

# Albania Report on Occupational Safety and Health

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**NAPH**

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- I. Geography and demography
  - II. OHS legislation and actors
  - III. Occupational accidents and occupational diseases
  - IV. Occupational health services
  - V. Main problems
  - VI. Main priorities for the next 5 years

# GEOGRAPHY AND DEMOGRAPHY

- Albania has 12 prefectures under which there are 36 districts.
- There are 74 cities and 2962 villages.
- The capital of Albania is Tirana.
- Albania is a parliamentary democracy with a unicameral Parliament

# 1. Area

The Republic of Albania is located on Balkan Peninsula in south-eastern Europe.

It has a surface area of 28,748 square kilometers.

It shares a 172 km border with **Montenegro** to the north-west 115 km border with **Kosovo** to the north-east

151 km border with **Macedonia** to the north and east

282 km border with **Greece** to the south and south-east.

Its coastline is 487 km long. Albania has coastline on the Adriatic Sea and the Ionian Sea.



# Population

- Albania's official population count registered in 2001 Population and Housing Census was 3,069,275 (INSTAT 2002b).
- In the 2008 the population of Albania was estimated at 3,170,048
- density was about 110 people per kilometer square.
- The average life expectancy at birth for the period 2005-2008 was 72.1 years for males and 78.6 years for females (Source: INSTAT, 2008).

# 3. Labor force

- **Employment**
- During the period 1995-2007, the Albanian Labor Market went through important changes and one of the main factors that affected these changes was the privatization process of the state-owned enterprises.
- The Albanian labor market is characterized by important gender differences in labor force, where males comprise the largest part.
- The average number of employed persons in private non-agricultural sector has a tendency toward increasing.
- The employment in public sector has had a decreasing trend over the years 1998-2007.



# Unemployment

- According to INSTAT in 2007
  - the male unemployment rate in 2007 was 14.4 %
  - while the female unemployment was 12.2 %.
  - Analyzing the unemployment by demographic group, there is an increasing trend in the registered unemployed persons belonging to the 35 and over age-group



# 4. Economy

- Over the past two decades, the economy of Albania has changed from a centralized to a free market economy and the country has experienced slow but steady economic progress.
- As part of the reforms, most agriculture, government-owned housing and small industry were privatized.
- This was followed by the privatization of transport, public services, and small and medium-enterprises

## II. OHS LEGISLATION AND ACTORS

- **1. RESPONSIBLE BODY ON OCCUPATIONAL SAFETY AND HEALTH**
- A number of institutions in Albania, which deal with health protection and implementation of the legislation for occupational safety and health.
- (1) The Minister of Labor is the administrative body responsible for the Labor Administration.
- (2) The Minister of Labor is the administrative body that has the power to prepare and implement legislation and policies (Code of Labor, in the field of occupational S&H.
- (1) The National Council of Labor is created, and it consists of representatives of employers, of employees, and of Government.

- The **Ministry of Health** is the leader in health policy development and planning and implementation of health strategies.
- The health system in Albania is mainly public.
- The state is the major provider of health services, health promotion, prevention, diagnosis and treatment.
- The private sector is developing rapidly.
  
- **Public/State component**
- Legislative- Parliamentary Commission on Health and Environment.
- Executive-Labor System, Health System, Other Systems (different ministries).

# Voluntary component

- a) Employer organizations
  - - The Confederation of the Employers' Organizations
  - - The Albanian Association of Builders
  - - The Albanian Association of Industrialists etc.
- b) Employees organizations

There are a number of unions : The Trade Union of Construction Sector, Mining Sector , Transport Sector, Metallurgy, Mechanics and Chemical Industry, Health Sector etc.
- c) Non-governmental Organizations

A few voluntary NGOs operate in the field of work protection.

# Sanitary inspection at work

- At national level, from a technical point of view, the Sanitary Inspectoriate is directed and controlled by the Institute of Public Health, where operates the Occupational Health Section.
- At local level, the occupational health service (named also as the occupational hygiene) is part of Primary Health Care Directories which are present in all 36 districts of the country.
- Actully, only 3 big districts of the country (Tirana, Vlora and Fier) have hygienists who work on the occupational heath problematics, whereas in other districts this duty is realised by hygienist who cover other hygiene fields in the same time such as; nutritional, public institutions, air quality etc. .

# Total number of specialists in Occupational Health Services OHS

- According 'Study report on training needs assessment of public health professionals in Albania (Kakarriqi E., 2008) there are :
- 70 hygienists (sanitary inspectors)
- 179 assistant hygienists (sanitary inspectors).

## 4. MAIN LAWS IN FORCE FOR OCCUPATIONAL HEALTH AND SAFETY

- The occupational safety and health is led by the state.
- The rights and obligations concerning labor relations are regulated in order of priority by the following sources:
  - a) The Constitution of Republic of Albania.
  - b) The international conventions ratified by the Republic of Albania.
  - c) This Code and its sub-legal acts.
  - d) The collective contract of employment.
  - e) The individual contract of employment.
  - f) The interior regulations.
  - g) The local and occupational customs (Code of Labor, Chapter IV, Article 11). etc



# NATIONAL POLICIES, STRATEGIES AND DEVELOPMENT PROGRAMS FOR OCCUPATIONAL HEALTH

- The National Strategy on Occupational Health and Safety for 2009-2013 prepared by MoL (approved by CoM, May 2009), contains also the chapter 'Document of policies on Safety and Health at work.
- MoH has not e political document on the field of Occupational Health. There is only a chapter in the National Action Plan on E&H' (approved by CoM), 1998

# DECREASING THE NUMBER OF OCCUPATIONAL ACCIDENTS AND OCCUPATIONAL DISEASES

- the period after the years '91/'92 noted a real collapse of the economy in general and of the sectors potentially more risky by this point of view, such as that of mineral and petroleum extraction and processing, mechanical, metallurgical, chemical .
- - the reduction and inefficiency of the health service in the enterprises
- - the lack of an adequate and fluent information system.

# NATIONAL IMPLEMENTATION OF OHS EUROPEAN DIRECTIVES ON THE FIELD OF SAFETY AND HEALTH AT WORK

This question may be treated in two aspects:

- lately, there are being intensified the efforts to incorporate important norms of the EC directives in the Albanian legislation and we may say that the progress of this process has been very positive
- their practical execution is difficult, superficial and defficient.

# NATIONAL IMPLEMENTATION OF ILO AND WHO PROGRAMS ON OHS

List of ratifications of International Labor conventions:

- 51 conventions ratified (44 in force)

### III. OCCUPATIONAL ACCIDENTS AND OCCUPATIONAL DISEASES

- The deficiencies on the accurate evaluation of the occupational accidents are conditioned by the following factors:
  - Lack of accident declaration (for the employees without insurance)
  - Lack of declaration of mild injuries
  - Lack of registration of the self employed persons, or part time employees
  - Professions variety makes it difficult the categorization, subsequently the whole analysis
  - The information about the injured person sometimes is deficient etc.

# OCCUPATIONAL DISEASES

- **REPORTING SYSTEM OF OCCUPATIONAL DISEASES**
  - The reporting system of occupational diseases is based on the normatives of Ministry of Health and Ministry of Work, which oblige the declaration and reporting of occupational diseases.
  - The reporting is realized according to an official format.

- Actually it is very difficult to report acceptable/credible data on occupational diseases because of:
  - the deficiencies that legislation represent;
  - the partial coverage with health service of the enterprises;
  - deficient or insufficient specialization of most doctors engaged full time or part time on the health service in the enterprises and especially because of the malfunctioning of Occupational Diseases Cabinets in a great number of districts;
  - the lack or insufficiency of biomonitoration capacities.
  - the lack of an approved declaration form.
- In the information system of the Ministry of Health there is no a special rubric for the occupational diseases (Statistics Directory).
- For these reasons, the number and structure of occupational injuries verified as such, is far away from what is present in the field.



# IV. OCCUPATIONAL HEALTH SERVICES

- **SOCIAL INSURANCE INSTITUTION**
- Occupational health (occupational medicine)  
    Organization
  - a) Occupational health (Occupational Diseases Clinic) at national level.
  - b) Occupational health (Occupational Diseases Units/Cabinets) at prefecture or district level.
  - c) Occupational health services at enterprise/in-companies level

# At central level

- Clinic of Occupational Diseases, located in University Hospital Center “Mother Theresa” Tirana, initiated on 1973 with 30 beds. On 1995 the number of beds was reduced to 15 and from 2005 there are no more beds). Actually there are 2050 persons with occupational diseases who are followed up as ambulatory patients with periodical controls.
- There is a Toxicological Laboratory.
- The staff: 2 doctors and 4 nurses, 1 chemist and 3 assistant chemists.
- It is a university clinic.
- At local level: There has been about 15-16 ‘cabinets’ at district level: Tirana (3 cabinets), Korca, Fieri, Durrresi, Vlora, Tepelena, Kuksi, B. Curri, Dibra, Shkodra, Pogradeci, Lushnja, Berati and Mirdita. From these, are actually functioning University Hospital Center “Mother Theresa” in Tirana, policlinic no 2 Tirana, Fier, Vlora

# OCCUPATIONAL HEALTH AND SAFETY EXPERTS (EDUCATION-TRAINING)

- There is no a specialized univerristary education in the field where the employees of Ministry of Work system operate. They are generally recruited from different fields of university education such as; engeneers, teachers, social sciences etc.
- Actually, the education of the hygienists and occupational health doctors engaged in the field of occupational health is realized in the framework of the programs of Public Health specialisation in the Faculty of Medicine,

# MAIN PROBLEMS

- The problems of this period may be grouped as:
  - a) functioning, that means the executive mechanisms of the legal requirements; and
  - b) Efficiency

The legal framework/package is improved substantially approaching progressively to the legal framework of EU, especially with the last law of February 2010 'For the occupational safety and health

- To summarize, the situation in the field of occupational safety and health is characterized by:
  - 1. Problematics related to the quality, expansion and efficiency of the execution of the requirements included in the Code of Work and the subsequent legal acts.
  - 2. The lack of a National Action Plan.

- The compilation of a National Action Plan that contains elements which guarantee positive and monitorable developments related to the subject discussed above.
- - Legal acts are missing and/or should be changed
- - The method of risk evaluation is missing
- - The method for accident analysis, especially for near- accidents is missing
- - The system for the declaration and reporting of Occupational Diseases is deficient
- - The role of local authorities is limited/marginal.
- - Specialized structures in the companies/enterprises are missing/insufficient
- - Monitoring capacities are insufficient and/or non efficient
- - The objectives/targets are missing and/or are unclear/unstudied.
- - The performance indicators are missing.
- - The role of intersectorial collaboration is limited.
- - The information and participation of the employees is limited.

# MAIN PRIORITIES FOR THE NEXT 5 YEARS

- Promotion and primary prevention- two principal lines of policy, strategy and programs  
Realisation of an active and productive three-part collaboration in all the levels and its efficiency.
- Legislation and standards
- Further improvement and fortification of the legislative framework focusing on the legal acts.
- Approaching with EU and taking in consideration the recommendations of WHO
- Strengthening the implementation of legislation in force.
- Accompanying the legal package with the allowed standards/limits.



- Establishment of a national framework for OHS management systems/program accompanied by a National Action Plan
- Improvement of the effectiveness of control and monitoring of the application of the legislation
- facilitate cooperation between inspectorates and stand up joint action with regard to specific sectors or risks.
- Strengthening/Development of appropriate services of H&S at work
- Development of the methodology of national system for the recording and notification of occupational accidents and diseases.
- Improving the preventive effectiveness of health surveillance.
- Improvement of the regulatory framework regarding the future development related to the following problems; SME, regular contracts, child work, informal work, women work, execution of the Work Code

# Teaching and training/training program

- Development of human resources for occupational health
- Integrating health and safety into education and training processes
- Teaching at university and post-university level
- Training in the entire spectrum, establishing objectives for this subject.

- Deep treatment of the problems requires setting up a National Center for Occupational Health field,
- Setting up an information system (based on indicators) that should be functional and efficient on data collection about sources, exposure, risks, health surveillance, effects and performance assessment.
- Ensuring the foreign assistance for a great part of subjects discussed above, but also insisting on using the experience of foreign companies operating in our country.