

Management of Refugee Crisis in Albania during the 1999 Kosovo Conflict

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The report presents key data on Kosovo refugees in Albania during the 1999 crisis in Kosovo. In a three-month period, from March through May 1999, Albania received, accommodated, and cared for 479,223 officially registered refugees from Kosovo (FR Yugoslavia). Many foreign governmental and nongovernmental organizations helped the Albanian government during the crisis. The Government cooperated with the organizations through Government Commission, which appointed a Special Coordinator to the Emergency Management Group that coordinated factors and actions in the field. A Health Desk was established by the Emergency Management Group to provide an overview of the health impact of the crisis upon refugees and domestic Albanian population. There were no serious outbreaks of infectious diseases, but the Health Desk registered 2,165 cases of diarrhea without and 14 cases of diarrhea with blood in the stool. Scabies and lice affected around 4% of the refugees. After the refugees returned to Kosovo, Emergency Management Group continued to coordinate the work on the rehabilitation of the refugee-affected areas. In this phase, humanitarian emergency work served as a bridge between emergency activities and normal development.

Key words: Albania; human rights; humanism; Kosovo; psychosocial deprivation; refugees; social support; stressful events; war

This report describes the situation during the 1999 Kosovo crisis, the commitment of the government, and the management of the situation. By Easter Sunday on March 24, 1999, thousands of Kosovars refugees were on the run, pouring over the border into Albania at the Morine crossing, Tropoje, and the Prushit Pass in the north (1). Albania has not experienced this kind of humanitarian emergency (2) since World War II. Managing this kind of humanitarian emergency was a completely new experience even for the international agencies with abundant experience in managing humanitarian crises (2). It was difficult to conjecture how Albanian embryonic democracy, with extremely limited resources and inadequate water, transportation, and health infrastructures, would respond to the needs of thousands of frightened refugees and prevent a humanitarian catastrophe. With little time to plan or react, the Albanian Government faced the overwhelming obligation to immediately and effectively respond to the needs of refugees and local Albanian population. A favorable factor was the high humanitarian spirit of the Albanian people, who accommodated hundreds of thousands of refugees in their own houses, sharing with them their space and food. Another very important element was the decision of the Government to open the borders immediately after the beginning of the crisis.

Actions and Commitment

On March 28, four days after the initial NATO air strikes, the Council of Minister issued the "Measures

for Facing the Emergency Situation Resulting from the Expatriation of the Albanian Population from Kosovo" and created the Government Commission as the legal authority to respond to the crisis. The main objective of the Government Commission was to preserve and oversee the coordination, administration, and surveillance of the humanitarian assistance pouring into Albania from all over the world (Fig. 1). The Government Commission provided various ministers with the authority to act under emergency. The ministries supporting the Government Commission were responsible for providing administrative and resource support to manage the emergency situation (Fig. 1).

The first measure taken by the government was the establishment of the Emergency Management Group to coordinate the relief efforts (April 1, 1999).

The Emergency Management Group soon proved to be a major contact for international relief workers, Albanian civil officers, international security officers, and NATO military personnel. Four organizations that functioned as the core of the Emergency Management Group provided key personnel to the Emergency Management Group, each contributing in unique and significant ways, sometimes in situations unrelated to their regular operations. These four groups were Organisation for Security and Cooperation in Europe (OSCE), Albanian Force (AFOR), United Nations High Commission for Refugees (UNHCR), and Humanitarian Information Center (HIC, opened at the end of April 1999), worked with more than 200 other relief and humanitarian organizations throughout the crisis

(Fig. 2). Towards the end of the crisis, with accumulated experience and a realistic assessment of the intensity of the various directions of information flow, the Emergency Management Group, after strengthening the liaisons with nongovernmental organizations (NGOs) and participating foreign donors, was slightly reorganized (Fig. 3).

The Health Desk

A Health Desk was formed to provide an overview of the emergency impact on the health of refugees and domestic Albanian population.

The original members of the Health Desk were Ruki Kondaj, Albanian Prime Ministry Health Coordinator (Desk Coordinator); Stephan Vandam, World Health Organization (WHO) (Desk Coordinator); Vincenzo Riboni, Italian Ministry of Health; Sllavica Martini, Albanian Ministry of Health; Rudina Llagami, WHO (secretary). There were two desk coordinators,

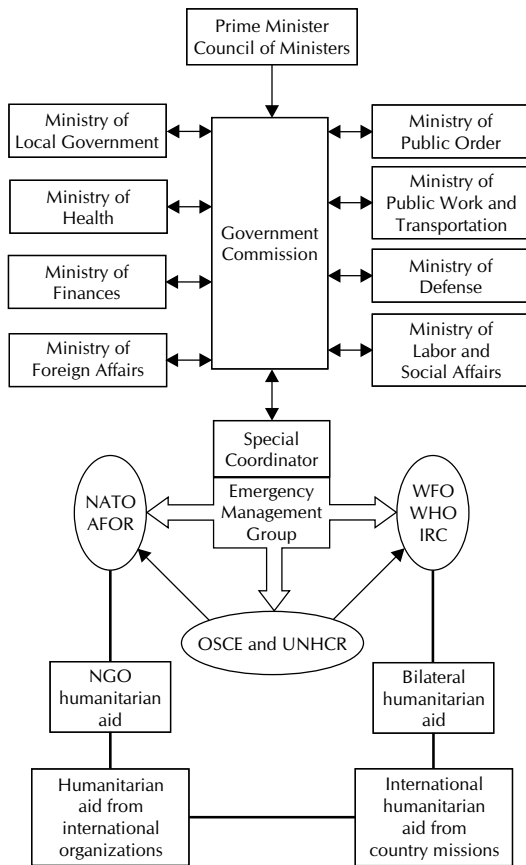


Figure 1. General scheme of interaction of Albanian Government with institutions dealing with the 1999 Kosovo refugee crisis. The Government Commission and its Special Coordinator received world’s humanitarian assistance as a center of coordination, administration, and surveillance. The Special Coordinator served also as the member of Emergency Management Group, which subsequently coordinated actions in the field (see Fig. 2). NATO – North Atlantic Treaty Organization; AFOR – Albanian Forces; WFP – World Food Program; WHO – World Health Organization; IRC – International Red Cross, OSCE – Organization for Security and Cooperation in Europe; UNHCR – United Nations High Commissioner for Refugees; NGO – nongovernmental organization.

one from the Albanian Prime Minister’s office, and the other a representative of WHO Office (Humanitarian Mission) in Tirana. There were two other representatives – one from the Italian Ministry of Health and one from the Ministry of Health in Tirana. They co-chaired the desk, with a support from AFOR medical officers.

One of the general principles was that the health of incoming refugees was the responsibility of the Albanian Ministry of Health, through District Public Health Directorates and United Nations (UN). Another important principle was that domestic Albanians and the refugees should receive the same quality of health services.

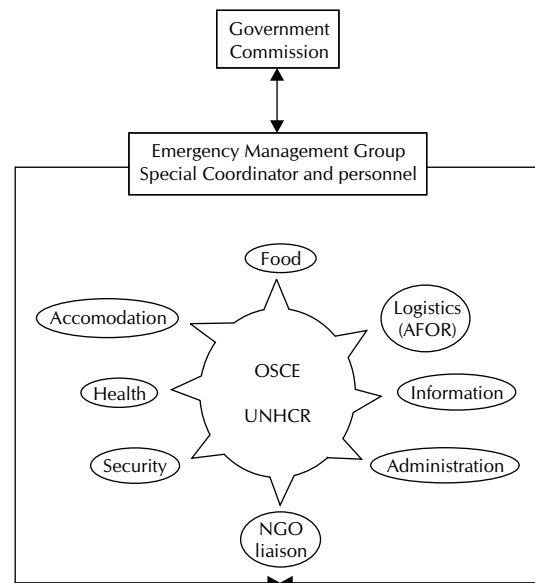


Figure 2. Government Commission and Emergency Management Group at the peak of the 1999 Kosovo refugee crisis. Emergency Management Group coordinator provided overview of the complete situation, coordination, and planning assistance. The Commission provided legal and governmental support, whereas Organization for Security and Cooperation in Europe (OSCE), United Nations High Commissioner for Refugees (UNHCR) management personnel, and Albanian Forces (AFOR) headed the logistic desk. NGO – nongovernmental organization.

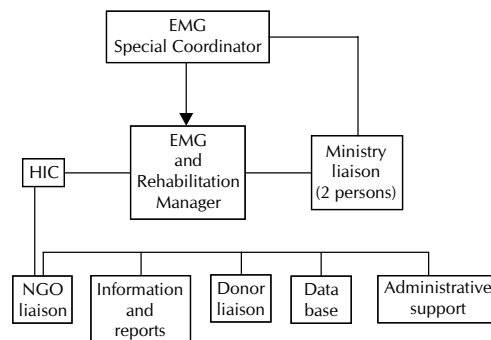


Figure 3. Albanian response to the 1999 Kosovo refugee crisis. Final organizational form of the Emergency Management Group (EMG), with strengthened liaisons with nongovernmental organizations (NGOs) and participating foreign donors. HIC – Humanitarian Information Center.

The Health Desk collected public health information from sources within the Ministry of Health (public health, primary care units, tuberculosis data, hospital capacities, pharmaceutical units, etc), as well as from WHO, United Nations International Children's Emergency Fund (UNICEF), UNCHR, the NGO community, AFOR, local authorities, donors, and others. It also collected data about water quality and sanitation. Regular meetings with international and national bodies were regularly held. There was a health coordination meeting every week with donors and NGOs working in the health field.

The Minister of Health instructed the Health Desk to control the vaccination and management of drugs. District health system guidelines were issued ("Role of the Public Health Institute in collection of data on health status of the population and vaccination"), and a new system of health information, KRISYS, was established.

The Health Desk coordinated the transportation of refugees with medical problems from the north to adequate (military) hospital in Tirana. The lines of coordination activities run between the Health Desk, the Ministry of Health, International Humanitarian Agencies, and different international organizations working in the health field.

Four Phases of Emergency Management

The Emergency Management Group struggled, learned, and worked from April to December 1999. People were coming and going, circulating through the Council of Minister's offices and conference rooms, responding to the demands of the day. During its existence, the Emergency Management Group responded to four distinct phases of the emergency: reception, accommodation, repatriation, and rehabilitation.

Reception

The first two phases – reception and accommodation – occurred simultaneously, although the needs of the refugees differed in those two phases.

Records from the UNHCR and other sources showed that between March 27 and June 12, 1999, 479,223 Kosovo refugees arrived in Albania, with unofficial reports pushing the number well above 500,000. Another significant part of the refugee population was accommodated in the Republic of Macedonia (3).

Accommodation

The refugees were distributed throughout the country (Table 1) and accommodated in refugee camps, collective centers, and host families.

The amount of medical and sanitary work was immense. For example, National Institute of Public Health received medical reports on 23,502 patients seen in 142 health facilities during the week May 17-23, 1999 (Table 2). Diarrhea with blood was reported in Kukes (3 cases), Puke (3 cases), Elbasan (4 cases), Gramsh (1 case), Tirane District (1 case), Tirane City (3 cases), and Vlora (1 case) (Table 3).

A visit of a public health team to Kukes showed that there was no outbreak of shigellosis. The risk of an outbreak existed because of the season, crowding of people, and problem of water supply.

Table 2. Reasons and numbers of Kosovo refugees who attended Albanian health facilities in 24 districts and 142 reporting health care units during the week of May 17-23, 1999^a

Disease	No. (%) of patients of age	
	<5 years	>5 years
Acute respiratory infection	2,205 (40.2)	4,555 (25.3)
Diarrhea without blood	959 (17.5)	1,206 (6.7)
Diarrhea with blood ^b	2	14 (0.1)
Scabies and lice	233 (4.2)	737 (4.1)
Severe psychiatric disorders	25 (0.5)	389 (2.2)
Cardiovascular diseases	15 (0.3)	2,214 (12.3)
War-related injuries	0	125 (0.7)
Measles	5	3
Jaundice	2	4
Suspected meningitis	3	0
Unexplained fever	65 (1.2)	54 (0.3)
Other	1,975 (36.0)	8,710 (48.4)
Total	5,489 (100.0)	18,011 (100.0)

^aReceived by the National Institute of Public Health, Tirana.

^bDistribution by districts: Elbasan 4, Gramesh 1, Kukes 3, Puke 3, Tirane 1 Tirane City 3, Vlora 1.

Table 1. Estimated Kosovo refugee population in Albanian districts in May 17-23, 1999^a

District	Domestic population	Refugees	Total	% of refugees
Berat	136,017	8,227	144,244	5.7
Bulqize	50,328	2,428	52,756	4.6
Delvine	28,824	1,040	29,864	3.5
Devoll	35,395	1,755	37,150	4.7
Diber	101,140	6,082	107,222	5.7
Durres	188,963	42,222	231,185	18.3
Elbasan	217,349	15,704	233,053	6.7
Fier	207,983	12,949	220,932	5.9
Gjirokaster	63,533	1,838	65,391	2.8
Gramsh	43,461	1,097	44,558	2.5
Kavaje	88,102	20,313	108,415	18.7
Kolonje	24,152	900	25,052	3.6
Korce	166,034	8,976	175,010	5.1
Kruje	59,362	7,879	67,241	11.7
Kucove	38,838	1,222	40,060	3.1
Kukes Prefecture ^b	133,764	93,603	227,367	41.2
Kurbin	56,508	11,073	67,581	16.4
Lezhe	65,944	14,302	80,246	17.8
Librazhd	69,774	3,069	72,843	4.2
Lushnje	139,896	8,158	148,054	5.5
Malesi e Madhe	44,129	829	44,958	1.8
Mallakaster	42,574	2,588	45,162	5.7
Mat	66,238	4,208	70,446	6.0
Miredite	43,656	1,063	44,719	2.4
Peqin	31,388	3,000	34,388	8.7
Permet	35,469	940	36,409	2.6
Pogradec	71,361	1,876	73,237	2.6
Puke	41,280	2,859	44,139	6.5
Sarande	61,069	2,241	63,310	3.5
Shkoder	189,605	37,318	226,923	16.4
Skrapar	42,975	2,704	45,679	5.9
Tepelene	43,956	882	44,838	2.0
Tirana	480,656	64,151	544,807	11.8
Vlora	173,259	13,955	187,214	7.5
Total	3,283,002	401,451	3,684,453	10.9

^aRefugee numbers were a weekly average reported by the Emergency Management Group.

^bKukes Prefecture includes town of Kukes (27,800 inhabitants) and towns of Tropoj (40,652 inhabitants) and Has (20,312 inhabitants).

Table 3. Incidence of three infectious diseases in Kosovo refugees in Albania during 7 weeks, from April 5 to May 23, 1999^a

Disease	No. of patients of age	
	< 5 years (n = 5,489)	> 5 years (n = 18,011)
Diarrhea with blood	26	41
Measles	28	15
Scabies and lice	1,306 (4.2%) ^b	3,877 (4.5%) ^b

^aReceived by the National Institute of Public Health, Tirana.^bPercentage calculated on the basis of total attendance.

Acute respiratory infection accounted for 40% of consultations in children under 5 years of age and for 25% of consultations in the population over 5 years of age (Table 2). The percentage of consultations for scabies and lice was high and reported in most districts (Table 3). Suspected measles cases were also reported in several districts (Table 3). Active investigation of reported cases of measles showed previous vaccination against measles and almost all cases were mild and without complication.

The sanitation situation remained a matter of concern, particularly regarding the number of latrines and waste disposal. WHO recommended continuous chlorination of water at central point of distribution with the use of High Test Hypochlorite 70% as implemented by UNHCR. Water purification tablets were distributed to sanitary professionals and health care services.

We had a sufficient stock of oral rehydration salts, regularly provided by UNICEF. A number of seriously ill persons were evacuated and treated in other countries (4).

A workshop to define a common strategy on tuberculosis was held on May 28, 1999, at the Scroder Hotel in Tirana. A number of organizations were present, among them the MSF, Arcobaleno Mission (Italian humanitarian organization), International Medical Center (IMC), Tunisian army, Hungarian army, Albanian Center for Human Rights, European Commission's Humanitarian Aid Office (ECHO), UNHCR, UNICEF, United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS), and Institute of Public Health. Albanian Minister of Health, L. Solis, emphasized the urgent need to reinforce the antituberculosis campaign. The incidence among Kosovar population was estimated at 60-80/100,000 population per year, and incidence among Albanian population at 21-27/100,000 population per year.

The conclusion and the recommendations of the workshop were the following: a) there was an urgent need to start tuberculosis control among the Kosovar as well as Albanian population; b) national tuberculosis control program needed to be improved on all levels of activities and had to allow new and old patients be diagnosed and treated at the district level; c) the peripheral system represented by the antituberculosis dispensaries urgently needed to improve their diagnostic, therapeutic, and case identification capabilities; d) there was a need of case definition and case notification according to the WHO and international

guidelines, e) health referral system needed some improvement, especially related to the diagnostic procedures and referral of serious tuberculosis cases; f) treatment for Kosovar patients who had been forced to interrupt their previous treatment because of the crisis, needed to be restarted according to WHO and national guidelines; g) new cases had to be diagnosed and notified according to the international case definition; and h) anti-tuberculosis drugs had to be provided free-of-charge to Kosovar as well as to Albanian population.

Repatriation

The peace agreement signed on June 9, 1999 marked the cessation of NATO bombings. The refugees were returning home (5).

Rehabilitation

Almost 500,000 refugees accommodated in Albania, whether they stayed for one day or three months, had an impact on Albanian's physical and social environment. The refugees needed space, food, and health care, and produced waste, finally leaving the country.

On July 27, 1999, the Special Coordinator announced the Emergency Management Group plan for coordination of the rehabilitation phase of the crisis. This meant the implementation of the fourth and final phase of emergency-related activities and narrowing the gap between the emergency aid and longer-term development for Albania.

On December 16, 1999, Emergency Management Group had its last press conference, where it announced the results of its rehabilitation activities, and formally closed operations.

Discussion

We believe that the Emergency Management Group work in this crisis was successful and that its organization and activities may serve as a model for refugee crisis of such magnitude. Due to often unusual coincidence of conditions and availability of resources, there was a degree of repetition and overlapping in the work of certain organizational sections.

If we analyze the work in comparison with general quality criteria, we believe that the following can be said. The *effectiveness*, defined as aims to measure achievements or results against objectives, was achieved: the refugees were successfully accommodated, and no major disease outbreak occurred. *Information management and communication* included exchange of information and was most successful. The Emergency Management Group offered an efficient mechanism of crisis containment, although it worked with limited resources over which it had no control. With little direct financial investment, the *cost-effectiveness* was up and running.

We believe that the impact of the Emergency Management Group experience on the Albanian economy, society, environment (through coordination of environment rehabilitation programs), and government capacities were significantly well beyond the emergency itself. More than anything, the Group

helped half a million people to achieve their key human rights – shelter, food, and decent health care (6).

Acknowledgment

The original documents of the impact of Kosovo conflict crisis upon Albania are in possession of the Prime Minister's office.

References

- 1 Lang S. Challenge of Goodness II: new humanitarian technology, developed in Croatia and Bosnia and Herzegovina in 1991-1995, and applied and evaluated in Kosovo 1999. *Croat Med J* 1999;40:438-45.
- 2 Gardemann J. Primary health care in complex humanitarian emergencies: Rwanda and Kosovo experiences and their implications on public health training. *Croat Med J* 2002;43:148-55.
- 3 Donev D, Ončeva S, Gligorov I. Refugee crisis in Macedonia during 1999 Kosovo conflict. *Croat Med J* 2002;43:184-9.
- 4 Szilard I, Cserti A, Hoxha R, Gorbacheva O, O'Rourke T. International Organization for Migration: experience on the need for medical evacuation of refugees during the Kosovo crisis in 1999. *Croat Med J* 2002;43:195-8.
- 5 Lang S, Marušić M. Peace and human rights: painful lessons of the Balkan war. *International Minds* 1993;4:6-13.
- 6 Lang S. The war in Croatia through the prism of human rights. *Peace Psychology Review* 1994;1:15-23.

Received: December 29, 2001

Accepted: January 25, 2002

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