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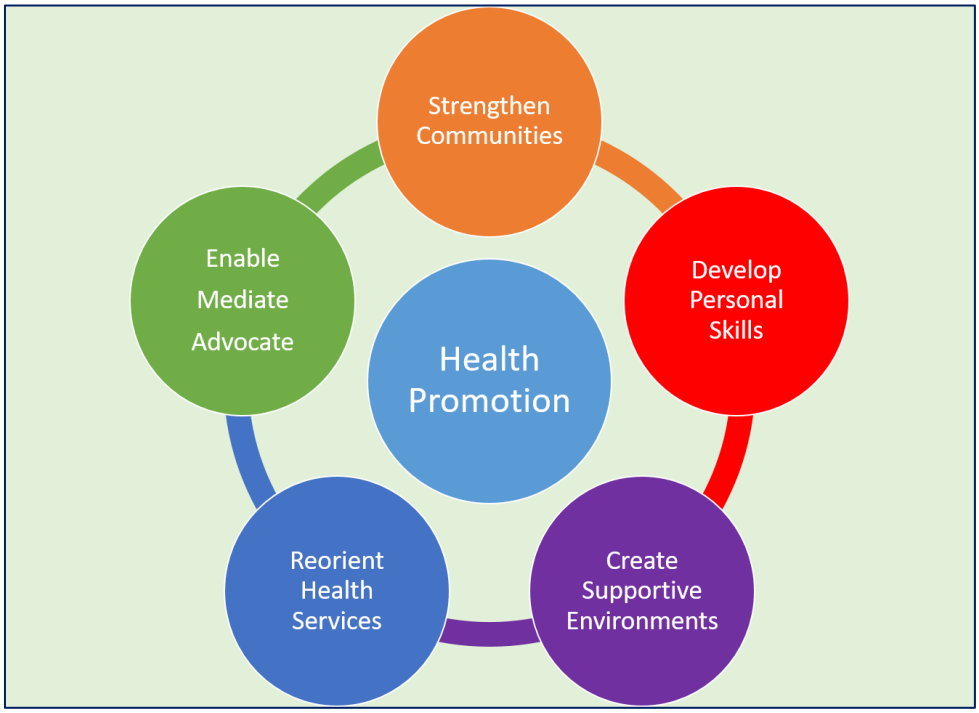
Save the Children

SHKOLLAT PËR SHËNDETIN

POLICY BRIEF ON "ACTION PLAN ON HEALTH PROMOTION, ALBANIA 2022-2030"



February 2022

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EXECUTIVE SUMMARY

This policy brief is a summary of the "Action Plan on Health Promotion, Albania 2022-2030", which is endorsed by the Albanian Ministry of Health and Social Protection and is supported by a wide range of actors and key stakeholders at national and local level.

The present brief is mainly targeted at policy makers and decision makers, but also at all professionals, experts and individuals involved in health education and health promotion including health professionals, health educators, health promotion specialists, health managers and administrators of health care services, as well as the entire Albanian population.

This policy brief is built around the principles of 'assess', 'explain' and 'act on' the most prominent health problems in Albania, focused on all diseases but mainly on non-communicable (i.e. non-infectious) diseases (NCDs) except cancer which has a separate action plan. The focus is on NCDs, as these diseases constitute 93% of total mortality and more than 80% of the overall burden of disease in the Albanian population. By a wide margin, the most prominent 'killers' in NCDs are heart and vessel diseases (also called 'cardiovascular' diseases).

The new "Action Plan on Health Promotion 2022-2030" focuses on promotional content and, in addition to NCDs, contains elements for prevention of the new threats by infectious diseases (e.g. COVID-19).

The general structure of this policy brief is similar to the full-length action plan on health promotion. Hence, interested readers should make reference to the full "Action Plan on Health Promotion, Albania 2022-2030".

'Assess', 'Explain' and 'Act on'

ASSESS

The most prominent 'killers' in Albania, as in many developed countries, are:

- High blood pressure
- Smoking
- Overweight and obesity
- High blood cholesterol
- Diabetes (high blood sugar)
- Unhealthy diet which leads to all of the above, at least in part.

These risks are the major factors leading to atherosclerosis, i.e. hardening, stiffening and inflammation of the arteries; when the arteries become blocked, the downstream tissue will die. Depending on the territory supplied by the blocked artery, this process will lead to a heart attack, stroke, foot amputation and other diseases.

- Alcohol consumption.

EXPLAIN

The scientific basis for the abovementioned risk factors should be explained, notably the occurrence of these risk factors in the Albanian population and the risk they present for meeting sustainable development goals (SDGs).

ACT

The Action Plan on Health Promotion proposes a wide variety of interventions to improve the risk factors in the Albanian population including interventions in schools and workplaces, through social as well as traditional media and celebrities, etc.

Important considerations

Overall, it is essential to understand that:

- The rise in NCDs in Albania is in some indirect way a sign of success of prior long-term health policy as infectious diseases have been enormously reduced and the mean life span is increasing;
- It is urgent to act now to reduce the rapidly increasing damage;
- fighting cardiovascular disease requires long-term political, financial and popular support;
- Vulnerable populations and minorities need special support measures.

Specificity

Importantly, the new "Action Plan on Health Promotion, Albania 2022-2030" defines four strategic objectives, each with a number of specific goals, activities needed to reach these goals as well as concrete indicators of success.

On the whole, the "Action Plan on Health Promotion, Albania 2022-2030" is suited to serve as a guidance for broad, as well as detailed policy decisions.

This action plan differentiates itself from the other policy document "Action Plan on NCDs, Albania 2021-2030" in that it focusses more on health promotion in the population, whereas the NCD action plan encompasses, in addition to health promotion, wider policy strategies, such as questions of financing, tax policy, and the like.

HEALTH PROMOTION: CONTEXT AND SITUATION IN ALBANIA

What is health promotion?

According to the World Health Organization, health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions[1].

Yet, there is a chance: the majority of health problems and premature deaths are caused by human behaviour and are therefore preventable through behavioural changes. This is the principal rationale for health programmes such as the present one.

Rationale and purpose of an Action Plan on Health Promotion

In all walks of life, such as family politics, business etc., it is common knowledge that information alone is not nearly sufficient to improve a problem. Likewise, improving health requires not only information, but is contingent upon a complex set of interventions to change behaviour. There is now wide scientific evidence for interventions that can change behaviour[2].

In addition, efficient and effective use of public money is a key criterion for health interventions. It is also a public responsibility to assure the consumers' private money is being spent on measures of proven value.

As a consequence, interventions to improve health need careful review of the international and national scientific data, forward planning and permanent feedback. Health interventions must be focused on prevention, not only on improving treatment. This is the purpose of the action on health promotion; such a plan is key to any health policy in all countries including Albania.

The present Action Plan on Health Promotion for Albania focuses on promotional content and, in addition to non-communicable diseases (NCDs), contains elements for prevention of the new threats by infectious diseases (e.g. COVID-19). In contrast, the Action Plan on NCDs for Albania focuses on prevention of NCDs without detailing the promotional content.

Situation Analysis

Detailed data can be found in the full document: "Action Plan on Health Promotion, Albania 2022-2030", but, essentially, the basis for present health policies is a national success. From 1990 to 2030, the average life span in Albania has increased from about 70 years to 78 years[3].

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[1] World Health Organization. Health Promotion. https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference#:~:text=Health%20promotion%20is%20the%20process,or%20cope%20with%20the%20environment.

[2] Michie S, et al. The behavior change wheel: A new method for characterizing and designing behavior change interventions. Implementation Science 2021; 6 (42). https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-6-42.

[3] Institute of Statistics (INSTAT). http://www.instat.gov.al/.

Neonatal mortality has decreased by 52% between 2009 and 2019[4], thus contributing to the increase in life span, together with better treatment facilities. In addition, fertility rate has decreased, further increasing average age[5]. Treatment success has also improved.

The decline in age-standardized mortality rates and burden of disease from NCDs in the Albanian population is more evident than in most of the other countries in the Western Balkans[6].

These developments have had three consequences:

1. The mortality '*per age group'* has decreased. This figure is called 'age-standardized mortality rate'.
   The age-standardized mortality rate due to NCDs declined from 673 in 1990 to 520 in 2019 deaths per 100,000 population. Total mortality has increased from 528 to 833 per 100.000 population (elderly people have higher mortality) [INSTAT, 2021].
2. The nature of disease has changed dramatically. Infectious (i.e. communicable) diseases have declined, and NCDs have dramatically increased, though the COVID-19 crisis has reversed this trend to some extent.
3. Importantly, disease is not only a problem of life or death. It often leads to incapacity. Therefore, a statistical method has been developed called 'disability-adjusted life years' (DALYs). It reflects the idea that any reduction in a healthy life is a loss to a greater or lesser extent. Thus, calculations of DALYs combine years lost due to disability or precocious death. Disabilities may be more or less severe; an example is stroke which may lead to complete paralysis of one body side or only to minor weakness. Therefore, the DALY method introduces corrections for these differences. Details of the complicated calculations can be found under www.who.int, but, essentially, in Albania, in 2019 the DALYs due to NCDs were 17,621. This means that 17,621 years of healthy life were lost for each tranche of 100,000 people (corrected for age). Although, luckily, this figure has declined from 21,036 in 1990, it is still quite high in comparison with many European Union countries. Of note, comparisons with other countries do not mean that their figures are ideal; the ultimate future goal worldwide is for DALYs to approach almost zero, i.e. an almost healthy life until (a short time before) death.

The leading causes of mortality in Albania consist of ischemic heart disease, followed by stroke, lung cancer, Alzheimer's disease, and chronic obstructive pulmonary disease.

With few modifications, these conditions are also the main causes of disease burden (expressed in DALYs) in the Albanian population.

[4] http://ghdx.healthdata.org/gbd-results-tool.

[5] Gjonca A, et al. Demographic and Health Challenges Facing Albania in the 21st Century. https://albania.unfpa.org/sites/default/files/pub-pdf/albania_demographic_health_challenges_report_2020_english_version.pdf.

[6] http://ghdx.healthdata.org/gbd-results-tool.

Example: Obesity, one of the major challenges

The current evidence indicates a significant change in the magnitude and distribution of risk factors in the Albanian population. Obesity stands out with a threefold increase in a relatively short period of time (a decade). This huge increase is observed among young children in Albania, but mostly among adult males (aged 15 to 60 years), where more than 66% are overweight[7]. Obesity is associated with hypertension and diabetes as well as with high blood cholesterol; therefore, its increase portends disastrous changes in future.

COVID-19 – a reminder for a widening of health promotion

The most recent official information from the national Institute of Statistics (INSTAT) indicates that the overall life expectancy in Albania in 2020 was 75.2 years in men and 79.6 years in women, a decline from the figures for 2019 (77.6 years in males and 80.6 years in females, INSTAT, 2020). In all likelihood, the excess deaths due to COVID-19 account for this decline in life expectancy.

Together with the well-known psychological, educational and economic consequences of COVID-19, these figures are a strong reminder that future health promotion needs to focus not only on NCDs, but also on infectious diseases, much as in the past, but with novel disease entities emerging.

Neonatal and maternal mortality

The successes in reducing neonatal and maternal mortality in Albania should not obfuscate the fact that both are still higher than in most of the European countries, thus illustrating the need to strengthen health promotion in females of reproductive age, their partners, and families.

Main risk factors for mortality and morbidity in the Albanian population

The burden of disease in the Albanian population is caused by a wide range of determinants that belong to Metabolic Risks, Environmental/Occupational Risks and Behavioural Risks. The main risk factors of mortality and burden of disease (mortality and morbidity combined) in the Albanian population, based on the most recent information available from IHME[8] include high blood pressure (top risk factor), tobacco, and dietary risks (GBD, 2020).

Essentially, current evidence indicates a significant change in the magnitude and distribution of risk factors in the Albanian population, particularly with a threefold increase of obesity. Hypertension is also increasing in the general population of Albania, posing a serious threat, especially for increasing the mortality rates from cardiovascular diseases. In addition, the

[7] Albanian Demographic and Health Survey. https://dhsprogram.com/pubs/pdf/FR348/FR348.pdf.

[8] http://ghdx.healthdata.org/gbd-results-tool.

burden of disease attributable to tobacco (second main risk factor) accounts for 15% of the overall disease burden in the Albanian population (GBD, 2020).

Evaluation of the National Action Plan on Health Promotion, Albania 2017-2021

The initial step in developing the new "Action Plan on Health Promotion, Albania 2022-2030" consisted of a review of the previous action plan through a detailed desk review, as well as interviews of key players.

The consensus was that much progress has been achieved, but most of the envisioned activities of the "Action Plan on Health Promotion, Albania 2017-2021" have been only partially implemented, unforeseen obstacles being the earthquake of November 2019 and the COVID-19 crisis since early 2020. Other factors include the lack of appropriate funding, insufficient human resources, poor infrastructure, the recent organizational changes (establishment of Health Operators), as well as poor planning of some health promotion interventions.

Of note, it was difficult to evaluate the degree of implementation of some interventions due to the lack of well-established and measurable indicators.

VISION, GOAL AND STRATEGIC OBJECTIVES OF THE NEW ACTION PLAN ON HEALTH PROMOTION, ALBANIA 2022-2030

The new Plan of Action on Health Promotion aims to renew health promotion through social, political, and technical actions, addressing the health challenges, in order to improve health and reduce health inequities of the Albanian population.

It is placed within the context of the 2030 Agenda, in line with documents such as the Albanian National Health Strategy 2021-2030; Action Plan for NCDs 2021-2030; Action Plan on Sexual and Reproductive Health 2022-2030, etc.

Vision

Healthy life and well-being for the whole Albanian population.

Goal

The goal is to ensure protection and promotion of health and well-being for the whole Albanian population, through empowerment and involvement of individuals, families and communities in partnership with health care providers and all other actors.

Strategic Objectives

The new plan is divided into four strategic objectives, each with a number of specific goals that allow monitoring through indicators as a prerequisite for future amendments.

Of note, there is a complete list of specific objectives in the Annex to the present paper, along with a list of indicators and activities. This is to account for the fact that each reader might

have different interests with regard to the objectives (e.g. teachers for school objectives, health staff for the medical check-ups, etc.).
Below are provided only a few salient examples of specific objectives and their related indicators and activities to show the major improvement over the previous action plan.

Strategic objective 1: *Increasing awareness about health, orientation towards a healthy lifestyle and appropriate access/use of health services.*

Specific objective 1.1: Raising awareness.

Indicators (examples):

- Use of basic medical check-up services by at least 70% of the target population (35-70 years old).
- At least 80% of the target population properly uses monitoring services of pregnancy and child upbringing.

Activities (examples):

1. Organising awareness campaigns on the importance of free medical check-up.
2. Organising awareness campaigns on the importance of monitoring of pregnancy and subsequently growth and upbringing of babies.

Specific objective 1.2: Promoting healthy lifestyle for the whole Albanian population.

Indicators (examples):

- 60% of school-aged children have sufficient knowledge regarding healthy nutrition.
- Increase by 20% breastfeeding of children aged 0-2 years.

Activities (examples):

1. Supporting initiatives that increase the availability, accessibility and affordability of nutritious food, particularly among those groups most vulnerable to poor nutrition.
2. Developing programs that increase food and nutrition knowledge and skills of parents, children and other groups most vulnerable to poor nutrition.
3. *Obesity Surveillance Initiative* (COSI).
4. Performing every 4 years the *Health Behaviour in School-aged Children survey* (HBSC).

Specific objective 1.3: Reducing smoking, harmful alcohol use and illicit drugs.

Indicators (examples):

- 85% of school-aged children have sufficient knowledge about health risks caused by use of tobacco, alcohol and drugs.
- Decrease by 10% of smoking in the population aged 15-64 years.

- Decrease by 30% of cannabis use and cocaine in the population aged 15-34 years.

Activities (examples):

1. Organisation of national campaigns to prevent risk behaviours, focused on smoking, harmful alcohol use and illicit drugs: "World No Tobacco Day"; "World Drug Campaign".
2. Strengthening capacities for implementation of anti-smoking law, the law against alcohol consumption by minors, and the law against drug use.
3. Carrying out the "*Global Youth Tobacco Survey"* (GYTS).

Strategic Objective 2: *Strengthening enabling environments and promotion of efficient interventions.*

Example: Specific objective 2.2: Increase access to health-promoting schools with SDH approaches.

Indicators (example): Number of districts that are implementing national guidance for healthy schools.

Activities (examples):

1. Expansion of school networks that promote health at national and international level. Plan and join the network of health promoting schools (Schools for Health in Europe, SHE).
2. 50% of health care institutions/hospitals are involved in health education and promotion programs.

Specific objective 2.4: Increasing the use of technology, especially information and communication technology, to promote the empowerment of health promoting settings.

Specific objective 2.5: Increasing the effectiveness at work of the professionals of the network of health education and promotion.

Specific objective 2.6: Strengthening the systems for information collection, analysis, and dissemination to enhance documentation and sharing of practices, lessons learned, and results related to settings-based initiatives, with an equity lens.

Strategic Objective 3: *Enhance governance and inter-sectoral work to improve health and well-being and address the social determinants of health.*

Indicators (example):

- The budget for health promotion is increased by 5% each year.

Specific objective 3.1: Develop and/or strengthen local government structures and initiatives to include health promotion as a priority.

Indicators (example):

- A network of Healthy Cities is established including at least four municipalities.

Activities (example):

1. Create a national network of Healthy Cities and collaborate with regional, and national associations of cities and municipalities to ensure that health is included in their agendas.

Specific objective 3.2: Enhance health sector collaboration with other public sectors addressing the SDH at various government levels.

Indicators (example):

- Inter-sectoral committee for school-based health promotion is established.

Activities (example):

1. Enabling joint financial planning by different sectors for implementing health promotion activities.
2. Joint decision-making between MoHSP and MoESY to carry out health promotion activities in compulsory education at the national level.

Specific objective 3.3: Strengthen the capacity of community-based organizations, businesses, community leaders, and civil society to design, implement, monitor, and evaluate HP initiatives.

Strategic Objective 4: *Empowerment of health services and strengthening the risk communication as emergencies' response.*

Specific objective 4.1: Strengthen the health care sector at central and regional level for emergency preparedness, coordination and response.

Specific objective 4.2: Strengthening the main technical services of the Health Care Sector through the use of competencies, resources and expertise of key actors to respond to the needs of the population in emergencies.

Specific objective 4.3: Strengthen Information management and risk communication capacities to provide real-time information during the emergency and at all levels of its management.

MONITORING AND EVALUATION

The Albanian Action Plan of Health Promotion 2022-2030 will be measured through a set of indicators with baselines in 2020 and targets for 2026 and 2030. The objectives and indicators are aligned with the SDGs in the 2030 Agenda for Sustainable Development and the WHO declarations on health promotion, as well as with the New Albanian National Strategy on Health 2021-2030; Action Plan of NCD 2021-2030; Action Plan of Sexual and Reproductive Health 2022-2030 and other existing national strategies and commitments.

A guide with instruction will be developed to explain how each indicator is to be measured. Data will be collected from national institutions responsible for specific activities; from national and international reports; standardized estimates, and policy and program surveys, among other sources. Baselines and targets for the indicators are defined for the year 2020. A midterm review of this Plan of Action will be prepared in 2026, and a final report will be prepared for the Governing Bodies in 2031.

ANNEX. SPECIFIC OBJECTIVES, INDICATORS AND ACTIVITIES

This annex provides the full text of the original "Action Plan on Health Promotion, Albania 2022-2030", with a few minor modifications.
The purpose is to enable the reader to identify the specific objectives relevant to them (e.g. school activities relevant for teachers and parents, governance objectives for parliamentarians and administrators, etc.).

Strategic Objective 1
Increasing awareness about health, orientation towards a healthy lifestyle and appropriate access/use of health services

Specific objective 1.1: Raising awareness

Indicators:

- Use of basic medical check-up services by at least 70% of the target population (35-70 years old).
- At least 80% of the target population properly uses monitoring services of pregnancy and child upbringing.
- At least 50% of young people use youth-friendly health services (sexual and reproductive health, abuse of substance, mental health, etc.).

Activities:

1. Organising awareness campaigns on the importance of free medical check-up.
2. Organising awareness campaigns on the importance of monitoring of pregnancy and subsequently growth and upbringing of babies.
3. Organising awareness campaigns on the importance of health services for young people (reproductive and sexual health, mental health, substance abuse).

Specific objective 1.2: Promoting healthy lifestyle for the whole Albanian population.

Indicators:

- 60% of school-aged children have sufficient knowledge regarding healthy nutrition.
- Increase by 20% breastfeeding of children aged 0-2 years.
- Reduce by 30% malnutrition among children aged 0-5 years.
- Reduce by 20% overweight among school-aged children and general population.
- Reduce by at least 20% anaemia among school-aged children and general population.
- Increase by 30% the daily physical activity level of children of 11-15 years old.
- Decrease by 20% the sedentary life of the population aged 40-65 years.

Activities:

1. Supporting initiatives that increase the availability, accessibility and affordability of nutritious food, particularly among those groups most vulnerable to poor nutrition.
2. Developing programs that increase food and nutrition knowledge and skills of parents, children and other groups most vulnerable to poor nutrition.
3. Encouraging the development and implementation of organisational policies that facilitate increased physical activity, particularly in schools and workplaces.
4. Organizing national campaigns on behaviour change initiatives to promote a healthy diet.
5. Organizing public education campaigns that raise awareness of the benefits of physical activity and motivate and support increased physical activity for everybody.
6. Working with local governments to develop local public health plans including activities that support healthier eating and address physical inactivity and sedentary behaviour.
7. Strengthening the capacities of health professionals to address public health nutrition, physical inactivity and sedentary behaviour in their programs, policies and plans.
8. Strengthening capacities at district level of school health staff on health behaviours (healthy eating and physical activity), as part of a package of 12 modules of WHO for schools.
9. Strengthening the child nutrition monitoring system in Albania
10. Monitoring of obesity every 3 years in children aged 6-9.9 years as part of the *European Childhood Obesity Surveillance Initiative* (COSI).
11. Performing every 4 years the *Health Behaviour in School-aged Children survey* (HBSC).
12. Implementation by stages across the country of "Healthy Eating and Physical Initiative in Schools".
13. Implementation of Health Academy program on physical activity and nutrition for young people aged 12-18 years.
14. Strengthening capacities of maternity staff for early initiation of breastfeeding (within 1 hour of birth).
15. Strengthening capacities of health staff from child consulting centers for promoting exclusive breastfeeding.
16. Capacity building of health professionals from PHC to improve care for child nutrition and development.
17. Promotion of the "Baby friendly hospitals" initiative for all maternity hospitals in Albania.
18. Improving the curricular content of the pre-university school system on healthy nutrition, in collaboration with the Ministry of Education, Sports and Youth (MoESY) and the affiliated institutions/agencies.

Specific objective 1.3: Reducing smoking, harmful alcohol use and illicit drugs

Indicators:

- 85% of school-aged children have sufficient knowledge about health risks caused by use of tobacco, alcohol and drugs.
- Decrease by 10% of smoking in the population aged 15-64 years.
- Decrease by 15% of smoking in males aged 15-64 years.
- Decrease by 5% of smoking in females aged 15-64 years.
- Decrease of the tendency of starting smoking in children aged 11-15 years.
- Decrease by 50% of alcohol consumption in children aged 11-15 years.
- Decrease by 30% of cannabis use in the population aged 15-64 years.
- Decrease by 30% of cannabis use and cocaine in the population aged 15-34 years.
- Decrease by 50% of illicit drug use in children aged 11-15 years.

Activities:

1. Organisation of national campaigns to prevent risk behaviours, focused on smoking, harmful alcohol use and illicit drugs: "World No Tobacco Day"; "World Drug Campaign".
2. Strengthening capacities for implementation of anti-smoking law, the law against alcohol consumption by minors, and the law against drug use.
3. Working with local governments to develop local public health plans that include measures to address tobacco control.
4. Strengthening capacities at district level of school health staff on risky behaviours (smoking, harmful alcohol use and illicit drugs) and their health consequences, as part of a package of 12 modules of WHO for schools.
5. Training at district level of the health professionals from primary health care on "Intervention on quitting smoking & alcohol", according to the module provided by WHO.
6. Carrying out the "*Global Youth Tobacco Survey"* (GYTS).
7. Carrying out the "*Youth Risk Behaviour Survey*" (YRBS).
8. Carrying out the *European School Survey Project on Alcohol and Other Drugs* (ESPAD).
9. Carrying out the "*Survey of Substance Use Among General Population in Albania*" (GPS).

Specific objective 1.4: Reducing all kinds of violence in the Albanian population

Indicators:

- Decrease by 30% of cases of violence (physical, emotional, and neglect) among children/youth.
- Decrease by 30% of cases of family violence.

Activities:

1. Organising national campaigns on social and behaviour change strategies for addressing violence against the most vulnerable groups (children, women, older people).
2. Scaling-up the implementation of the home-visiting programme at a national level in Albania.
3. Developing positive parenting programs, based on the INSPIRE package (WHO).
4. Training media representatives on reporting cases of domestic violence.
5. Development of extracurricular school modules on recognition of signs of child sexual abuse in the circle of trust.
6. Strengthening of national capacities for prevention, identification, treatment and referral of abused children.
7. Carrying out the "Adverse Childhood Experiences" survey at Albanian young people.
8. Carrying out a survey on violence against elderly people in Albania.
9. Carrying out a survey on intimate partner violence among women in Albania.

Specific objective 1.5: Preventing injury and promoting safer communities.

Indicators:

- 60% of young people at schools have sufficient knowledge regarding risk factors and injury prevention.
- Reducing by 30% the road accidents caused by driving under the influence of alcohol.

Activities:

1. Organization of national campaigns in the framework of UN Road Safety Global Week.
2. Organising national campaigns in the framework of World First Aid Day.
3. Development of a multi-sectorial action plan on prevention of road traffic accidents.
4. Training at district level the school health staff on injury prevention, as part of the package of 12 modules of WHO for schools.
5. Strengthening the capacities of health professionals to address injury prevention in their programs, policies and plans.
6. Establishment of the surveillance system of road traffic accidents at the IPH.
7. Working with local governments to develop local public health plans including strategies to prevent injury and promote safer communities.

Specific objective 1.6: Improvement of knowledge and practices on sexual and reproductive health and family planning of the Albanian population.

Indicators:

- Decrease by 50% of adolescents who commence sexual intercourse before the age of 16 years.
- Increase by 25% of condom use among boys under 16 years of age.

- Increase of condom use among males aged 15-49 years, from 4% to 30%.
- Increase of condom use by 50% among girls aged 15 years and their partners.
- Increase in modern family planning methods among women of reproductive age, from 11% to 30%.

Activities:

1. Organizing national campaigns to raise public awareness on the use of modern contraceptive methods and sexual and reproductive health services.
2. Organising national campaigns on awareness raising among women on the importance of regularly screening for breast cancer and cervical cancer.
3. Developing communication training courses with health promotion specialists on sexual and reproductive health issues.
4. Improving the school curricula about sexual and reproductive health aspects including modern family planning methods.

Specific objective 1.7 Promoting prevention of communicable diseases.

Indicators:

- Increase by 10% at national level of the number of activities (and number of persons involved) of education on hygiene in schools or community.
- Over 60% of children have proper knowledge on faecal-oral spread of infections and importance of water and sanitation in community health.
- Most of key persons in the community are aware of ways of controlling and monitoring potable water.

Activities:

1. Increasing population awareness of the role of personal and community hygiene on preventing communicable diseases.
2. Developing an outbreak communication plan.
3. Developing a communication strategy for COVID-19 vaccines.
4. Raising awareness on antibiotic use through World Antibiotic Awareness Week campaign.
5. Strengthening capacities of school health staff at district level on personal hygiene, as part of the package of 12 modules of WHO for schools.

Strategic Objective 2

Strengthening enabling environments and promotion of efficient interventions

Specific Objective 2.1: Develop sustainable national initiatives that promote healthy settings with a focus on populations in situations of vulnerability.

Indicators:

- Development of two or more healthy settings-specific policies for these groups.

Activities:

1. Develop evidence-based guidelines, criteria, tools, and models for key healthy settings.
2. Establish national healthy settings-based networks and initiatives, with special emphasis on institutions (i.e., schools and workplaces).
3. Build capacities and partnerships at national, and local levels to apply, and document the effectiveness of, inter-sectoral policies that contribute to the sustainability of healthy settings initiatives.

Specific objective 2.2: Increase access to health-promoting schools with SDH approaches.

Indicators:

- Number of districts that are implementing national guidance for healthy schools.

Activities:

1. Expansion of school networks that promote health at national and international level. Plan and join the network of health promoting schools (Schools for Health in Europe, SHE).
2. Develop, adopt and implement policies on health promoting schools.
3. Strengthening capacities of health promotion specialists working at the central level (IPH) and local level (short-term training of health promotion with a focus on school interventions).
4. Strengthening capacities for school health staff on health promotion and education issues.
5. Capacity building for teachers dealing with health topics.
6. Capacity building for food safety specialists on health promotion and education issues related to healthy and safe nutrition of children.
7. Capacity building for municipal staff (central and local) on health promotion/education in schools.
8. Review of school curricula of pre-university system for incorporation of additional health aspects that regard prevention of disease and health promotion.

Specific objective 2.3: Transforming health care institutions of all levels in Albania in environments that promote health.

Indicators:

- 50% of health care institutions/hospitals are involved in health education and promotion programs.

- 90% of patients that have carried out the basic medical check-up (35-70 years old) have been advised by the health professionals on healthy lifestyles.
- 20% of health professionals involved in health education and promotion programs have carried out home or community visits.

Activities:

1. Preparing a guideline and the respective protocol for the transformation of a health care institution (including hospitals), to an environment that promotes health.
2. Capacity building of key persons at all levels of health institutions on creating enabling environments for promoting health.
3. Undertake supportive supervision at all levels of health institutions including hospitals to initiate the systematic implementation of standards for creating enabling environments for promoting health.
4. Establishment of a national network of health care institutions that promote health, appointment of coordinators for each institution and organization of annual meetings to exchange experiences and promote best practices in this regard.

Specific objective 2.4: Increasing the use of technology, especially information and communication technology, to promote the empowerment of health promoting settings.

Indicators:

- 70% of young people in schools have sufficient knowledge of health education and promotion.
- 80% of health centres are provided with appropriate information and communication technology.
- 20% of workplaces have access to innovative programs on health promotion.

Activities:

1. Organisation of informative and educational campaigns on different health issues with young people in schools.
2. Gradual equipment of health centres with adequate means of information and communication technology.

Specific objective 2.5: Increasing the effectiveness at work of the professionals of the network of health education and promotion.

Indicators:

- Tasks and professional skills of professionals of the network at all levels are defined ('job description') and 90% are aware of them.
- 90% of the professionals of the network are trained on planning, implementation, monitoring, evaluation, supportive surveillance, reporting skills of EPSH activities.

Activities:

1. Training at national level of health professionals on development of appropriate skills using community-based approaches (commitment of health mobiles / leaders / mediators).
2. Reviewing the basic package of services of primary health care regarding the EPSH component.
3. Drafting concrete terms of reference (job description) for specialists of health education and health promotion (standardized guideline on basic professional tasks and skills).
4. Establishment and development of a long-term specialization course in health promotion in collaboration with IPH and UMT.
5. Establishing a systematic accredited training course for specialists of health promotion and education on the skills required and the specific tasks that they should perform in planning, implementation, monitoring, evaluation, supporting supervision processes and reporting activities on health promotion and education.
6. Improving the infrastructure of health promotion cabinets in all LUHCs with the necessary equipment to carry out health promotion activities.

Specific objective 2.6: Strengthening the systems for information collection, analysis, and dissemination to enhance documentation and sharing of practices, lessons learned, and results related to settings-based initiatives, with an equity lens.

Indicators:

- Producing national annual progress reports on health promotion in at least two categories of healthy settings.

Activities:

1. Annual events on health promotion in different settings (schools, health institutions, work-place, etc.), such as conferences, fairs, campaigns etc.
2. Strengthen the country health information system to track activities and results from healthy settings programs, enabling oversight and follow-up, and incorporating, if possible, databases that include variables related to health promotion.

Strategic Objective 3

Enhance governance and inter-sectoral work to improve health and well-being and address the social determinants of health

Indicators:

- The percentage of the budget for health promotion is increased by 5% each year.

- Health promotion conferences are conducted each year with participation of all health promotion specialists.

Specific objective 3.1: Develop and/or strengthen local government structures and initiatives to include health promotion as a priority.

Indicators:

- A network of Healthy Cities is established including at least four municipalities.
- Meetings on discussion of various topics related to health promotion priorities at local level are conducted annually.

Activities:

1. Establishment at regional level of the institutions and organizations of the civil society networks focusing on children, to coordinate efforts for raising awareness of politicians about the importance of health promotion in general, and that of school children in particular.
2. Create a national network of Healthy Cities and collaborate with regional, and national associations of cities and municipalities to ensure that health is included in their agendas.
3. Develop a guidance for Healthy Cities and planning to be part of the WHO European Healthy Cities Network.

Specific objective 3.2: Enhance health sector collaboration with other public sectors addressing the SDH at various government levels

Indicators:

- Inter-sectoral committee for school-based health promotion is established.
- An inter-sectoral Memorandum of Understanding (MoU) is established.
- Agreement between MoHSP and MoESY about joint health promotion activities is in place.

Activities:

1. Establishment of an inter-sectoral committee for health promotion in schools.
2. Developing specific information/ awareness activities for different decision-making groups (health and education authorities, municipal councils, and the relevant parliamentary committees)
3. Institutionalization of relations between different sectors through a memorandum of collaboration, which will facilitate significantly cooperation between them.
4. Enabling joint financial planning by different sectors for implementing health promotion activities

5. Joint decision-making between MoHSP and MoESY to carry out health promotion activities in compulsory education at the national level.

Specific objective 3.3: Strengthen the capacity of community-based organizations, businesses, community leaders, and civil society to design, implement, monitor, and evaluate HP initiatives

Indicators:

- Survey on exploring the most effective means for multi-sectoral cooperation is conducted.
- Annual events in form of policy dialogue between the public sector and the private sector aiming at fostering effective cooperation for health promotion.

Activities:

1. Involvement of NGOs, civil society, academia, media, and the community as a whole in decision-making and in the implementation of all health promotion programs with schoolchildren.
2. Finding appropriate mechanisms and incentives to promote sustainable cooperation between the public and private sectors to co-finance health promotion programs for school children.
3. Promote research that focuses on multi-sectoral approaches for promotion of health.
4. Ensuring community participation with decision makers in creating, implementing, and evaluating public policies affecting health.
5. Strengthening capacities of community leaders for planning, implementation, monitoring of health promotion activities at community level.
6. Evaluate community-based programs to determine their effectiveness.

Strategic Objective 4

Empowerment of health services and strengthening the risk communication as emergencies' response

Specific objective 4.1: Strengthen the health care sector at central and regional level for emergency preparedness, coordination and response.

Indicators:

- Establishment of policy mechanisms for strengthening and ensuring cross-sectoral coordination in emergency.

Activities:

1. Review of relevant legal and regulatory frameworks.

2. Integration of Local Health Care Units, Health Care Operators in order to reduce risks from disasters, emergencies and increase the welfare of the population.
3. Enhancing and providing good-quality primary care supported by essential public health functions.
4. Engaging and empowering people.
5. Strengthening and promoting multi-sectoral action to tackle inequities.

Specific objective 4.2: Strengthening the main technical services of the Health Care Sector through the use of competencies, resources and expertise of key actors to respond to the needs of the population in emergencies.

Indicators:

- Ensuring continuity of essential services based on operational plan and national guidance.

Activities:

1. Capacity building to understand that continuing care in emergencies is crucial
2. Promoting the use of the latest scientific knowledge about emergency risk management.
3. Orientating health systems to primary health care and strengthening emergency risk management.
4. Training new staff to Strengthen coordination and communication capacities for detection, prevention and response to public health risks.
5. Ensuring that there will be sufficient trained human resources to respond to a given emergency.

Specific objective 4.3: Strengthen Information management and risk communication capacities to provide real-time information during the emergency and at all levels of its management.

Indicators:

- Development and implementation of guidelines for risk communication and mapping of health workers trained for this purpose.

Activities:

1. Trainings on public communication need to be strategic and systematic, and conducted regularly.
2. Designating, training and supporting credible and effective spokesperson/s who will be the face of the nodal agency and the task force, and provide regular updates to ensure transparent communication and build public trust.

3. Enhancing risk communication in country and build a national pool of emergency risk communication experts;
4. Developing tools, guides and resources. Develop tools and guides for risk communication needs, including for monitoring and evaluation;
5. Ensure adequate and sustained capacity to anticipate and combat fake news, rumours and misinformation during public health emergencies.
6. Establish national networks and initiatives, with community engagement and build trust on population together
7. Enhancing public education through mass media (television, radio and newspapers) and health educators in collaboration with other sectors.