



EUROPEAN SOCIAL CHARTER (REVISED)

Addendum to the 2nd report on the implementation of the
European Social Charter (revised)

submitted by

THE GOVERNMENT OF ALBANIA

(Articles 8, 11, 24, 25)

2007

Article 8, Paragraph 1

Question A

Answer

In case of pregnancy, the benefiting period for an insured woman is 365 calendar days, including a minimum of 35 days before and 42 days after childbirth.

For the insured woman, which is pregnant with more than one child, the benefiting period is 390 calendar days, including a minimum of 60 days before and 42 days after children's birth.

The insured woman, which adopts a child of age up to one year, is entitled to take leave after labor, which begins on the adoption day, but not before the 42nd day of childbirth and it continues no more than 330 days from the childbirth day. Minimal leave for an adopting woman is 28 days. When a child is adopted during maternity leave, the mother that gave birth shall have a benefiting period until the adoption day, but no less than 42 days after parturition.

Question B

Answer

The woman decides whether she will consume the entire benefiting period (1 year), or not. The leave of 35 days before and 42 days after childbirth is a compulsory period to be consumed.

Question C

Answer

The payment amount from social insurances funds is:

- For the employed woman:
 - 80% of daily valuable basis average of recent calendar year for the period before parturition and 150 calendar days after labor;
 - 50% of daily valuable basis average of last calendar day for the other period and in continuation.
- For the self-employed and employer woman the benefiting amount is equal to age pension basic level.
- A precondition to benefit the payment is that the woman should be insured, for a period of 12 months, for every benefiting case. Exception to this rule is the case when during pregnancy the benefiting woman has conditions for a new pregnancy benefit.

Question D

Answer

Referring to pregnancy payments by social insurances funds, the amount is conditioned by the amount of paid contributions, as a percentage on the salary realized by the woman in the recent calendar year.

In case of pregnancy, the amount of insurances contributions is 2.3% of the salary. This contribution (2.3%) is paid one part (1.64%) by the employer for his employee and one part (0.66%) by the employee herself. For contribution effect, salaries are minimal and maximal (in 1/5 ratio), their amount is decided by Decision of Council of Ministers.

From 1 September 2006 and on, minimal salary is 13149 lek per month; maximal salary is 65700 lek per month.

In the case of employer and self-employed, the contribution amount is again 2.3%, but it is calculated on the minimal salary for contribution effect (that is, on the salary 13140 lek per month, the contribution amount in value is currently 302 lek per month).

Questions E

Answer

The sanctions undertaken against the employer, who does not implement this provision, have been provided for in Article 202/2 of Labor Code. Pursuant to it, in case of violation of Article 105/A in this Code, which provides for the manner of benefiting income in case of pregnancy (referring to law on social insurances), the penalty against the employer amounts to thirty times the minimal monthly salary.

The woman is entitled to take all the maternity leave, a part of it or not take it at all, except for the period 35 days before and 42 days after the childbirth that is the compulsory period to be consumed.

Questions F

Answer

The women employed by contract with a deadline are insured for pregnancy, the contribution for this insurance is paid a part by the employer and a part by the employee's salary.

In case of pregnancy benefits are the income for pregnancy, the income for pregnancy compensation, and when the job position is changed, remuneration for childbirth as well.

If the insured woman should change job position by Decision of Competent Medical Commission, because of pregnancy, than she benefits income compensation for the reduction she experiences because of job position change. This compensation is given if

the contribution has been paid for a period of no less than 12 months. The amount of income is equal to the difference between the of the former job position salary and the of the new job position salary. This compensation can be no more than 50% of the daily average of the valuable basis of recent calendar year.

The childbirth remuneration is given to the mother or the father of the born child, if one of them has contributed for one year before the child's birth. The remuneration is immediate, only once and mother has priority in benefiting the payment if she is insured. The remuneration for each born child is equal to 50% of minimal monthly salary.

Article 8, paragraph 2

Question A

Answer

Pursuant to Labor Code Article 107, employment contract cancellation is invalid if notified by the employer during the period in which the woman claims to benefit income from social insurances in case of birth or adoption.

Question B

Answer

Article 202, paragraph 5 of Labor Code provides for sanctions, pursuant to which 'every violation of its articles is punished with penalty'. When the violation is repeated or is to the detriment of some employees, the amount of penalties given is no bigger than 5 (five) times the maximal penalty.

Question C

Answer

The notification for a pregnant woman dismissal during the maternity leave period, as we stressed, is invalid (Article 107). In case of violation of this provision, the Court compels the employer to pay the salary to the pregnant woman.

Question D

Answer

The women employed by a contract with a deadline are insured for pregnancy; one part of the contribution for this insurance is paid by the employer and one part by the employee's salary.

Article 8 paragraph 3

Amended DCM No. 397 of 20.05.1996, 'On Special Protection of Pregnant Women and Motherhood', provides for the right of pregnant women and mothers with breastfed children to have the possibility of paid leave during the working hours. Pursuant to it, 'Pregnant women and mothers with breastfed children are entitled to make a paid rest no less than 20 minutes every three continuous working hours'.

Article 8 paragraph 4

Pursuant to Article 108 of Labor Code, night work for pregnant women is prohibited.

Pursuant to DCM. No. 397 of 20.05.1996 'On Special Protection of Pregnant Women and Motherhood', point 5, 'Pregnant women and mothers with breastfed cannot be obliged to start the day work before five a clock in summer (or six in winter), and not to continue it after 20.00 hours.

Article 8 paragraph 5

Question A

Answer

Pursuant to Article 104/2 of Labor Code, pregnant women or women with breastfed children cannot be employed in heavy or dangerous labor, that damage health of mother and child. Work in the mine is foreseen as a heavy labor pursuant to DCM. No. 207 of 9.05.2002, 'On Definition of Difficult or Dangerous Labor.

In practice, there is no case of women working in the mine, the less so for pregnant women or women with breastfed children.

Question B

Answer

Pregnant women or women with breastfed children cannot be obliged by any means do carry out an activity that presents a danger of exposure to agents or labor conditions that endanger safety and health (DCM. No. 397 of 20.05.1996, 'On Special Protection of Pregnant Women and Motherhood')

Article 11

General Aspects

Question A

Answer

Compared to previous years diseases ranking has had changes, so the principal diseases posing the biggest problems for the population health in 2005 according to gravity and frequency are:

- Gastrointestinal apparatus diseases with an average density of 1343.7 per 100.000 in habitants
- Respiratory apparatus diseases of with an average density of 127.8 per 100.000 inhabitants.
- Blood circulation diseases with an average density of 620.9 per 100.000 inhabitants.
- Infective diseases with an average density of 599.4 per 100.000 inhabitants.
- Uro-genital diseases with an average density of 475.9 per 100.000 in habitants.

Diseases comprising the principal cause of death

From the mortality point of view,

1. **Cardiovascular** diseases remain the biggest health problem in Albania. They are increasing relatively because of demographic transition and to some extent because of the change of way of living.
2. Mortality from **cancers** (neo-plasmites) is also increasing, and for some of them, breast cancer, etc., this increase very much bigger than what would be expected simply by demographic transition.
3. The undefined causes comprise the third biggest cause of deaths.
4. **Traumas and other external causes** comprise the fourth biggest cause of deaths in Albania, after the fall of respiratory diseases in the recent decade (especially respiratory infections in children).
5. Mortality from respiratory diseases (respiratory apparatus) is indeed decreasing among the children, but there is still a problem. With the numerical increase of old people, chronic obstructive bronchopathies are also increasing.

The main reasons mentioned above about mortality according to diseases groups per 100,000 inhabitants in 2005 are as follows:

The circulation apparatus	282.0
Neo-plasmites	88.3

Undefined causes	88.8
Trauma, intoxications and accidents	38.7
Respiratory apparatus	26

Number of deaths per 100,000 inhabitants went down from 574.7 in 2003 to 555.9 in 2005.

Question B

Answer

Health care, mainly the primary care is extended to the entire country and is offered by the network of Health Centres and ambulances according to the following standards:

- in Health Centres level in city 1 physician per 2000 inhabitants,
- in the village 1 physician per 1700 inhabitants,
- one ambulance with nurse for every village (where there is no physician).
- 1 stomatologist physician per 2500 inhabitants for age group 0-18.

In the framework of implementation of the third World Bank Project 'Modernization of Albanian Health System', within 2007 all Health Centres and ambulances in the entire country shall have apparatuses and necessary equipment for the service normal working and the principal medication for treatment according to the standard lists approved by Ministry of Health.

Question C

Answer

Organization of Public Health Service

Ministry of Health is the compiler and responds for policies and strategies of health system, for its regulation and coordination of all stakeholders in and outside system.

Health diagnosing and treatment service is organized in three levels: primary service, secondary service and hospital tertiary service.

Services of public health and promotion are offered in the framework of public health and are supported and supervised by Public Health Institute.

Besides these services, national institutions offer their services like National Centre of Blood Transfusion, National Centre of Good Growth, Child Development Rehabilitation, University Stomatology Clinic, etc. Biomedical Engineering National Centre, National Centre and Medication Control National Centre are also working in support of health institutions.

Public Health

Public Health Service of is the most consolidated health service in a country. The correct harmonization of vertical interventions with national programs like the immunization, reproductive health, epidemiologic surveillance, etc. with the local hygiene-sanitary and epidemiologic network brought about satisfactory results in population health protection.

Health Primary Care Services, being the first point of contact of patient with health service, are the bases upon which the system relies. Primary care is offered by a network composed of health centers and ambulances, which provide basic health care services and a package of preventive programs, especially those of immunization and reproductive health.

Hospital Care

Secondary medical services are offered by 42 public hospitals with 8866 beds network of public and private specialized policlinics, which are mainly in urban areas. Number of beds in relation to population was 3,2/1000 inhabitants.

Hospital care is offered by general and specialized hospitals.

General hospitals, which are extended more or less uniformly in the entire country, are grouped in:

1. University Hospital Centre
2. Central Military Hospital
3. Regional Hospitals, or Hospitals in Prefectures Centers (12 Hospitals)
4. District Hospitals (24 Hospitals)

Specialized Hospitals are all those national hospitals that offer unique hospital services:

- Obstetric-Gynecologic Hospitals in Tirana (No. 1 and No.2)
- Hospitals of lung diseases "Shefqet Ndroqi"
- Psychiatric Hospitals in Vlorë and Elbasan.
- National Centre of Child's Good Growth, Development and Rehabilitation.

Stomatologic Service in Albania has a preventive and treatment character. It is principally private (about 70-80%), whereas the public sector includes the free service given to children up to age of 18 and the emergency service.

Pharmaceutical Service is almost entirely private. Its bases are the local producers, the pharmaceutical stores, the pharmacies, private pharmaceutical agencies and hospitals pharmacies (the only ones that offer public service).

a. Tuberculosis

Tuberculosis is treated in service with beds in 3 specialized hospitals:

- Tuberculosis Clinic in University Lungs Disease Hospital.
- Tuberculosis Clinic in Lungs Disease Service in Shkodra Hospital.
- Tuberculosis Clinic in Lungs Disease Service in Korça Hospital.

Ambulatory Service is offered by anti-tuberculosis dispensaries in a district level, in 36 tuberculosis clinics.

There is a national program for tuberculosis control (DOTS), managed by Lungs Diseases University Hospital “Shefqet Ndroqi”.

Mental Health:

Service with beds (with 795 beds) is offered by:

- Psychiatric Service in University Hospital Centre, (115 beds)
- Service of Psychiatric Hospital in Shkodër, (90 beds)
- Service of Psychiatric Hospital in Elbasan, (310 beds)
- Service of Psychiatric Hospital in Vlorë, (280 beds)

Community service in a district level is offered by psychiatric cabinets, which are in a transformation process in community centers of mental health with multidisciplinary teams of professionals for an area covering 150,000 inhabitants.

The following Community Centers of Mental Health have been created currently:

- Mental Health Community Centre in Tirana (2 centers),
- Mental Health Community Centre in Gramsh,
- Mental Health Community Centre in Peshkopi,
- Mental Health Community Centre in Vlorë.

Specialized mental health service for children and adolescents is offered by:

- Psychiatric is of Clinic e infantile of Service of Psychiatric në QSUT
- National Center for Development, Good Growth and Rehabilitation of Children.
- Ambulatory Center for Good Growth and Development of Children (2 in Tirana), and they respond to the needs of only 1% of children with Mental Health problems.

Number of psychiatric beds per children and adolescents is 0,3 per 100 000 inhabitants, very far from indicators of other European countries (including Eastern Europe 2-3 per 100,000 inhabitants), occupying thus the first place in Europe for the low number of Services for Children and Adolescents. In Albania, no specialists of Psychiatry for Children and Adolescents are trained in a complete program of many years.

Regarding the *sexually transmitted diseases* in every district the cabinet of sexually transmitted diseases is working (the team is composed by the inflectionist doctor, obstetrician - gynecologist and the dermatologist).

The 24 public health laboratories of sexually transmitted diseases are not always depisted because of missing kits and reagents. Depistation is done also in the specialized clinic for infective diseases in Tirana University Hospital Centre, casual depistation in 37 of Obstetrics - Gynecology clinics, 15 private clinics in the entire country.

Analyzes for HIV/AIDS are made in 24 public health laboratories and in blood banks, in 2 reference centers in Tirana University Hospital Centre and Public Health Institute, 2 specialized clinics for infective diseases in University Hospital Centre Tirana (including also pediatrics). The service for people infected by HIV/AIDS is offered also by 3 Non-Governmental Organizations and 6 services easily accessible for young people (youth friendly services) in the entire country.

Number of volunteers tested for HIV/AIDS is 300-600 people annually, including tests in blood banks it reaches 10 000-15 000 people in a year.

Health of Mother and Child

Institutions that offer reproductive health services in our country comprise the institutional structure of this service. These are extended in the entire system of health institutions:

1. In the Primary Health Care:

Village: - Ambulatory clinics
- Health Centers

City: - Consulting clinic of mother and child
- Family planning centers

2. In the secondary health care

Maternities and pediatric units of districts hospitals

3. In the tertiary health care

University hospitals of obstetrics-gynecology No. 1 and No. 2 Pediatric Hospital of Tirana University Hospital Centre

Services of SHR in Primary Health Care

In cities of all districts, there are consulting clinics for women and for children and ambulatory pediatrics services that follow the sick child from the age 0-14.

Duties of Women Consulting Clinics in Primary Health are:

- To follow the pregnant woman before birth
- Health education, for reproductive health
- Prevention detection and treatment, and following Pathologies in Reproductive System

Duties of children Consulting Clinic in Primary Health Care

Children consulting clinic is an institution with a prophylactic character for child's problems, regarding health protection and strengthening.

This service includes following and control of children from birth until the age of 6 (six) regarding:

- Measures of medical, psychological, social prevention and health education in favor of children.
- Prevention and depistation acts of children growth and development disorders.

Childcare includes following the physical, motor and psycho emotional development of the child and his immunization. After this age, school physician follows child's development and growth. Number of women consulting clinics for 2005 is 88 and children consulting clinics is 134. Personnel of Consulting in cities are obstetrician-

gynecologist for women consulting clinics and pediatrician for children consulting clinics (depending on number of inhabitants) and nurse-midwife personnel with secondary education.

The pediatric units, which follow the sick child, are also in cities polyclinics. These units have specialized pediatricians.

In the commune level Health Centers follow the problems of population included in these areas, where the family physician and nurse-midwife work.

In the village the lowest service level is the ambulatory service at where the family physician and nurse – mitt wife work, which carry out the women and children consulting activities; so they follow the care for pregnant women, attend labor, care for children’s good growth and vaccination.

Health service for mother and child in our country is free in the three health care levels.

Number of physicians who work in women consulting clinics is approximately 870, and for children consulting clinics 940, whereas number of nurses-midwives is approximately 3320 in women consulting clinics and 3960 in children consulting clinics.

The secondary health service

In all districts’ hospitals, there are maternity-neonatology units and general pediatrics. In the entire country, there are 51 pediatric services in hospitals, including the pediatric hospital units in Tirana University Hospital Centre (tertiary service).

Number of beds in pediatrics in 2006 was 1466, number of obstetric-gynecologic beds 1834, whereas number of neonatology beds 676.

National Centre for Children’s Good Growth and Development. National Centre for Children’s Good Growth and Development of was created as such by DCM 325 of 23.06.2000. It was established as a diagnosing and treatment center for development problems, as a training center and a place to carry out scientific studies regarding children’s good growth and development.

Care for the newborn

The neonatology hospital service in our country includes 28 districts of the country, where the obstetric hospitals of secondary and tertiary health care are.

For required public service data see point a.

Private Services

84 health clinics exercise their private activity and part of these clinics offer services in obstetry-gynecology, pediatry and neurology.

d.

e.

	Total	Per 1000 population
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Physicians	3612	0.12
Dentists	884	0.28
Nurses & Midwives	11752	3.7
Farmacy	1136	0.36

f. Public health services cover about 3. % of the GDP.

Article 11 paragraph 1

Question A

Answer

Infantile Death-rate for 1000 nascences is 14.7 (year 2005, MSH)
 Perinatale Death-rate for 1000 living nascences is 12.1 (year 2005, MSH)

Life-expentancy is 74 years old (2001, REPOBA)
 Life-expentancy for males is 72.5 years old (2001, REPOBA)
 Life-expentancy for females is 77.5 years old (2001, REPOBA)

Question B

Answer

- a. pregnant women, mothers and children;
- b. children and adolescents;

Main national programs for the health of mothers, children and adolescents.

Program: To promote breast feeding and establishment of friendly hospitals for children (SMF) 1996 and on-going: UNICEF-MSH

National Program for immunization EPI, 1993 and on-going UNICEF-ISHP
National Program for the Infantile Deseases Integrated Management (MISF) 2000 and on-going.

Program on the Elemination of disorders from iodic insufficiency 1996 and on-going MSH-ISHP, UNICEF

National Program: To make pregnancy healthy (MPS)/Effective Promotion of Perinatal Care (PEPC). Supported by OBSH/UNICEF/UNFPA 2002 and on-going.

PEPC Strategy focuses on the critical period of the perinatal care which shall take from 22 weeks of pregnancy to 7 days after birth and intends to provide a healthy life beginning of children by reducing mother and perinatale morbidity and mortality\death-rate through the promotion of motherhood safe life and health.

Health of Adolescents/Friendly Services for the young people MSH-UNICEF-UNFPA

UNICEF together with the Ministry of Health and the Directorate of Public Health have established two new centers which offer services for the young people (by adding the number of such services to four new services) delivered in Albania since May 2003 (the two others are in Shkodër and Elbasan) in different districts in the framework of the project of creating friendly\amicable services for the young people during 2005.

These centers have been integrated into services of KSHP by offering an advisory network of services, social and health reproduction services (IST, HIV/AIDS, mental health, family planning, parenthood, risky behaviours, etc) and offering a place adequate for meeting the needs of the young people, which is confidential, without prejudices and stigma.

The Centers have a multidisiplinar team of physicians, psychologists, social workers and youngsters as well as co-aging advisors trained to teach communication skills to young people. Services are offered for free.

Ministry of Health, Ministry of Education and Science, Ministry of Culture, Youth and Sports have supported this model. The national Plan of action of the strategy of adolescents intends to open 12 similar centers within the 5 coming years throughtout the country.

In addition, the Ministry of Health implements a series of legal acts and strategies in order to protect the health of pregnant women, mothers children and adolescents such as:
Law Nr. 8045 dated 7.12.1995 “On volunteer interruption of Pregnancy”;
Law nr. 8528 dated 23.09.1999 “On promoting and protecting breast-feeding”;
Law nr. 8876, dated 4.4.2002 ”On Reproduction Health”;
Law “On preventing HIV/AIDS in the Republic of Albania”;
Law Nr 9669 “On taking measures against domestic violence”;

National Strategy for the Socio-Economic Development, MDG (SKZHES),
National Strategy for Children 2005;
National Strategy for the Young people and the National Action Plan.

c. the elder;

There are no health services or traditional systems of taking care of the health of the elder because of the demographic profile and the late commencement of the demographic transition in Albania.

Anyhow, the proportion of the elder is increasing and the first attempts of reaction have already begun. Some of the activities related to the attempts made for the protection of the health of the elder are listed below:

- The signing of the Madrid Plan by the Albanian Government;
- Establishment of a National Commission on geriatrics and gerontology problems which has started to operate on a national action plan with the Ministry of Health;
- Establishment of a geriatrics center in Tiranë which functions within the system of the primary health care;
- Establishment of dayly centers for the elders in Tiranë, Durrës and in any other big town;
- Spontaneous Programs of training for general physicians concerning geriatrics in Tiranë and supported by the Ministry of Health.

Article 11 paragraph 2

Question A

Answer

Health\sanitary and stomatologist Service in kindergartens and schools functions on the bases of "Health service Regulation in pre-school and school institutions", a common document of the Ministry of Education and Ministry of Health.

The health Service of the educational institutions has got a preventive character, and it provides a normal physical and psychomotor development of kindergartens' and school children. This service provides the dayly medical health care of an emergent character for the children, when it is necessary.

The health Service in kindergartens and schools has been organized and chaired by the Directorate of the district Public Service in cooperation with the Regional Directorates of Education and the directorates of kindergartens and schools. The personnel of this kind of service is composed of:

- 1 pediatrician or general doctor for 1200-1500 children
- 1 nurse for 500-700 children

The health Service in kindergartens involves children aged 3-5 years old and in schools it involves age-groups from 6 to 18 years old.

Question B

Answer

The health Education intends to prepare the students to implement the specific knowledge on health issues and develop skills and attitudes in order to take the right decisions concerning health, and undertake different activities to promote and protect the health of the individual as well as that of the rest of the population.

The demands to insuring a qualitative health education are included even in the "The new curricula Framework for the pre-university education", prepared by the Institute of Curricula and Standarts.

This kind of health education has been realized through:

- The Treatment of the contents refering to the specific knowledge on health care.
- The building of skills shall help students to take decisions by being well-informed, to solve problems, to communicate in an effective way, to build healthy and productive relations, to undertake personal activities and give their contribution to other people in order to have a healthy surrounding environment.
- The encouragement of positive healthy attitudes of the individuals shall serve to aware the students to take care of and respect their own body and protect their own health and proper functioning as well.

Herein may be included the education of values, beliefs, social norms, intentions and motives that inspire healthy attitudes.

Article 11 paragraph 3

Question A

Answer

There are some national programs based on a specific legislation for the prevention of infectious deseases such as:

- 2 laws, one for the prevention of the fight against contagious deseases and the other one for the prevention of the spreading out of HIV/AIDS in the Republic of Albania;
- some decisions, orders and guidelines concerning the control of contageous deseases and anti-epidemic measures by including quarantine and disinfections.

Furthermore other measures regularly undertaken are:

- obligatory surveillence system for 73 contageous deseases, mainly for the hospital ones;
- Early Information System based on 9 syndroms under the primary and hospital health care system;
- Obligatory Vaxination against poliomyelitis, hepatitis B, diphtheria, tuberculosis, tetanus, measles, pertus, german measles and mumps for

children up to 14 years old and certain groups of the population. Vaccines are very expensive but the above-mentioned diseases have been effectively prevented in the country, which has even led to the full eradication of some of them.

Question B

Answer

a.– prevention of air pollution,

Pursuant to EU guidelines, the following card-indexes for the monitoring of environmental air have been selected such as:

- Composition of the solid substance found in the air (LNP).
- Composition\reservation of ozone O₃ in the air.
- Percentage of lead Pb in the air.
- Reservation of sulphur dioxide SO₂ in the air.
- Reservation of nitrogen oxide NO_x in the air.
- Reservation of carbon monoxide CO in the air.

Average annual Results for the monitoring of air in Albania, year 2006.

$\mu\text{g} / \text{m}^3$	LNP	PM10	SO ₂	NO ₂	Ozoni	Pb
<i>Average as a country</i>	<i>250</i>	<i>119</i>	<i>21.4</i>	<i>27</i>	<i>103</i>	<i>0.28</i>
EU Norm	70	40	50	40	110	0.5
Recomman.	60	30	40	40	110	0.5
OBSH						

As noted above, the norms permitted in our country as well as in the EU countries concerning the solid waste pensile (LNP) and solid waste with particle dimensions under 10 micron (PM10) have surpassed the limits. The excess degree on a national level (13 measurement points) is on the average 79 percent for LNP and 70 percent for PM 10 referring to our norms, and respectively 357 and 297 percent referring to the respective norms of the EU countries.

The other card-indexes are within the permitted norms, and only on one special case the norm of EU countries concerning the percentage of the nitrogen dioxide NO₂ has gone beyond\surpassed the limits.

- Prevention of water contamination,

The Ministry of Health has ratified the Protocol “Water and Health” in the framework of NEHAP and CEHAPE process and has continuously cooperated with OBSH to provide information regarding the liabilities stemming from the signing of this protocol.

In addition, the Ministry of Health is continuously taking part in the related organized meetings on a European level with regard to this protocol.

The Sanitary State Inspectorate monitors the implementation of hygiene and sanitary rules for the designation, building, reconstruction and use of drinkable water supply works as defined by the hygiene and sanitary regulation in order to control the quality of drinkable water according to VKM (Decision of the Council of Ministers) Nr. 145 dated 26.02.1998.

Besides this structure with the ISHP-së and DSHP-ve in districts, micro-biological and physico-chemical laboratories, which carry out their daily analytical micro-biological and physico-chemical monitoring, including herein the control of drinkable water chlorification in the water supply system have been set up.

The water products are systematically controlled in the market, in order to inform the responsible state agencies and the public as well regarding the risks inferred by not respecting the industrial production norms on special occasions.

b. radioactive contamination protection;

The Radiation Protection Commission (KMR) and Radiation Protection Office focuses on the safety and security of the radioactive materials, as well as all the ionized radiation generating kinds of sources. Thus, efforts have been made with rigorism for the implementation of the KMR guidelines by subjects which work with radiation sources for the treatment of liquid or solid radioactive waste. Their Treatment has to do with the temporary and permanent preservation of the radioactive waste in compliance with the Regulation "On the treatment of radioactive waste". In accordance with the provisions of the Regulation, the waste is transformed into such forms that do not cause damage/risks to the health of human beings and contamination of the environment for the present and future generations as well.

Liquid and solid waste which contain radioisotope are preserved in special locations that guarantee radiation protection and have their entry and exit parts being monitored.

c. noises protection;

In Albania about 60 % of the population compared to about 40% of the EU population are exposed to road traffic noises which go up to the value of an acoustic pressure level of over 55 dB(A) during the day, and about 40 % of the Albanian population compared to 20 % of the EU population has been exposed to a level of over 65 dB(A).

During the night, over 30 % of people have been exposed to acoustic levels which exceed 55 dB(A), thus harming and disturbing their night sleep.

The final aim of the administration of noises has to do with the elaboration (determination) of the criteria on the basis of which the limits of exposing noises norms

shall be established. The related administration of noises shall urge the noises assessment and fight against noises as component parts of the health and environment programs.

d. inspection of the hygiene of food;

Law Nr. 9635, dated 06.11.2006 “On some amendments and annexes to the Law Nr. 7643, dated 02.12.1992 “For the Sanitary Health Inspectorate” has been decreed by the President of the Republic of Albania (Nr. of Decree 5121, dated 20.11.2006).

This law employs new concepts which have not been reflected in the existing legislation such as: concepts on Public Health, environmental health, food safety, HACCP concept (analysis of hazards and control of the critical sections covering the food chain), environmental and health impact assessment, environmental health indicators.

Moreover, the Strategy “On Food Safety” and the Consumers’ Protection Strategy which are being discussed in the Line Ministries in cooperation with the Ministry of Economy, Trade and Energetic shall identify the food safety problems as well.

f. measures taken to fight smoking, alcohol and drug abuse

Smoking

On 9 February 2006, the Albanian Parliament ratified the Framework Convention to Monitor Smoking. Whilst Law Nr. 9836 “On protecting Health from tobacco’s products” was approved by the Council of Ministers in June 2006, and adopted by the Parliament on 6 November 2006. This law has been considered as an advanced law that reflects the terms of the Framework Convention. Prohibition of smoking in public places and the prevention of cigarettes’ advertisements are the main measures stemming from the related law. The up going of taxes is one of the most effective measures to monitor the smoking of cigarettes. The Collection of taxes increased to 60% since July 2006. The taxes are still calculated to under the 2/3d of the retail price of a package of cigarettes.

The Project “Increase of the Public Health capacities to enforce the monitoring of cigarettes” in the Central and South Europe is being implemented by following the initiatives undertaken by the Ministers of Health of the Central and South Europe on 2 September 2001 when they signed “Dubrovnik Pledge” within the structures of the Pact of Stability. In this context, workshops shall be organized for the training of persons who shall be considered as referents in the country in different sectors to promote a clear intersectional understanding of monitoring the smoking of cigarettes, to promote the need to work and cooperate in teams between public health, legal and economic sectors, or even other sectors as well as identify and promote the measures and necessary legislative, economic, technical, and infrastructural activities in the country in order to establish the foundations for the implementation of the Framework Convention.

Training programs, communication, and public awareness education have been designed.

Alcohol

Law Nr 9518, dated 18.04.2006 "On protecting the minors' from the use of alcohol" and on, was adopted and round tables for the actors' awareness to implement the Law shall be organized as well as awareness campaigns to sensitize the population shall be initiated.

Drugs

Efforts have been made in the framework of Implementing the Anti-drugs' National Strategy 2004-2006, to prevent abuse with drugs through the increase of public awareness to risks and negative consequences of using psycho-active substances as well as providing preventive curable and rehabilitating services. The assesment of the problem's credibility has been carried out through epidemiological studies. Public comments in the written and TV media for the main study findings to increase public awareness against risks and negative consequences of using such substances have been highlighted by using the role of massmedia.

Është bërë testimi dhe këshillimi vullnetar dhe konfidencial rutinë në Institutin e Shëndetit Publik lidhur me HIV/AIDS si dhe survejimi biologjik dhe i sjelljes lidhur me HIV/AIDS dhe Infeksionet Seksualisht të Transmetueshme në kuadër të kontrollit të pasojave negative mbi shëndetin publik dhe mbi shoqërinë nga përdorimi i drogës, duke përfshire parandalimin e sëmundjeve seksualisht te transmetueshme.

Moreover, the government sector has been cooperating with the non-government sector to guarantee the involvement and cooperation of state agencies and institutions, NGO-s, charity organizations, religious associations, and the private sector in order to offer a coordinating and management policy in fighting drugs as well as establishing the efficient systems of information.

The Toxicology Services (Military Hospital) have been well arranged regarding the surveillance of V/AIDS and sexual intercourse infections suffered by drug users and consequently, undertake:

- Short-term and mid-term treatment
- Hospital Detoxification
- Damage Reduction
- Treatment with metadon

The activities of the following agencies have been supported:

- "Action Plus" Non-profit Organization
- APRAD Association
- "For a Healthy Albania" Association

Article 24

Question A

Answer

Pursuant to article 153 of the Labour Code, employers and employees, at any time, may immediately solve the contract for justified reasons.

All the grave circumstances which do not allow, according to the credibility principle, to ask the person who has terminated the contract, to continue his job activities, have been assessed as justified reasons.

It is the court which decides if there are justified reasons for the immediate termination of the contract. The cases when the employee breaches contractual obligations for a serious guilt as well as (when the employer breaches contractual obligations) for a lighter guilt, taking place in a repeated way despite the written warning notice of the employer have been considered as justified reasons.

The labour Contract is immediately terminated:

In case the justified reasons of the contract's immediate termination relate to failure of respecting the contract by one of the parties, the other party should be fully indemnified for the damage caused as a result of the first party's failure to respect the notification deadline.

In case the employee violates his obligations for a serious guilt, the Court rules that the employer shall not pay any indemnification as predicted by article 144/5 of the Labour Code.

The employee dismissed immediately and in a justified way no longer enjoys his right of being rewarded according to the seniority principle, but he\she is entitled the right of taking the annual leave. Any other pretence stemming from labour relations may be object to court examination.

Labour Code, Article 144 “Procedure of terminating the labour contract by the employer”.

1) After the probation period, whilst the employer deems to terminate the labor contract, he should notify the employee in written form at least 72 hours before the meeting and discuss matters with him.

2) The employer, during the conversation, explains to the employee all the reasons of the decision he is going to take and gives him the opportunity to express himself.

3) Termination is notified in written form, within 48 hours or a week after their meeting together.

4) This procedure is implemented even in the case of immediate termination of the contract.

5) The employer who does not respect the procedure defined by this article, is obliged to indemnify the employee with a two months' salary payment, which is added to the other possible compensations. The contract's termination remains valid as contrary to this above provision.

5/1. It is the responsibility of the employer to prove that the procedure defined in this article has been respected.

6) This provision does not apply in case of collective dismissals from a job.

Labor Code, Article 157 “Death of the employee”.

- 1) The Contract shall terminate with the death of the employee.
- 2) In such a case, the employer should pay a month salary to the employee, by starting from the date of his death, a two months’ salary if the job relations have lasted for more than 3 years and if the employee may leave his wife, children, or at their absence, other persons behind as predicted by the Family Code.

Question B

Answer

If the contract shall terminate with no grounded reasons, the employee is entitled to sue his employer in front of the court, within 180 days from the day of the notification expiry. If abusive motives shall be unveiled after the expiry deadline, the employee should press charges within 30 days from the day of discovering the motives.

Termination of the contract without grounded reasons shall not be valid. The employer who has terminated the contract without grounded reasons shall be obligated to indemnify the employee up to a year’s salary payment, which is added to the payment he should receive during the notification deadline. Regarding the public administration employees, when there is a final ruling of the court for the return of the related employee to his previous place of work, the employer is obligated to execute this decision.

The Burden of proof remains at the employer.

Question C

Answer

This applies for all the companies, irrespective of their size.

Question D

Answer

There are no categories excluded by law from defense in such cases.

Pursuant to article 149 of the Labor Code, the timely established contract completes by the end of the predicted timeline, with no prior termination. If after the expiry of the defined date\timeline, the contract lasts in silence beyond this deadline, it shall be considered as a timely defined contract.

Pursuant to article 150 of the Labor Code, parties shall foresee in written form a probation time not exceeding three months. You may not foresee a probation period, when a labor contract has been concluded between the parties, which had as an object the carrying out of the same job.

The notification deadline shall be 5 days for the probation time. If the contract shall not be abrogated during the probation time, this is included in the duration of the timely defined contract.

Article 25: The right of workers to the protection of their claims in the event of the insolvency of their employer.

“With a view to ensuring the effective exercise to the right of workers to the protection of their claims in the event of the insolvency of their employer, the parties undertake to provide that workers’ claims arising from contracts of employment or employment relationships be guaranteed by a guarantee institution or by any other effective form of protection.’

Legjislacioni

Regulation of the rights of workers in the event of the insolvency or incapability of their employer are decided on Labour Code of Albania.

Question A

Please indicate whether workers’ claims in the event of the insolvency of their employer, are secured by means of a guarantee institution, a privilege, a combination thereof or by other means.

According article 124/2 of Labour Code, in case of any incapability to pay, the obligations of the employer to the employees, amounting up to a total sum not smaller than 5 months minimum wage, take priority over all the other obligations even when these obligations are guaranteed by means of movables or immovables.

Question B

Please state how the term “insolvency” has been defined and to which situations it has been applied.

According article 124/1, the Labour Code of Albania has defined the incapability to pay, and with this term is meant the situation connected with the active assets of the employer and aims at paying back his/her creditors, as well as the cases where it is impossible to pay back the obligations to the employees because of the financial situation of the employer.

Question C

Please indicate which claims are protected in case of the insolvency of the employer.

As we mentioned before in paragraph according article 124/2 of Labour Code, in case of any incapability to pay, the obligations of the employer to the employees, amounting up to a total sum not smaller than 5 months minimum wage, take priority over all the other obligations even when these obligations are guaranteed by means of movables or immovables.

Question D

Please indicate whether there are any categories of workers not covered by the protection offered in this field by reason of the special nature of their employment relationship.

In Labour Code we don't have any exceptions on some categories of workers but all of them are covered by the protection.

Question E

Please indicate whether workers claims are limited to a prescribed amount. If so, state what the amount is and how it is determined.

According article 124/2 of Labour Code, the obligation of the employer is amounting up to a total sum not smaller than 5 months minimum wage, which take priority over all the other obligations even when these obligations are guaranteed by means of movables or immovables.

