulnerability of the population to pipeline contamination and other waterborne hazards. The assessment identifies the need for infrastructure investments, routine monitoring of water quality, and rapid response mechanisms to mitigate the health and societal impacts of these outbreaks. Additionally, it stresses the importance of integrating waterborne disease management into broader disaster risk reduction plans;
5. **Emerging and re-emerging diseases:** Global trends such as increased trade, travel, and climate change have increased Albania's exposure to emerging and re-emerging diseases. These include tuberculosis, influenza, and HIV, which pose substantial risks due to declining vaccination coverage and inadequate public health education. The report highlights the vulnerabilities revealed by the COVID-19 pandemic, including limited surveillance capabilities and insufficient healthcare infrastructure. Strengthening epidemiological surveillance, public health education, and vaccination programs are critical to mitigating these risks and preventing future outbreaks.

Furthermore, the assessment provides a series of key recommendations:

- **Surveillance and prevention:** Establish robust infectious disease surveillance systems, expand laboratory capacities, and launch public health education campaigns to raise awareness about biological hazards;
- **Vaccination campaigns:** Reinstate and strengthen immunization programs, focusing on rebuilding public confidence and ensuring equitable vaccine access, especially for vulnerable populations;
- **Water and sanitation:** Prioritize investments in clean water access and sanitation infrastructure. Regularly monitor water quality and address vulnerabilities in water supply systems to prevent disease outbreaks;
- **Coordination and collaboration:** Enhance interinstitutional collaboration among ministries, agencies, and stakeholders to ensure a cohesive approach to biological hazard management and disaster response;
- **Capacity building:** Train healthcare professionals and bolster healthcare facilities to better handle the impacts of biological hazards, including surges in hospitalizations and outbreaks.

2.5 NATIONAL DISASTER RISK REDUCTION STRATEGY

The National Disaster Risk Reduction Strategy 2023-2030 of Albania outlines a comprehensive plan aimed at mitigating the risks posed by natural disasters and strengthening the country's resilience. The document was developed with support from the UNDP under the RESEAL Project and draws heavily from international frameworks, such as the Sendai Framework for Disaster Risk Reduction, as well as Albania's obligations to the European Union Civil Protection Mechanism.

Albania is highly vulnerable to a range of natural hazards, including earthquakes, floods, forest fires, landslides, and technological risks like dam failures. The country's increasing exposure to such risks is driven by factors such as urbanization in high-risk areas and insufficient capacities to manage and mitigate disaster effects.

The strategy envisions a safer, more resilient Albania, fully equipped to reduce disaster risks and to adapt to climate change. It emphasizes developing capacities to prevent new risks and manage existing ones, contributing to the country's sustainable development.



The mission focuses on coordinating efforts across sectors and stakeholders to protect lives, property, and the environment. It aims to establish accountable and comprehensive civil protection structures to enhance response, recovery, and reconstruction efforts at both the community and national levels.

The strategic objectives include:

1. Risk management: Focus on managing existing risks and preventing new ones by integrating disaster risk reduction into all sectors;
2. Awareness and knowledge: Enhance public awareness and knowledge about disaster risk, paying special attention to vulnerable groups;
3. Response capacities: Strengthen response capabilities through resilient infrastructure, industrialisation, and innovation;
4. Policy coherence: Ensure coherence in DRR-related policies and frameworks, aligning them with EU standards and international best practices;
5. EU Civil Protection Mechanism: Strengthen Albania's disaster risk management to meet EU Civil Protection Mechanism requirements.

The strategy identifies several critical areas for intervention:

1. Risk prevention and management: Includes strengthening the country's response to floods, landslides, and earthquakes through better risk assessment, infrastructure, and early warning systems;
2. Institutional strengthening: Establishing and improving institutions for civil protection, including local and national coordination;
3. Community resilience: Empowering local communities through education and awareness campaigns, while addressing vulnerabilities like gender, disability, and marginalized communities;
4. Disaster Risk Action Plan: Covers a broad range of actions for 2023-2027, including upgrading infrastructure, setting up early warning systems, improving disaster response capabilities, and enhancing legislative frameworks;
5. The implementation of the strategy will be evaluated biannually, with provisions for updating based on progress reports. The strategy will be reviewed at least every five years by the Council of Ministers, ensuring that it remains relevant and effective in addressing Albania's evolving disaster risk landscape;
6. This strategy aims to place Albania on a path toward greater resilience against natural and technological disasters, ensuring that it meets international standards while protecting its citizens, environment, and infrastructure.

2.6 NATIONAL CIVIL EMERGENCY PLANS

The NCEP of Albania, developed in 2023, is a strategic framework designed to manage disasters and civil emergencies at a national level. The NCEP aims to address risks posed by both natural and human-induced hazards, and it integrates modern civil protection practices, aligned with international standards such as the Sendai Framework for Disaster Risk Reduction and the Sustainable Development Goals.

This plan was created to replace the outdated 2004 version due to significant shifts in Albania's civil protection landscape, risk profile, and legal framework. The NCEP aims to strengthen disaster preparedness, response, recovery, and prevention mechanisms while ensuring the safety and well-being of the population, environment, and cultural heritage.

The NCEP has several overarching objectives:

- Protection of human life, property, cultural heritage, and the environment during civil emergencies;
- Minimizing losses and ensuring continuity of essential services through proactive planning;



- Enhanced coordination between all levels of government (national, regional, and local) and sectors, including private organizations and NGOs;
- Strengthening Albania's resilience to disasters, while aligning with international cooperation obligations such as the EU Civil Protection Mechanism;
- The NCEP emphasizes eight guiding principles in its disaster management approach: anticipation, readiness, decision-making, leadership, information flow, integration, cooperation, and continuity.

The civil protection system in Albania is decentralized, involving multiple institutions and actors across three levels – national, qark (regional), and municipal. Key organizations include the NCPA, the CPC, and various operational centers at local levels.

Central-level institutions: The CoM, IMCCE, and the NCPA provide leadership and coordinate response efforts. These bodies are responsible for formulating policies, approving key plans, and overseeing the execution of the NCEP.

Qark and municipal Levels: Civil protection roles at regional and local levels are handled by prefects and municipalities. Local authorities implement risk assessments and civil emergency plans, while operational centers manage on-the-ground responses.

International cooperation: The NCEP facilitates international assistance through mechanisms such as the EUCPM. Albania's integration into the EUCPM in 2023 marked a significant step toward enhanced international collaboration for disaster response.

RISK PROFILE AND KEY HAZARDS

Albania is highly susceptible to a range of natural and man-made hazards. The NCEP identifies the following critical risks:

- Earthquakes: With the 2019 earthquakes serving as a catalyst for reform, earthquakes remain one of the highest-risk events;
- Flooding: River and dam-related flooding is a recurring problem, exacerbated by climate change;
- Landslides, avalanches, and wildfires: Due to its varied topography and changing climate, Albania faces a growing risk from landslides, snowfalls, and forest fires;
- Technological accidents: Industrial hazards, particularly from chemical plants and mining operations, pose risks to public health and the environment.

The NCEP of Albania employs a multi-hazard risk assessment framework to effectively manage and prioritize disaster risk reduction actions based on the country's specific vulnerabilities and exposures. This approach acknowledges that Albania is susceptible to a diverse range of natural and man-made hazards, including earthquakes, floods, landslides, wildfires, and technological accidents. By assessing the interaction between these risks and the potential vulnerabilities across various sectors, the framework enables a comprehensive understanding of the potential impact on populations, infrastructure, and critical services. The goal is to identify areas of highest risk, which allows for a more targeted allocation of resources and ensures that preventive and mitigation measures are focused where they are most needed.

The multi-hazard risk assessment process is rooted in a holistic, systemic approach that takes into account both primary hazards and secondary risks, which may arise from cascading events. For example, a major earthquake could trigger landslides or dam failures, amplifying the disaster's overall impact. This method helps planners and decision-makers in Albania anticipate complex disaster scenarios and prepares them to address interconnected risks. The multi-hazard assessment framework also aligns with international standards like the



Sendai Framework for Disaster Risk Reduction, reinforcing the need for an integrated, multi-sectoral response that enhances the country's overall disaster resilience

PHASES OF CIVIL PROTECTION

The NCEP outlines four key phases of emergency management, ensuring a comprehensive approach to disaster risk reduction:

1. Prevention/mitigation: Identifying risks early and taking measures to minimize the impact of potential disasters;
2. Preparedness: Developing educational campaigns, enhancing early warning systems, and ensuring all actors are trained and equipped;
3. Response: Rapid activation of emergency services, coordination of inter-agency efforts, and mobilization of resources to protect lives and property;
4. Recovery: Providing humanitarian aid, restoring essential services, and rebuilding affected areas.

Each phase is supported by detailed roles and responsibilities for institutions at every level, ensuring coordinated action across the country.

2.7 KEY CHALLENGES

Albania's civil protection system faces chronic underfunding, particularly at the local government level.

Municipalities often depend heavily on national transfers and lack dedicated contingency funds for emergencies. This financial strain limits the ability to invest in essential disaster preparedness measures, including early warning systems, real-time monitoring technologies, and regular maintenance of emergency infrastructure. There is also an absence of adequate funding for post-disaster damage and loss assessments.

The system is significantly weakened by a lack of (trained) personnel. Municipalities struggle to hire and maintain staff with the necessary skills to manage complex disaster scenarios. Furthermore, there are municipalities who do not have a dedicated structure for civil protection, rather have it as a second or a third function to the agriculture sector. Training programs are sporadic, and there is a limited focus on capacity-building initiatives, particularly for advanced tools like GIS, early warning systems, and standardized damage assessment methodologies. This lack of institutional expertise directly impacts the ability to collect and analyse disaster data effectively, further compromising emergency planning and response capabilities.

Equipment and infrastructure vulnerabilities remain a critical issue for Albania's disaster preparedness.

Public facilities such as schools, hospitals, and municipal buildings often fail to meet modern safety standards, leaving communities exposed to risks such as earthquakes and floods. Urbanization in high-risk areas, combined with aging infrastructure like dams and transport networks, increases these vulnerabilities. In addition to infrastructure gaps, municipalities also face severe shortages of essential tools and equipment, such as fire trucks, pickup vehicles, rescue equipment, and other critical assets needed for emergency response. The lack of these resources severely limits the ability of local authorities to conduct timely and effective disaster management.

Municipalities bear a disproportionate share of responsibilities in Albania's civil protection framework.

They are tasked with drafting local emergency plans, conducting risk assessments, and managing disaster responses, often without the necessary resources or expertise. This over-reliance on local governments, combined with limited support from national agencies, places undue pressure on municipalities, particularly smaller ones with fewer resources. This imbalance undermines the system's overall effectiveness.



3 HEALTHCARE AND SOCIAL PROTECTION

3.1 LEGAL AND INSTITUTIONAL FRAMEWORK

3.1.1 KEY GOVERNING INSTITUTIONS AND PROVISION OF SERVICES

The primary role in the public health sector is held by the MoHSP, which implements policies and regulates the health system. Public hospital services are under the jurisdiction of the MoHSP.

With the fusion of both sectors in 2017, health and social protection under one ministry, the main goal for the Albanian government is to establish and create an integrated system of health and social care that responds better to the needs of society and addresses in depth issues concerning the welfare of the society. Public health and preventive services are coordinated and monitored by the Institute of Public Health.

Albania's healthcare system operates through a hierarchical model designed to deliver comprehensive care:

- Primary care services: Local health units and family health centers serve as the first point of contact, playing a critical role in early detection and community-based responses;
- Secondary care services: Regional and municipal hospitals manage more complex cases and provide emergency services during disasters;
- Tertiary care services: University hospitals in Tirana and other cities offer specialized treatments and act as referral hubs for critical cases.

Key institutions such as the IPH oversee surveillance, public health training, and emergency coordination, while the NEMC leads the integration of emergency services across the system.

Private healthcare providers, including clinics and diagnostic centers, also contribute to addressing patient needs. The public health care system includes also several additional national health institutions, which are under the direct control of the MoHSP, and play specific role in the system.

They include the National Center for Blood Transfusion; National Center for Child Well-Growing, Development, and Rehabilitation; National Biomedical Technical Center; National Agency for Drugs and Medical Devices; the Agency for Quality Assurance for Health and Social Services, , Public Health Institute, Health State Inspectorate, National Centre of Medical Emergency, University Dentist Clinic, State Social Services, National Agency for the Protection of Children Rights, Institute for the Integration of Formal Politically Persecuted and lastly Health Insurance Fund, which administers the health insurance schemes, manages healthcare budget and contract services.

In 2018, a Council of Ministers Decree approved the establishment of a new institution. The Operator of Health Care Services was established with a central directory and 4 regional directories. The Operator is the sole institution that is responsible to check the performance and provision of qualitative health care to citizens in the entire territory by the primary health care institutions and the secondary hospital system (regional and municipality).

Primary care consists of 362 primary health centers, 2,053 ambulances and four specialized polyclinics. Specialist public outpatient consultations are delivered at 36 polyclinics associated with hospitals. Inpatient care is delivered at 55 hospitals (42 public and 13 private ones). Public hospitals are organized in the following manner: 24 municipal hospitals, 11 regional hospitals, and five tertiary hospitals and two psychiatric ones. The movement of patients within the system has started to be regulated by the referral system. Usually, patients are referred by the PHC to secondary/tertiary care with a second opinion request form for cases where a diagnosis is not reached or completed. Despite the system, still a fraction of patients bypasses the referral process and goes directly to tertiary hospitals.

In the past 20 years, efforts have been made to build a network of mental health services in communities, in the framework of de-institutionalizing persons with mental health disorders. Such services were set up mainly in regions and hubs where mental hospitals are located in: Tirana, Elbasan, Korça, Shkodër, Vlorë and several other cities. Specialized services, reliant on technology, have traditionally been concentrated in university hospitals in Tirana in recent years, progress has taken place to decentralize such services from university to regional hospitals, through establishment of new services in regional hospitals such as the setup of six cancer treatment centers in some regional hospitals (chemotherapy centers in Fier, Durrës, Vlorë, Shkodër, Elbasan, Korçë), heart pathology diagnostic and treatment centers in some regional hospitals (Shkodër and Fier) and 11 palliative care centers in regional hospitals.

In terms of Civil Protection, the MoHSP has a rather dedicated sector. The **Sector of General Services and Civil Emergencies** stands within The Directorate of General Services, within The General Directorate of Economy and Support Services.¹ The sector includes in its structure a specific Specialist for Civil Emergencies.

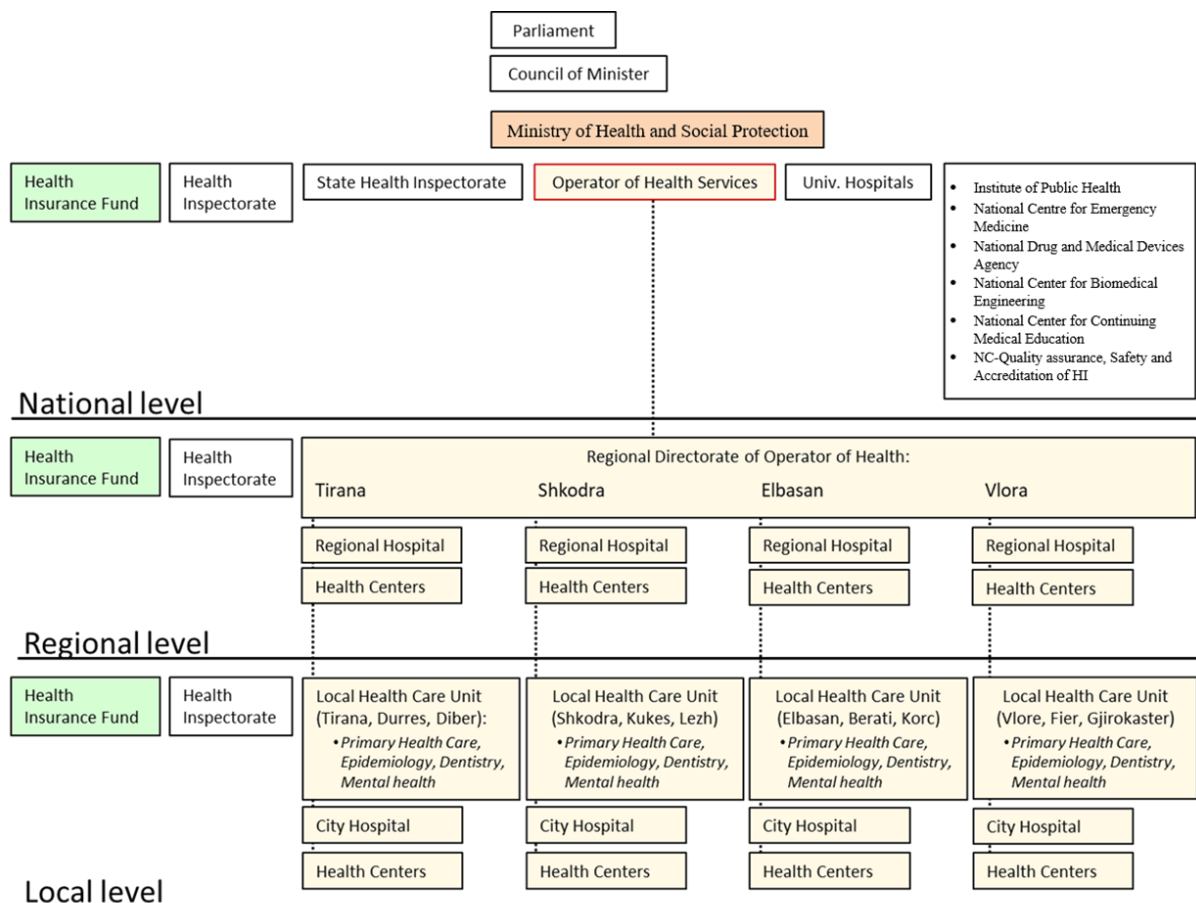


Figure 2: Organisation of the healthcare system in three levels

Source: MoHSP (2024), ALL EMERGENCY OPERATIONS PLAN

¹ <https://shendetesia.gov.al/wp-content/uploads/2023/12/28.10.2021-urdher-121-Struktura-e-MSHMS-1.pdf#page=7.00>



3.1.2 LEGAL FRAMEWORK

Based on the Law no. 45/2019 “On the civil protection”, the MoHSP plays a crucial role in disaster risk reduction and civil protection under Albania’s legal framework. It is primarily responsible for ensuring the readiness of regional hospitals and the uninterrupted operation of health centers within local government units. This includes overseeing medical emergency services and maintaining reserves of medical personnel, essential medicines, and necessary supplies to address the needs of disaster-affected areas.

The ministry is also mandated to allocate between 2% to 4% of its annual budget to disaster risk reduction and civil protection measures. This budgetary obligation ensures adequate funding for preparedness and response activities within its scope of responsibility. The funding is essential for maintaining operational capacity, improving resilience, and supporting the ministry’s ability to effectively manage health-related emergencies during disasters.

In addition to funding, MoHSP is tasked with conducting disaster loss assessments in its sector. It evaluates the damage caused by disasters and mobilizes its resources to address the impacts. This assessment plays a critical role in disaster recovery efforts, enabling informed decision-making and resource allocation to mitigate future risks and aid affected communities.

Furthermore, MoHSP coordinates closely with other ministries, agencies, and local structures to ensure a comprehensive and integrated response to emergencies. This collaborative approach allows the MoHSP to contribute effectively to national civil protection strategies and ensures that health-related measures are seamlessly integrated into the broader disaster management framework.

The MoHSP plays a pivotal role in disaster preparedness and mitigation under the National Civil Emergency Plan. It is tasked with ensuring the readiness of healthcare facilities, including hospitals and health centers, during emergencies. This includes maintaining emergency medical supplies, mobilizing health personnel, and implementing health safety measures to mitigate disaster risks. By focusing on preparedness, the ministry helps establish a robust health sector capable of responding effectively to crises.

During emergencies, the MoHSP is central to the coordination and delivery of public health services. It collaborates with other government agencies to deploy medical teams, provide healthcare services, and ensure the continuity of operations in the face of disasters. Additionally, the ministry assesses the impact of emergencies on public health, reporting its findings to disaster management authorities to guide response strategies and resource allocation.

The ministry prioritizes the needs of vulnerable populations, including children, the elderly, and individuals with disabilities. During and after disasters, it ensures these groups receive necessary healthcare and support. This commitment reflects the ministry’s focus on reducing inequalities and addressing the specific challenges faced by marginalized communities in disaster scenarios.

Beyond its operational responsibilities, the MoHSP engages in capacity building and public awareness initiatives. It conducts training programs for healthcare professionals and organizes campaigns to educate the public on emergency health measures and disease prevention. These efforts strengthen the health sector’s resilience and enhance community awareness, ensuring Albania is better prepared to respond to future emergencies.

Law No. 15/2016 of Albania, “On the Prevention and Control of Infections and Infectious Diseases,” provides a structured framework to address public health risks related to infectious diseases. This law mandates healthcare institutions to systematically monitor and report cases of infectious diseases to health authorities. Through this surveillance system, the law ensures the timely detection and response to potential outbreaks, aiming to prevent widespread public health crises. Regular reporting and data collection form the backbone of its strategy to manage infectious threats effectively.



A significant emphasis is placed on preventive measures to combat the spread of infections. Vaccination programs are a cornerstone of the law, requiring the health system to implement and monitor immunization schedules. Public health education campaigns are also mandated to inform the population about infection prevention strategies, fostering awareness and encouraging proactive behaviour in communities. These efforts aim to create a well-informed public that can contribute to controlling the spread of diseases.

In cases of epidemics or public health emergencies, the law grants authorities the power to enforce quarantine measures, movement restrictions, and other necessary interventions to control disease spread. This allows for rapid and decisive action to contain outbreaks and minimize their impact on the population. The law emphasizes the importance of a flexible yet robust legal framework to manage emergencies effectively while protecting public health.

Law No. 147/2014 establishes the legal framework for organizing and managing medical emergency services in Albania. Its primary objective is to safeguard public health by regulating emergency services at all levels of healthcare. The law outlines the principles of equality, accessibility, and integration of emergency services, emphasizing the right to timely and quality emergency medical care without discrimination.

The law provides for a coordinated system encompassing human resources, infrastructure, and medical equipment to deliver prompt and effective care. Key elements include the establishment of the National Emergency Medical Center (NCEM), which is responsible for planning, coordinating, and overseeing emergency services nationwide. This includes managing communication systems, certifying emergency medical personnel, and maintaining the National Emergency Registry. **In public health emergencies, NCEM acts as a hub for integrating medical services with other sectors, such as civil protection, police, and firefighting services, to ensure a unified response.**

3.2 STRATEGIC FRAMEWORK

Albania's National Health Strategy 2021-2030 outlines a comprehensive framework for strengthening the health system's capacity to respond effectively to emergencies based on Strategic Policy 4 - Strengthening the System's Response to Emergencies. It emphasizes enhancing preparedness, coordination, and response capabilities at national, regional, and local levels.

The primary focus of this policy is the development and reinforcement of robust policies and procedures tailored to emergency response. The strategy emphasizes the adoption of international best practices and alignment with global health security frameworks, such as the WHO IHR. These efforts aim to ensure that Albania's health system remains equipped to prevent and mitigate the impacts of a wide range of health emergencies.

The policy also highlights the importance of building **strong national and regional preparedness systems.** This involves the creation of coordinated response plans, the allocation of adequate resources, and the implementation of regular drills and training programs to enhance the skills and readiness of healthcare professionals. **Strengthening rapid detection and response mechanisms is another key element,** focusing on the establishment of early warning systems and efficient surveillance networks that enable swift action to minimize health emergencies' effects.

Additionally, the strategy addresses risks related to food safety, biological threats, and chemical hazards by advocating for enhanced laboratory capacities, rigorous risk assessments, and strengthened regulatory oversight. These measures are complemented by the development of an integrated surveillance system that leverages advanced technologies and real-time data-sharing mechanisms. This system is designed to provide comprehensive monitoring and analysis of potential health threats, enabling timely interventions.



The strategy places significant importance on **risk communication and public engagement**. By ensuring transparent and effective communication, communities can be equipped with accurate information during emergencies, fostering trust and cooperation. Public awareness campaigns and proactive outreach efforts are integral to achieving this goal, ensuring that citizens are informed and prepared.

The Strategy for the Development of Primary Health Care (PHC) Services in Albania (2020-2025) is a framework aimed at reforming and strengthening the PHC system to ensure universal health coverage and to improve the quality and accessibility of care.

The document emphasizes equitable access to healthcare, particularly for vulnerable populations such as the elderly, individuals with chronic illnesses, and marginalized communities. It outlines nine strategic priority areas, including institutional governance, human resource development, health infrastructure, information systems, and service quality. The strategy aims to reduce hospital dependency by enhancing the role of family doctors, integrating community services, and prioritizing preventive and primary care measures. Furthermore, it seeks to modernize health facilities, improve financial mechanisms for healthcare, and address regional disparities through new service delivery models, promoting efficiency and sustainability in Albania's health system.

The strategy establishes links between PHC and public health emergency preparedness and response. It underscores the critical role of PHC facilities and professionals in enhancing the health system's resilience to emergencies, such as epidemics and natural disasters. By improving infrastructure, human resource capacity, and digital information systems, the strategy ensures that PHC serves as the frontline for early detection, surveillance, and reporting of health threats. This approach can strengthen the ability of PHC to detect and respond to emergencies promptly while maintaining essential healthcare services during crises.

The Strategy for Social Protection 2024–2030 aims to strengthen Albania's social protection framework by addressing poverty, enhancing access to integrated social services, and building resilience to emergencies. It envisions a socially inclusive system that safeguards individuals in need while promoting sustainable livelihoods and empowerment. The strategy focuses on reducing inequalities, improving support for vulnerable groups, and enhancing the capacity of local and national institutions to deliver effective social care services.

In terms of public health emergency preparedness and response, the strategy underscores the importance of integrating crisis and disaster response mechanisms within the social protection framework. It highlights the role of local governance structures in planning and implementing emergency measures and ensuring the continuity of critical social services during crises. The strategy aims to enhance coordination between health and social sectors, emphasizing the development of contingency plans and capacity-building initiatives for managing public health emergencies. It also promotes community-level engagement and risk communication to foster resilience and mitigate the impacts of emergencies on vulnerable populations.

The strategy does this through Objective B.1, focused on strengthening the decentralization of social care services in Albania to ensure sustainable financing, gender-responsive policies, equitable geographic coverage, accessibility, **and resilience in the face of crises and emergencies**. The integration of crisis and emergency response planning into social care under Objective B.1 emphasizes the need for social care systems to be resilient and adaptive to unexpected challenges, such as natural disasters, pandemics, and other emergencies. This involves embedding crisis management frameworks within social care planning and ensuring that LGUs are equipped to respond effectively to such events.

Key aspects include strengthening the capacity of LGUs to develop and **implement emergency plans that prioritize the continuity of essential social services during emergencies**. This involves training social care staff in emergency preparedness and response, establishing rapid communication channels, and creating partnerships with other sectors like healthcare, civil protection, and education. The objective also calls for the allocation of resources and infrastructure to support vulnerable groups who are disproportionately affected by crises, such as women, children, the elderly, and individuals with disabilities.



3.3 EMERGENCY OPERATIONS PLAN

The MoHSP's Emergency Operations Plan (EOP) is a comprehensive framework designed to address Albania's vulnerability to health emergencies and disasters. It outlines strategies for prevention, preparedness, response, and recovery, prioritizing a health-centered approach integrated with national and international disaster management frameworks. The EOP emphasizes coordination across the healthcare system, fostering collaboration with other sectors to ensure efficient resource utilization during crises. Aligned with Albania's Law No. 45/2019 on Civil Protection and the National Strategy for Disaster Risk Reduction and Civil Protection, it harmonizes health sector actions with broader civil protection mechanisms to enhance the country's overall disaster response capabilities.

Based on global frameworks like the Sendai Framework for Disaster Risk Reduction and the WHO Emergency Response Framework, the EOP reflects international best practices, highlighting the importance of resilient health systems in disaster preparedness. It strengthens institutional capacities and aligns health emergency protocols with broader civil protection systems, fostering synergies between sectors. By bridging legal mandates, collaborative mechanisms, and strategic goals, the EOP supports Albania's commitment to safeguarding public health, enhancing resilience, and ensuring the continuity of essential services during emergencies.

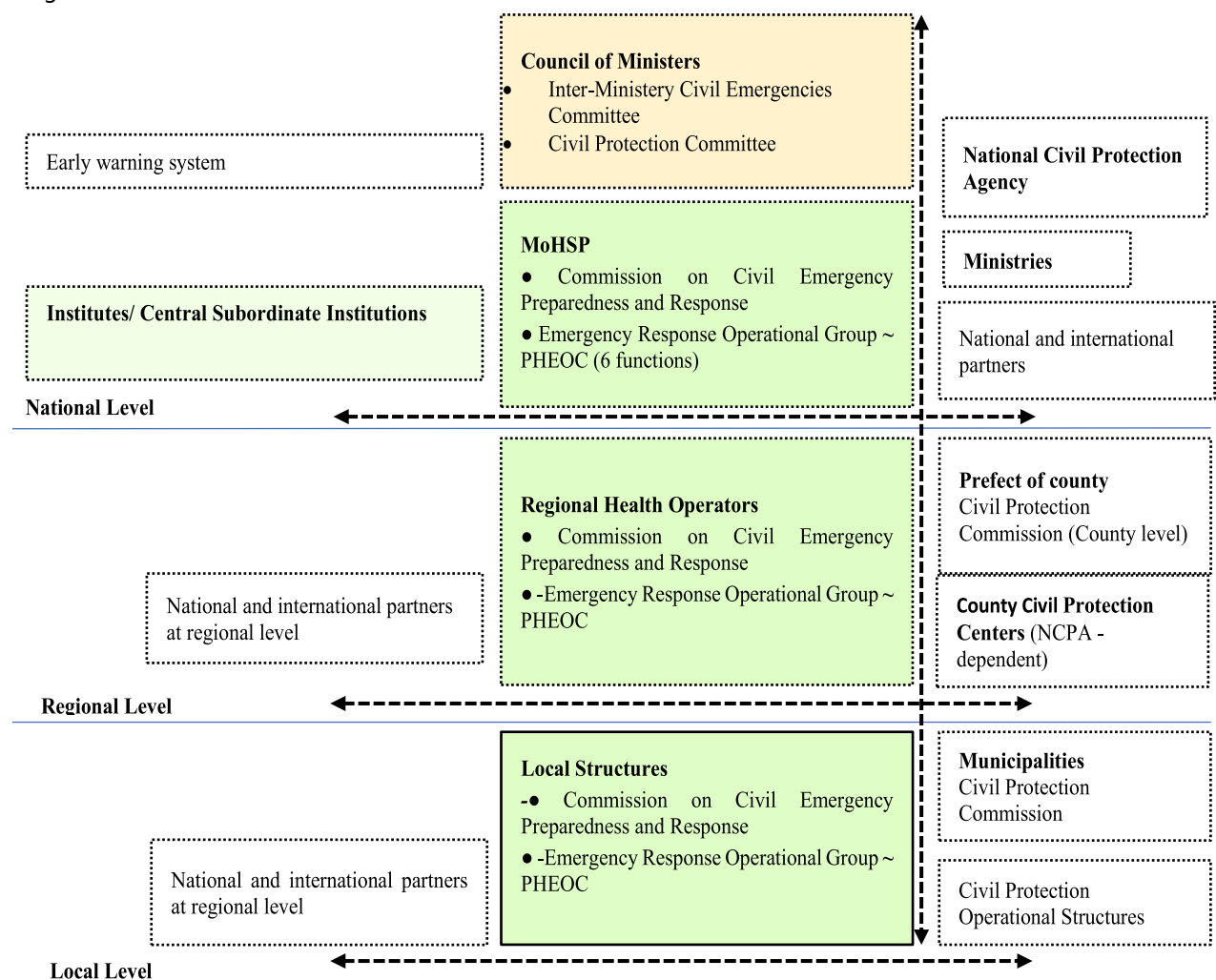


Figure 3: Summary scheme of civil protection structures by organization levels



Source: MoHSP (2024), ALL EMERGENCY OPERATIONS PLAN

3.3.1 STRATEGIC GOALS

The EOP emphasizes strengthening governance and leadership capacities of the MoHSP to manage the health consequences of emergencies and disasters across the healthcare system. It enhances technical services, information management, risk communication, and resource mobilization to ensure real-time, efficient responses during emergencies.

The EOP is underpinned by a commitment to creating a responsive, resilient health sector that ensures the protection of lives during emergencies. Its goals are defined by the need to:

1. Coordinate health sector responses to emergencies at all levels;
2. Establish procedures for alert, detection, risk assessment, and grading of emergencies;
3. Create decision-making structures and command-and-control frameworks through Incident Management Systems (IMS);
4. Define response procedures for decision-making, command, control, and operations during emergencies;
5. Elaborate recovery and phasing-out processes following emergencies;
6. Facilitate multi-sectoral and multi-hazard contingency and response planning among sectors and partners.

3.3.2 EMERGENCY OPERATIONS PLAN

The **Emergency Operations Plan** adopts a systematic, phased approach to managing health emergencies, designed to address every stage of a crisis comprehensively. **Each phase – prevention, preparedness, response, and recovery – represents a critical component of a cohesive framework that ensures resilience and adaptability.**

In the **Prevention phase**, efforts focus on mitigating risks and reducing vulnerabilities to avoid potential emergencies:

- This involves conducting comprehensive risk assessments to identify hazards and implementing policies to mitigate them;
- Public awareness campaigns play a crucial role in educating communities on risk factors and preventive measures, such as vaccinations and improved sanitation;
- Strengthening health systems, including infrastructure and capacity building, is also a critical component;
- Additionally, initiatives to enhance environmental health, such as improving water, sanitation, and hygiene (WASH) standards and reducing pollution, are essential for minimizing exposure to hazards.

During the **Preparedness phase**, the emphasis is on building the capacity to respond effectively to emergencies before they occur:

- Developing and regularly updating **contingency and operational plans** is a foundational activity;
- Training health workers, rapid response teams, and volunteers ensures readiness and operational efficiency;
- Resources, including medical supplies and equipment, are pre-positioned for quick deployment;
- Simulation exercises and drills are conducted to test coordination and readiness;



- Establishing robust early warning systems enables real-time risk surveillance and communication, while multi-sectoral coordination defines roles and responsibilities among stakeholders to ensure cohesive action.

The **Response phase** focuses on immediate actions to address the impacts of emergencies:

- IMS are activated to coordinate efforts across local, regional, and national levels;
- Clear and timely communication is crucial for disseminating actionable information to the public and stakeholders;
- Health services prioritize critical care, including triage, treatment, and referrals;
- Rapid Risk Assessments (RRA) are to be conducted to determine the scale of the emergency and guide response measures;
- Collaboration with civil protection agencies, law enforcement, and NGOs ensures a multi-sectoral response;
- Effective logistics and supply chain management ensure the timely delivery of medical supplies and personnel to affected areas.

In the **Recovery phase**, the focus shifts to restoring and improving health services and systems:

- This includes rehabilitating damaged infrastructure and ensuring the continuity of care;
- Mental health support is prioritized to address the psychological impact of emergencies on affected populations;
- Community engagement is integral to recovery efforts, fostering resilience and local ownership of initiatives;
- "Build Back Better" principles guide reconstruction, integrating disaster risk reduction measures into the process;
- Post-emergency evaluations, such as After-Action Reviews (AAR), identify lessons learned to refine future responses;
- Policies and plans are updated based on these insights, ensuring a stronger and more adaptive system for future emergencies.

3.3.3 EARLY WARNING STRUCTURE

The Early Warning Structure includes three key levels:

At the local level, Local Healthcare Units (Primary Healthcare Centers and Municipal Hospitals and Policlinics) are the key information providers following a bottom-up approach. They:

- Serve as the primary points for data collection on potential health threats, including disease surveillance and environmental monitoring;
- Coordinate with family physicians, local hospitals, and public health services to gather and report health event data;
- Conduct preliminary risk assessments and forward alerts to RHOs;
- Engage communities for event-based surveillance, capturing rumours and signals about potential health threats.

At the regional level, the RHOs are key for following up on the warnings or data provided at local level.

- Act as an intermediary between LHUs and national structures;
- Consolidate and analyse data from local levels to identify patterns or trends that may indicate public health threats;
- Verify alerts and assess risks in collaboration with Rapid Response Teams (RRTs);
- Notify the PHEOC at the national level of significant alerts;



- Deploy regional RRTs to investigate and verify incidents.

At the national level, there are two key structures:

- **Institute of Public Health:**
 - Leads the surveillance system, including both disease-based and syndromic surveillance;
 - Develops and maintains surveillance protocols and ensures compliance with international standards;
 - Provides technical guidance for the implementation of early warning systems at all levels;
 - Operates as the National Focal Point for the IHR, reporting significant public health events to the WHO;
- **Ministry of Health and Social Protection:**
 - Oversees the national early warning system, ensuring integration with the broader civil protection framework;
 - Coordinates inter-sectoral collaboration with other ministries, such as agriculture (for zoonotic diseases) and environmental agencies (for chemical and radiation hazards).

3.3.4 PUBLIC HEALTH EMERGENCY OPERATIONS CENTER AND RAPID RESPONSE TEAMS

The **Public Health Emergency Operations Center** is established by the **Ministry of Health and Social Protection** as a centralized command and coordination structure for managing public health emergencies in Albania. Its creation aligns with the country's national health and civil protection frameworks, ensuring a structured approach to emergency management. Based on the All-Emergency Operations Plan and the National DRR Strategy, it is the duty of the **Institute of Public Health** to establish the PHEOC and to provide technical guidance and operational protocols, **while Regional Health Operators and Local Health Units support its implementation at regional and local levels.** This hierarchical arrangement ensures seamless integration and coordination across all administrative levels during emergencies.

The PHEOC serves as the operational hub for command, control, and coordination during public health crises. It consolidates real-time data from surveillance systems, field reports, and stakeholders to provide situational awareness and guide decision-making. The PHEOC also plays a key role in mobilizing resources, such as medical supplies, personnel, and funding, while providing logistical support to RRTs. Additionally, it facilitates risk communication by disseminating timely and accurate information to the public, stakeholders, and media, fostering transparency and trust during emergencies.

Beyond its immediate response functions, the PHEOC supports preparedness and evaluation efforts. It organizes training programs and simulation exercises to enhance the capacity of health personnel and stakeholders, ensuring readiness for future emergencies. By monitoring response activities and compiling after-action reports, the PHEOC helps identify lessons learned and suggests improvements to emergency management frameworks. Through its multifaceted role, the PHEOC strengthens Albania's health emergency response capacity, ensuring effective coordination and rapid action to mitigate public health risks.

In the event of a healthcare emergency, the **Rapid Response Teams** are the first line of action, forming a critical component of the response command. These multidisciplinary teams are mobilized to conduct immediate on-ground interventions such as rapid risk assessments, outbreak investigations, and the implementation of control measures. The composition of RRTs includes epidemiologists, clinicians, laboratory experts, environmental health specialists, communication officers, and other professionals tailored to the nature of the emergency. RRTs operate under the direction of the **Incident Manager (IM)**, ensuring that their activities align with the broader emergency response strategy.



ACTIVATION AND DEPLOYMENT

- The deployment of RRTs is initiated by the **Public Health Emergency Operations Center** at the local, regional, or national level, depending on the scope of the emergency;
- At the **local level**, the RRTs are coordinated by the **Local Incident Manager**, often in collaboration with LHUs and the municipal Civil Protection Commission;
- For emergencies extending beyond municipal boundaries, **Regional Health Operators** oversee RRT deployment, with support from the County Civil Protection Commission and the regional PHEOC;
- In large-scale emergencies, the **MoHSP** coordinates national-level RRTs to reinforce local and regional capacities.

COMMAND STRUCTURE AND COORDINATION

- RRTs report directly to the **Incident Manager** at their respective operational level, ensuring a clear chain of command;
- The **Incident Manager** is responsible for integrating RRT findings and recommendations into the overall IMS, which serves as the command framework during emergencies;
- Communication between RRTs, the PHEOC, and other sectors is streamlined to ensure timely decision-making and resource allocation;
- The PHEOC supports RRT operations by facilitating data analysis, logistical support, and inter-agency coordination.

3.3.5 THE ROLE OF THE LOCAL GOVERNMENT UNITS

The **PHEOC** operates as a centralized command structure, coordinating responses to public health emergencies across national, regional, and local levels. It consolidates data from LHUs, RHOs, and other stakeholders to guide decision-making. Local governments, as part of this hierarchical system, are expected to collaborate with LHUs and regional structures during emergencies. **However, their exact responsibilities and integration within the PHEOC framework remain ambiguous, as the roles outlined in emergency operations plans primarily focus on healthcare and civil protection agencies, leaving the role of municipalities and local government less defined.**

While local governments oversee Civil Protection Commissions at the municipal level, these commissions primarily focus on general emergency management rather than specific public health responses. Municipalities are tasked with risk assessments, public information, and coordination of local resources during emergencies, but their direct interaction with the PHEOC or alignment with its command structure is not clearly delineated. For instance, while LHUs are expected to report data to regional and national authorities, the role of local governments in supporting these activities or acting as intermediaries is not explicitly detailed in existing frameworks.

Municipalities are expected to appoint local Incident Managers during emergencies, particularly for public health crises. These managers should ideally integrate with the broader Incident Management System hierarchy, facilitating the implementation of response measures in coordination with LHUs and RHOs. However, the roles of local IMs often overlap with those of LHUs and Civil Protection Commissions, leading to potential conflicts or redundancies in decision-making and response execution.

Moreover, local governments serve as the initial point of contact for escalating incidents that exceed municipal capacities. Within the ICS, they are responsible for communicating with RHOs and the MoHSP to request additional resources and support. **However, the protocols for this escalation process and the integration of municipal Incident Managers into the regional or national command chain are not sufficiently detailed.**



This lack of clarity creates a gap in the integration of public health emergency responses at the local level. While local governments are critical for community engagement, resource mobilization, and risk communication, their functions within the PHEOC's operational framework are not clearly defined. Strengthening this relationship requires clearer definitions of local government responsibilities, mechanisms for collaboration with LHUs and RHOs, and enhanced capacity-building initiatives to ensure municipalities can effectively contribute to public health emergency management within the broader PHEOC framework.

3.4 SOCIAL PROTECTION

Albania's social protection system is structured around two main pillars: social insurance and social assistance, complemented by social care services aimed at vulnerable groups. The system is designed to mitigate poverty, reduce social inequalities, and promote inclusion, while providing support to individuals and families in need. Social insurance is contributory, covering pensions, unemployment benefits, and health insurance, while social assistance targets non-contributory schemes, such as economic aid and disability allowances, to support those without access to formal income or services.

Despite its foundational strengths, the system faces significant challenges². **These include limited coverage, particularly in rural and marginalized communities, inadequate funding, and a dependency on national transfers to local governments.** The decentralization of social services has progressed, but local governments often lack the financial flexibility and institutional capacity to deliver services effectively, especially during emergencies. The integration of social protection with broader emergency preparedness and response frameworks is underdeveloped, leaving gaps in rapid identification, service delivery, and support for vulnerable populations during crises. To address these shortcomings, reforms are needed to ensure sustainable financing, improve coordination among institutions, and strengthen the system's resilience against shocks.

Based on the Strategy for Social Protection 2024–2030, the current social protection system in Albania lacks the flexibility and preparedness to respond effectively to emergencies and crises due to significant dependency on national transfers and insufficient local budgetary capacity. Local governments lack contingency funds and mechanisms to quickly adapt social protection systems during emergencies, including financial support schemes and essential services. This rigidity hampers their ability to mobilize both human and financial resources swiftly, leaving vulnerable and disadvantaged individuals without adequate protection during crises.

Key challenges include the inability to rapidly identify individuals in need, unclear roles and responsibilities of social protection structures and personnel, and the absence of an emergency-specific service delivery map. Additionally, there are gaps in staff capacity for emergency response and a low level of volunteerism, limiting the use of volunteers in such situations. Coupled with Albania's high vulnerability to natural risks and limited financial access, these issues highlight the urgent need for a more robust and adaptive social protection framework to mitigate the impacts of crises on at-risk populations.

Law no. 139/2015 "On Local Governance" Article 24 specifies the functions of LGUs in the field of social services, mandating them to initiate and manage social services tailored to vulnerable populations. These groups include the poor, persons with disabilities, children, women (particularly heads of households), the elderly, and victims of trafficking or domestic violence. **Municipalities are tasked with constructing and managing social housing and service centers to support these populations.** Furthermore, LGUs are required to establish, in collaboration with the MoHSP, a Social Fund to sustainably finance local social services.

² LO. 2021. Review of social protection system in Albania: coverage, expenditure, adequacy and financing; ILO Decent Work Technical Support Team and Country Office for Central and Eastern Europe (DWT/COBudapest). – Budapest: ILO, 2021.



These mandates underscore the vital role of municipalities in ensuring that social protection services are accessible, inclusive, and responsive to community needs.

In addition to social services, Article 23 of Law no. 139/2015 assigns LGUs significant responsibilities in infrastructure and public health. **Municipalities are tasked with constructing, rehabilitating, and maintaining buildings for primary health services.** They are also responsible for organizing health education and promotional activities at the local level, as well as managing centers and services in the field of public health. These provisions emphasize the integration of health and social care systems to address the needs of vulnerable populations comprehensively, especially during public health emergencies.

Despite the comprehensive legislative framework, LGUs face significant challenges in fulfilling their mandates. These include limited financial resources, insufficient institutional capacity, and a lack of technical expertise. **The absence of contingency funds, dependency on national transfers, and inadequate emergency-specific service delivery protocols hinder their ability to respond effectively during crises.** Article 1 of Law no. 121/2016, which sets out the purpose of social care services, emphasizes the need for a well-coordinated system to ensure timely support for vulnerable groups. However, the decentralization of responsibilities without adequate resources has created gaps in service delivery, particularly in rural and marginalized communities.

The Earthquake Social Protection Response Final Report³ evaluates Albania's social protection response to the 2019 earthquake and provides insights on integrating social protection systems into disaster risk management frameworks. It analyses the effectiveness of existing mechanisms, identifies gaps, and offers recommendations to enhance preparedness, response, and recovery capacities. The report highlights the critical role of social protection systems in addressing vulnerabilities during disasters and advocates for a more inclusive and responsive framework.

The report recommends bolstering local social protection frameworks by integrating emergency response plans within municipal strategies. **Local social service departments should adopt clear protocols for action during emergencies, ensuring timely and effective responses to the needs of vulnerable populations, such as women, children, the elderly, and minorities.** The project underscores the importance of collaboration among municipalities, CSOs, and international donors to develop and implement these protocols.

The initiative advocates for capacity-building programs to train local authorities and community actors on emergency preparedness. Specific tools like "Livelihood and Social Support Schemes" are suggested to provide immediate, tailored assistance to affected households, promoting resilience and recovery. Furthermore, the ESPR highlights the need to standardize data collection processes for identifying vulnerabilities, ensuring resources are efficiently allocated during crises.

3.5 KEY CHALLENGES

Current healthcare system model in Albania is supply-based. Public providers are paid in a direct budget allocation system, based on historic line items, regardless of the volume or quality of procedures they performed. Demographic shifts and changing lifestyles are leading to substantial changes in the health of the global population and rising healthcare costs. Countries across the world are responding to it by changing the model of healthcare, from supply (volume) driven to the value-based healthcare (patient-centered). By focusing on health outcomes, value-based healthcare (VBHC) helps healthcare providers to manage cost

³ UNDP Albania (2023). Earthquake Social Protection Response - Final Report. Retrieved from: <https://www.undp.org/albania/publications/strengthening-social-protection-response-after-earthquake-albania-final-report-2023>.



increases, to make the best use of finite resources and to deliver improved care/outcomes to patients. Patients in Albania receive care delivered in silos (e.g. primary care, specialist care, inpatient care), while the VBHC model requires and captures most benefits due to coordination of care between different types of medical services. There is no direct link between the number and quality/outcome of services and payment. Quality consists of three key elements: safety, clinical outcomes and experience of care. A clinical governance system (including reporting) is always needed to oversee it.

PHC units in Albania face significant challenges in emergency preparedness and response, particularly in the context of biological hazards. While these units are mandated to provide emergency care as part of the Basic Package of Health Care Services in Primary Care (established in 2009), their practical role in emergency response remains limited. The package outlines seven categories of services, including emergency care, health promotion, and specific care for children, women, adults, and older people. However, gaps in the implementation of these services, especially in emergency preparedness, persist. The basic package emphasizes the competencies of general practitioners (GPs) in clinical responsibilities, managing population health risks, patient communication, and health system management. Despite these outlined roles, PHC centers are underutilized in disaster and emergency scenarios. This is especially evident in biological hazard preparedness, such as managing infectious disease outbreaks or public health emergencies. Moreover, limited resources, insufficient training, and a lack of tailored protocols for emergency preparedness hinder PHC units' ability to fulfil their responsibilities effectively.

Municipal hospitals and 24-hour emergency centers in Albania face significant limitations in their capacity to treat patients effectively, particularly in small and medium-sized municipalities. These limitations stem from chronic shortages of staff, medical equipment, and specialized care services, which hinder their ability to manage emergency cases adequately. This low capacity becomes especially problematic during crises, as these facilities are often the first point of care for affected populations.

Compounding this issue, regional hospitals are not well-equipped to handle specialized interventions, leading to significant gaps in the provision of advanced medical care outside the capital. As a result, the majority of specialized treatments are centralized in Tirana, creating overreliance on the city's healthcare infrastructure. For instance, Intervention Cardiology is available only in Tirana and to a certain degree in Shkoder and Fier. Cardiovascular diseases are the main cause of deaths in Albania with myocardial infarction (MI) being typically a leading cause of death related to cardiovascular causes. Access time is crucial for a patient's chances of survival and recovery from MI. The WHO golden standard is a 60-minutes access to a hemodynamic lab, which is very difficult to achieve with only Tirana and two out of 11 of other regional hospitals providing it.

Emergency rooms (ERs) across the country have experienced a sharp increase in patient admissions in recent years, leading to severe overcrowding in some facilities. This phenomenon is exacerbated by patients bypassing the referral system and seeking direct access to high-acuity hospitals through ER wards, even for non-urgent conditions. This trend highlights systemic inefficiencies in the healthcare referral process and places additional strain on already overstretched emergency services. A number of ER wards point to a physician shortage problem: In many cases, they are staffed by just one full time equivalent physician or have no physician assigned at all. In these cases, physicians from polyclinic (during the day time) and from other hospital wards attend to ER patients. This then links to the complex relationship with primary care, which seems not to be well coordinated with the overall healthcare chain.

Workforce shortages further worsen the situation. There is a notable lack of adequately trained medical personnel, particularly in rural regions, which impedes the system's ability to respond to large-scale emergencies. The lack of doctors and nurses is more severe in remote areas. The migration of healthcare workers seeking better opportunities abroad intensifies this issue. Additionally, many healthcare professionals



lack specialized training in disaster response, including mass casualty management and public health emergency operations.

Currently, there is no specialized geriatrics care or long-term care services in Albania. Taking into account the forecasted growth of population aged 65+ in Albania, it is necessary to take steps to develop geriatrics care services and make them widely accessible to seniors across the country. Neither municipal nor regional hospitals provide comprehensive medical services required after developing an acute illness, consisting of home, day and stationary care, or rehabilitation services. Based on this, the elderly population is disproportionately affected during emergencies due to their physical limitations, mobility issues, and reliance on continuous medical care for chronic conditions. The lack of well-established geriatrics and long-term care framework increases these vulnerabilities.

Based on the accreditation documents⁴, hospitals and PHC are required to develop and maintain an emergency plan to ensure preparedness and effective response to public health emergencies. This plan serves as a crucial framework for managing various crises, including natural disasters, disease outbreaks, and other emergencies that could disrupt healthcare services. It outlines preventive measures, response strategies, and recovery actions to safeguard patients, staff, and infrastructure. By implementing a structured emergency plan, PHCs can minimize disruptions, enhance coordination with relevant authorities, and ensure the continuity of essential healthcare services for the communities they serve.

However, based on interviews and materials received from institutions such as the 24/7 Primary Healthcare Centre (PHC) of Vore, the Municipal Hospital of Kruje, and the PHC of Berdise, it is evident that emergency plans are neither standardized nor fully fit for purpose. The emergency plan for the 24/7 PHC of Vore is a brief document that merely lists the staff responsible for emergencies and includes a short statement instructing staff to mobilize in case of an emergency. Similarly, the emergency plan for the Municipal Hospital of Kruje is outdated, having been prepared in 2018, and primarily focuses on response measures without a comprehensive approach to all emergency phases. The emergency plan for the PHC of Berdise Administrative Unit, drafted in 2017, is more structured, incorporating key concepts of all emergency phases. While it remains in need of updates, it provides a solid foundation for enhancing the overall emergency planning system.

An analysis of the emergency plans, combined with insights from interviews with multiple local actors, **highlights a significant lack of coordination between Civil Protection and Healthcare structures at both national and local levels.** At the national level, the MoHSP includes a Civil Emergency structure within the Sector of General Services and Civil Emergencies. However, there is no evident coordination between this structure and the NCPA. At the local level, existing emergency plans for municipal hospitals and PHCs do not integrate local civil protection structures into their procedures, whether the Civil Emergency Units within municipalities or those at the prefectural level. Although healthcare structures are formally part of the Civil Protection Commission at the municipal and prefectural levels, interviews suggest that their involvement remains superficial. Healthcare institutions typically send representatives to CPC meetings, but they do not actively participate in emergency planning, fail to exchange critical information with other structures, and lack sustained, dynamic collaboration.

⁴ <https://www.hap.org.al/wp-content/uploads/2019/06/Set-i-dokumenteve-model-per-akreditimin.pdf> .



4 CONCLUSIONS

At the national level, the functioning of institutions in public health emergency preparedness and response is defined by a hierarchical yet fragmented framework. Key institutions such as the NCPA and the MoHSP operate within legally mandated roles but often lack the operational integration necessary for cohesive action. The NCPA, as the central body for disaster risk reduction and civil protection, is tasked with coordinating preparedness efforts across ministries, municipalities, and regional structures. Its responsibilities include conducting disaster risk assessments, developing emergency plans, and facilitating international cooperation through frameworks like the EU Civil Protection Mechanism and the Sendai Framework for Disaster Risk Reduction. However, its primary focus on environmental and physical risks frequently overshadows the inclusion of healthcare emergencies in civil protection planning.

Albania's civil protection system is hindered by a number of issues. The system is underfunded particularly at the local level, where reliance on national transfers and the absence of dedicated contingency funds limit disaster preparedness efforts. Municipalities lack essential investments in early warning systems, monitoring technologies, and infrastructure maintenance, while post-disaster assessments are underfunded. Many municipalities struggle with untrained personnel and inadequate civil protection structures, often treating it as a secondary function to other sectors. Sporadic training programs and limited expertise in tools like GIS and early warning systems further weaken disaster response. Infrastructure vulnerabilities, including outdated public facilities and aging dams, amplify risks, while critical shortages of rescue equipment and emergency vehicles constrain response capabilities. Overburdened municipalities are tasked with drafting plans, conducting risk assessments, and managing responses without adequate resources or national support, disproportionately straining smaller, resource-poor local governments and undermining the system's overall effectiveness.

The MoHSP plays a critical role in public health emergency preparedness, overseeing healthcare infrastructure, emergency medical services, and public health coordination. It allocates specific budgetary resources to disaster risk reduction and ensures the readiness of healthcare facilities. Despite its pivotal responsibilities, the MoHSP's engagement with the NCPA remains limited, particularly in the context of integrating health-specific considerations into broader civil protection strategies. The data flow from local healthcare units to the national level, coordinated through RHOs and the Institute of Public Health, highlights the potential for effective collaboration. However, this potential is underutilized due to inconsistent coordination between health and civil protection sectors.

Albania's healthcare system operates on a supply-based model, with public providers receiving budget allocations based on historical line items rather than the volume or quality of services delivered. Albania's current system is fragmented, with care delivered in silos and lacking coordination between primary, specialist, and inpatient services, which limits the potential benefits of integrated care. The absence of a direct link between service quality and payment, as well as insufficient clinical governance systems to oversee safety, outcomes, and patient experience, further undermines healthcare effectiveness. Primary healthcare (PHC) units face additional challenges, particularly in emergency preparedness and biological hazard response, due to limited resources, inadequate training, and poorly implemented protocols, leaving them underutilized in disaster scenarios.

Healthcare at the local level experiences a number of complex issues. Municipal hospitals and 24-hour emergency centers, especially in smaller municipalities, struggle with staff shortages, outdated equipment, and insufficient capacity for emergency and specialized care. Regional hospitals are also ill-equipped for advanced medical interventions, leading to an overreliance on Tirana for specialized treatments like interventional cardiology and oncology. This centralization creates critical delays in care, particularly for life-threatening conditions like MI, where timely access to specialized facilities is crucial.



ERs across the country face overcrowding due to inefficiencies in the referral system, with patients often bypassing primary care for non-urgent conditions. Workforce shortages, particularly in rural areas, exacerbate these issues as healthcare professionals seek better opportunities abroad. Additionally, the absence of specialized geriatrics care and long-term care services leaves the growing elderly population vulnerable during emergencies, highlighting the urgent need to develop accessible geriatrics and rehabilitation services to meet the country's evolving healthcare demands.

Healthcare emergencies, including pandemics, antibiotic resistance, and waterborne diseases, are acknowledged within Albania's civil protection framework as biological hazards. Yet, their integration into civil protection planning remains secondary compared to natural and technological hazards. Reactive measures often dominate, with limited pre-emptive strategies embedded in disaster management plans. The Civil Protection Training Center and the NDRRS, for example, lack targeted modules or exercises that address the complexities of health crises. This oversight reflects a broader need for stronger alignment between public health and civil protection priorities.

The PHEOC is envisioned as a dynamic, multi-actor structure that plays a central role in Albania's public health emergency preparedness and response. IPH needs to establish the PHEOC and to provide technical guidance and operational protocols, while RHOs and LHUs support its implementation at regional and local levels. Its primary purpose is to coordinate efforts across various sectors and levels of government, including LHUs, RHOs, and national authorities, to ensure a rapid and cohesive response to health crises. Despite its critical importance, the true functioning of the PHEOC remains unclear, particularly regarding its establishment. The PHEOC is intended to act as the focal point for data collection, risk assessment, resource mobilization, and communication during public health emergencies. It should integrate inputs from epidemiologists, healthcare providers, civil protection agencies, and other stakeholders to provide real-time situational awareness and inform strategic decisions. However, without a clearly defined leadership structure and operating framework, its ability to fulfil these roles effectively is constrained. The current system does not provide sufficient guidelines on which institution has the ultimate authority during emergencies, how resources are allocated, or how decisions are made and communicated across the multi-actor framework.

Municipalities, through their Civil Protection Commissions, are responsible for the civil emergency preparedness and response at the local level, through developing and executing the LCEPs. They are expected to collaborate with LHUs and RHOs to address public health risks as part of their broader civil protection mandates. LHUs serve as the primary points for data collection, early detection, and initial response, working closely with family physicians and community health workers to monitor potential threats and coordinate immediate interventions. However, their integration into the broader emergency management framework is often inconsistent, with limited clarity on how their efforts align with national-level strategies led by the PHEOC. RHOs act as intermediaries, consolidating and analysing information from LHUs and relaying it to the national authorities, including the IPH and the MoHSP. They also oversee the deployment of regional RRTs and provide technical and logistical support for local-level responses. Despite their significant role, the coordination between RHOs, LHUs, and municipal governance structures is not sufficiently standardized, leading to gaps in communication and resource allocation during emergencies.

The integration of health emergencies into these plans remains inadequate, with most municipal efforts focusing only on natural and technological hazards. Furthermore, the roles of local IMs, appointed by municipal authorities to oversee emergency responses, often overlap with those of healthcare entities, creating redundancies and inefficiencies. Municipalities generally lack the technical expertise and resources to assess and address the complex dynamics of health emergencies within the broader civil protection framework. While LHUs and RHOs are tasked with monitoring public health risks, their findings and recommendations are not always fully integrated into municipal planning documents. Additionally, there is limited collaboration between health authorities and municipal decision-makers, resulting in fragmented approaches to emergency planning.



Albania's social protection system is a vital but underutilized component of public health emergency preparedness and response. While designed to mitigate poverty and support vulnerable populations through social insurance, assistance, and care services, its integration into disaster risk management frameworks remains limited. Local governments, tasked with managing social services, often lack the financial flexibility, technical expertise, and contingency mechanisms necessary to sustain essential services during emergencies. This gap is particularly pronounced in addressing the needs of at-risk groups such as the elderly, children, and individuals with disabilities. Moreover, the lack of coordination between social protection, health, and civil protection systems hinders the rapid identification and support of vulnerable populations during crises.



REFERENCES:

Legal References

- Law No. 115/2014, dated 31.7.2014 "On the administrative-territorial division of local government units in the Republic of Albania", as amended.
- Law No. 107/2016 "On the County Prefect".
- Law No. 139/2015 "On local self-government", as amended.
- Law No. 45/2019, dated 18.07.2019 "On civil protection".
- Law No. 97/2019 "On the approval of the normative act, with the power of law, no. 9, dated 16.12.2019, of the Council of Ministers, "On coping with the consequences of natural disasters"".
- Law No. 75/2016 "On the Approval of the Paris Agreement".
- Law No. 155/2020 "On climate change".
- Law No. 152/2015 "On fire protection and rescue service".
- DCM No. 168, dated 24.3.2023 "On the approval of the disaster risk assessment at the central level".
- DCM No. 94, dated 22.2.2023 "On the approval of the national strategy for disaster risk reduction 2023–2030 and the action plan".
- DCM No. 807, dated 28.12.2023 "On the approval of the National Civil Emergency Plan".
- Law No. 10 138, dated 11.5.2009 "On public health", as amended.
- DCM No. 241, dated 27.3.2013 "On the organization and functioning of the State Health Inspectorate".
- Law No. 10 107, dated 30.3.2009 "On health care in the Republic of Albania", as amended.
- DCM No. 419, dated 4.7.2018 "On the establishment, organization and functioning of the Health Care Services Operator".
- DCM No. 553, dated 15.7.2020 "On the approval of the list of critical information infrastructures and the list of important information infrastructures".
- Prime Minister's Order No. 21, dated 5.02.2025 "On the duties of the County Prefect's administration".

Documentary References

- Ministry of Health and Social Protection (MoHSP). (2020). *All Emergency Operations Plan*.
- Ministry of Health and Social Protection (MoHSP). (2021). *National Health Strategy 2021–2030*. Tirana: MoHSP.
- Ministry of Health and Social Protection (MoHSP). (2020). *Strategy for the Development of Primary Health Care Services in Albania (2020–2025)*.
- Ministry of Health and Social Protection (MoHSP). (2023). *Strategy for Social Protection 2024–2030*.
- Prefect of Fier Region. *Disaster Risk Assessment for Fier Region*. 2023
- Municipality of Fier. *Local-Level Disaster Risk Assessment*. 2023
- National Agency for Civil Protection (NACP). (2023). *National Civil Emergency Plan (NCEP)*.
- National Agency for Civil Protection (NACP). (2023). *National Disaster Risk Assessment (NDRA)*.
- National Agency for Civil Protection (NACP). (2023). *National Disaster Risk Reduction Strategy 2023–2030 (NDRRS)*.
- Post-Disaster Needs Assessment Document – February 2019 (Albania Post-Disaster Needs Assessment Report, February 2020)
- World Health Organization (WHO). (2021). *Framework for a Public Health Emergency Operations Centre*. Geneva: WHO.