



CHARLES UNIVERSITY
FACULTY OF SOCIAL SCIENCES
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Bachelor's Thesis

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Heliza Pobrati



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**Special Laws implemented by the Italian and
Albanian governments throughout the outbreak
of CoronaVirus**

Bachelor's Thesis

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Author: Heliza Pobrati

Supervisor: Janusz Salamon, Ph.D.

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Abstract

The bachelor thesis compares anti-epidemic strategies in Italy and Albania in light of the circumstances of the Covid-19 disease outbreak. The subject of study was selected based on the student's connection with each of the countries as a citizen of them both. The purpose of this thesis is to examine specific indicators and their effects on the economies, education, and health of the nations involved. The measurements are detailed in chronological order, beginning with the commencement of the pandemic and ending with the present. It also summarizes what has been known so far regarding the pandemic, as well as an assessment of preceding epidemics as well as potential future lessons. The methodologies employed in the present paper are analysis, qualitative research, and data analysis coming from official government websites.

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Declaration of Authorship

1. The author hereby declares that he compiled this thesis independently, using only the listed resources and literature.
2. The author hereby declares that all the sources and literature used have been properly cited.
3. The author hereby declares that the thesis has not been used to obtain a different or the same degree.

Prague, **02.05.2023 Helza Pobrati**

Institute of Political Studies

Bachelor's Thesis Proposal

The outbreak of the Coronavirus pandemic in 2019 was a major event which affected all countries around the world, however the thesis will focus on the two specific republics of Italy and Albania. Significant adjustments in government policy and pandemic management have been implemented since the outbreak in an attempt to isolate the virus and limit its transmission throughout the population. The government enacted these specific rules in order to safeguard the populace and reduce the virus's serious repercussions. The thesis will examine two adjacent nations that have many similarities, such as customs and culture, yet differ in economic resources and political policies.

The thesis' central emphasis will be on the Italian and Albanian governments' responses to the Coronavirus outbreak. Improvements and specific government policies will aid in the analysis of epidemiological research and the dissemination of data about the improvements. Many variables will be analyzed In order to understand and confront how these two countries acted in front of this deadly virus and identify what were the differences of the extraordinary measures on how each country fought the virus.

Social sciences has a long history of policy evaluation, and based on that, I will focus on the following: (1) comparing each policies of each country, (2) choose a specific policy to compare and (3) create a *counterfactual* to compare the output (e.g. CV19 cases) *if* the policy was *not* implemented, compared to the situation observed, controlling for confounding factors. Then, (4) compare the estimates of the policy impact obtained in (3) for each country, to see which one is worse/better, or if there is any difference at all. In (3) different types of quasi-experimental models can be used to create the counterfactual situation but these models should be properly extended with dynamic epidemiological models. (5) compare the effect of the extraordinary measures on the public opinion, how both state and public reacted to the new restrictions.

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I. Introduction

Since its outbreak in Wuhan, China, in December 2019, COVID-19 has been conquering the planet. The number of confirmed cases has risen dramatically in the six months since the first case was discovered, reaching 10 million. Other coronaviruses, such as those that cause severe acute respiratory syndrome, do not have this effect (SARS).

COVID-19 has not been properly mitigated by any country, regardless of economic level, area, or political system. The COVID-19 pandemic has been difficult to contain because of its rapid spread and asymptomatic nature, necessitating governments to diagnose, track, and isolate confirmed cases from the rest of the population. At that time, there was probably no one who could have guessed the consequences that the world's population would face for many months to come. These consequences concern both the economy of individual states and the crisis management of healthcare facilities within individual healthcare systems. This is a problem that must be solved across scientific disciplines. In addition to epidemiology, medicine and statistical analysis, management, which connects these disciplines and gives them order, is also key. Given that the epidemic has been going on for many months, it is possible to observe how successfully individual state institutions are fighting this crisis situation. The aim of this work is to describe and compare epidemic measures against SARS-CoV-2 infection in Italy and Albania. The reason and main motivation for the selection of the chosen countries is the connection I have with both by being a citizen of both countries. The comparison is also interesting due to the similar governmental authority, but different sizes of population and area. In this work, I will point out these differences and describe them in detail.

The study will employ research methodologies, description, quantitative research, and, finally, the comparative analysis approach. Within the impact journals, resources will be employed as part of the study, both printed and available on the Internet. Data on the features

of specific states, in particular, will be taken from literature sources and used to conduct a study of the internal and external environments. The processing of data from online publications and statistics, where particular data on previous and present measurements may be found, will then begin. "Data is a communication and persuasive medium"¹. Statistics on the course of the coronavirus pandemic in Italy and Albania were gathered from official sources such as the websites of the Italian and Albanian ministries of health, along with authorized European Union statistics (Eurostat). The MS Excel 365 program was used to process this data. It was necessary to extract the input data for the graphs from the aggregated data, which was done, among other things, using the conditional sum function (SUMIFS), which allows, for example, to add up the numbers of infected people from different regions of the country for a given date if the data are not provided directly by the aforementioned institutions. For the graphic processing of this "clean" data, XY dot plots were employed, which were then arranged for maximum clarity.

II. Theoretical Considerations

Viruses are incredibly tiny, non-cellular microbes. The phrase "non-cellular organism" refers to the fact that there is no agreement among scientists as to whether or not these things, which lack their own metabolism, qualify as living things. They cannot reproduce or metabolize on their own outside of the host cell, that much is known. Viruses are hundreds to thousands of times smaller than the head of a pin and range in size from tens to hundreds of nanometers.² Yet the more influence they have on our lives, the smaller they are compared to things we are more familiar with. While the virus cannot do any metabolic activity, once it reaches its host, which may be a person, a plant, or even a microorganism, it is capable of rapidly replicating and spreading. The human coronavirus SARS-CoV-2, formerly known as 2019-nCov, is an example of a deadly human-invading virus that has spread virtually throughout the world as a result of globalization. Despite the fact that this virus is most recognized for producing

¹ GEMIGNANI, Z., GEMIGNANI, CH., GALENTINO, R., SCHUERMANN, P. *Effective analysis and use of data*. 1st ed. Brno: Computer Press, 2015, 240 pp. ISBN 978-80-251-4571-5.

² "Virus." *Genome.gov*,
<https://www.genome.gov/genetics-glossary/Virus#:~:text=A%20virus%20is%20an%20infectious,to%20make%20copies%20of%20itself>.

COVID-19, a human acute respiratory illness, its initial probable host is the bat. It most likely got to humans through the ingestion of bat meat, which is widely accessible in China.

Epidemic SARS v r. 2003 a MERS v r. 2009

The Covid-19 pandemic was preceded by a number of other viral infections caused by coronaviruses. It is critical to emphasize and examine key instances in order to have a better understanding of current events. The first significant coronavirus pandemic of the twenty-first century was the SARS epidemic, which had some characteristics with the current outbreak. It, too, began in Southeast China; in this case, authoritarian communist China attempted to hide knowledge at first, and the virus spread swiftly around the world, causing significant economic damages. Canada was the most afflicted country after China, with the virus spreading by air with travelers to Toronto. Nonetheless, it is also vital to underline the contrasts. SARS was only halted by epidemic measures because medications and a vaccine could not be created soon enough, and the epidemic was halted in the meanwhile. Consequently, while only 800 individuals died, an estimated 10,000 were infected. Economic consequences are estimated to total tens of billions of dollars. How could the pandemic have been contained so quickly? There are various causes for this. The first is that, strangely, SARS had a considerably larger fatality rate, which prompted much more respect in society, and so all measures were severely enforced. Another important factor is that they only transmitted the virus to people who had symptoms that were easily identified and could be isolated. In the meanwhile, the virus was less contagious, propagated less quickly, and was therefore traceable.

Coronaviruses attacked once more in 2009, this time in the form of MERS illness. The Near East was the epicenter of this sickness, and camels carried the virus this time. The bat was also the first host. Its death rate was roughly 50% greater than SARS, hence it ended much sooner. The economic consequences of a pandemic are often difficult to quantify, but in this instance they were enormous, with a loss of roughly 2.5 billion dollars for Korean tourism alone. Even in this situation, non-pharmacological techniques were used to control the outbreak.

Ebola was another epidemic that was not caused by coronaviruses. It was initially identified in 1976 in the Congo Valley of the same-named Ebola River. Since then, it has only been

isolated locally and spread in 2013.³ The illness was only spread by symptomatic individuals, and the fatality rate is high, which, like the SARS outbreak, played a crucial role in curtailing the epidemic. So, what happened in 2013 when a local sickness became a pandemic? Surprisingly, the reasons are economic. Ebola spread from the forest to cities and subsequently to other continents as a result of fast industrialization, urbanization, and globalization.⁴

Multiple pandemics are mentioned in the text to emphasize the variations between the previous ones and the current pandemic. Pharmacological preparations were not used in any of the cases because they were insufficiently developed, and companies were cautious about investing large sums of money for such development in developing-country markets in particular, given that there was no certainty that their investment would be returned to them. Virostatics development typically takes 10-15 years and costs between half and one billion dollars. Nonetheless, because of continuous pandemics, some research has been started with the help of the WHO and big NGOs (Bill and Melinda Gates Foundation). These exploratory studies later sped up the development of virostatics in the instance of the illness COVID-19.

The economic impact of previous global pandemics

The World Bank's research estimates that the losses incurred from massive international epidemics, such as the 1918-2020 Spanish flu outbreak, caused by a decrease in labor productivity, absenteeism, but also as a result of social measures leading to a reduction in virus transmission and, of course, the influence higher mortality, could reach up to \$500 billion US dollars per year. The proportional figure appears to be less terrible (0.6% of GDP). The authors point out that persons with lower incomes are more affected by the epidemic's repercussions than those with higher incomes.⁵ The Ebola pandemic of 2014-2016 is still remembered today. The disease's major expansion remained in equatorial Africa (Ghana, Liberia, and Sierra Leone), where, according to World Bank specialists, the epidemic entirely reversed the benefits of

³ "Ebola (Ebola Virus Disease)." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 23 Mar. 2023, <https://www.cdc.gov/vhf/ebola/index.html>.

⁴ *History of Ebola Virus Disease*. Center for Disease Control and Prevention [Internet]. [cited 2022 Feb 26]. Available With: https://www.cdc.gov/vhf/ebola/history/chronology.html?fbclid=IwAR2Mh1LddyWzTUkXOO3gsngntSZmgV_uhpG3VpmC5Wrp9_iGHsLqDsgz_UCo

⁵ Fan VY, Jamison DT, Summers LH. *Pandemic risk: how large are the expected losses?*. Bull World Health Organ. 2018;96(2):129-134. [Internet]. [cited 2021 Dec 8]. Available from: <http://dx.doi.org/10.2471/BLT.17.199588>

several years of economic improvement, during which these nations were among the fastest expanding in Africa.⁶ As stated in a European Parliament report⁴, the healthcare system is among the sectors most impacted by any major epidemic (quite predictably), as it is the first to deal with the surge of sick people and healthcare costs. Another important epidemic that obtained significant coverage in the press because of the severe repercussions for children born to infected mothers was infection with the Zika virus (a distant relative of coronaviruses), which caused a financial impact to the health system of up to 18 billion dollars in Latin America and the Caribbean alone.⁷

About the effects for other sectors of the economy, economic expenses can be classified as direct (sickness, absence, medical treatment) and those induced by the population's reduced mobility and economic activity. This, in turn, is due to two major factors: first, central, government quarantine measures aimed at stopping the virus's spread, and second, individual decisions made by individuals who want to protect themselves and their loved ones, or are simply afraid, and thus limit contact with others and thus its economic activity. Tourism and hospitality, as well as agriculture and animal husbandry, have been particularly hard hit for understandable reasons (a number of big outbreaks were zoonoses, illnesses of animals whose causative agents transformed into people; these include both HIV and Ebola, but the most well-known example appears to be the SARS outbreak in 2003), followed by the aircraft and automobile industry, and, further down the supply chain, other economic sectors.

COVID-19

The global COVID-19 pandemic began in December 2019, with the discovery of the first instances of pneumonia in the Chinese city of Wuhan, the cause of which was identified as the novel coronavirus. Chinese scientists successfully isolated this new type of coronavirus in January 2020, and its genetic code was sequenced utilizing advanced molecular biological

⁶ *2014-2015 West Africa Ebola Crisis: Impact Update*. The World Bank [Internet]. [cited 2022 Mar 2]. Available from: <https://www.worldbank.org/en/topic/macroeconomics/publication/2014-2015-west-africa-ebola-crisis-impact-update>

⁷ *A Socio-economic Impact Assessment of the Zika Virus in Latin America and the Caribbean*. United Nations Development Program [Internet]. [cited 2022 Mar 2]. Available from: <https://www.undp.org/publications/socio-economic-impact-assessment-zika-virus-latin-america-and-caribbean>

technologies. At the time, it was evident that the disease was being transferred from person to person, which resulted in around eighty thousand afflicted persons, nearly three thousand of whom died, by the beginning of March 2020. It was discovered that the SARS-CoV-2 virus's reproductive number greatly surpassed the value of one, implying that there were more newly infected persons for every already affected person⁸. In such a circumstance, the infection spreads exponentially, despite the fact that the number of affected individuals appears to be minimal at first. Under this kind of circumstance, the infection spreads exponentially, despite the fact that the number of affected individuals appears to be minimal at first. Because of this phenomena, the great majority of European and American powers (as opposed to South-East Asia) reacted too late, resulting in enormous deaths that could no longer be avoided. Regrettably, despite all measures and enormous efforts by experts from all disciplines, this threat is still present at the turn of the century in 2021 and 2022. One of the reasons why fighting the novel human coronavirus, as well as viruses in general, is challenging is their capacity to mutate, or modify their genetic code. Although the mutation rate of SARS-CoV-2 is not very high in comparison to other viruses, we are seeing the addition of troublesome variants beta, delta, and, more recently, omicron, which we only learned about towards the end of 2021, in addition to the original alpha form. Yet, it is clearly known that the omikron variety is more resistant to vaccination, and many contemporary antibody-based medicines are ineffective against it.⁹

How to manage epidemics

As previously stated, epidemics have mostly been dealt with in two methods throughout history. In the first scenario, they are anti-epidemic efforts, also known as non-pharmacological treatments, in which infected people and all of their contacts are primarily monitored and identified. For example, during the SARS pandemic, police interventions were employed, allowing all sick people's connections to be identified and placed in short-term isolation. The second and most recent strategy, which has only been utilized in the last two centuries, is pharmaceutical intervention, which in the case of viruses was merely vaccination.

⁸ GUO, Yan-Rong, Qing-Dong CAO, Zhong-Si HONG, et al. *The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak – an update on the status*. Military Medical Research [Internet]. 2020, 7(1) [cited 2021 Dec 8]. Available from: <https://doi.org/10.1186/s40779-020-00240-0>

⁹ CELE, S. et al. *SARS-CoV-2 Omicron has extensive but incomplete escape of Pfizer BNT162b2 elicited neutralization and requires ACE2 for infection* [Internet], [cited 2021 Dec 8]. Available from: https://www.ahri.org/wp-content/uploads/2021/12/MEDRXIV-2021-267417v1-Sigal.pdf?fbclid=IwAR1gaxdCq8q0Itr77_hH_N0oJLQ523-EyftVI_uaNObKFNCzA0A-A_6d5ts

Vaccination is a centuries-old procedure discovered by Edward Jenner in 1796. Until then, there were recurrent smallpox epidemics that killed up to 10% of the population. Jenner found that cowpox infection did not proceed in milking cows that were sick. Based on this, he developed the vaccination approach, which was then applied to a variety of other viral infections.

Unlike bacterial disorders, for which effective antibiotics have been available since the 1940s, the first virostatics were found in the 1980s. Virostatic drug development is often more complex and expensive than antibacterial drug research, owing to the fact that viruses lack their own metabolism, making it more difficult to disrupt their viral cycle without hurting their human host.

Non-pharmacological and pharmaceutical therapies are both beneficial. The economic effect and appropriateness of certain policies on the example of Italy and Albania are the focus of this bachelor's thesis, and the methodology chapter will be dedicated to them.

Why are vaccines so expensive?

Vaccines and antivirals, such as virostats, can be costly for a variety of reasons. To begin with, the research and manufacture of vaccines and antivirals may be time-consuming and costly. It necessitates enormous expenditure in research and development, clinical testing, and final product manufacture. Vaccines and antivirals must also go through extensive testing and regulatory approval before they can be sold. This procedure might take years and costs a lot of money.

Additionally, demand for vaccinations and antivirals can be quite strong, particularly during pandemics, driving up prices.

Lastly, pharmaceutical items are subject to a sophisticated pricing structure that takes into consideration elements such as production costs, marketing expenses, and intellectual property rights.

While vaccinations and antivirals are costly, they can also bring major advantages in terms of preventing or curing infections, lowering healthcare expenditures, and improving general public health. Governments and international organizations may also negotiate pricing or give subsidies to increase public access to vaccinations and antivirals.

Many variables impact the cost of pharmaceutical preparations. One of them is costly and time-consuming research, such as the preclinical phase, during which thousands of medicinal

chemists, organic chemists, and biochemists collaborate to synthesize particular chemicals and test them in tissue cultures and animal models (mice, rats, monkeys). This step is costly and time-consuming, and the great majority of drugs do not advance to the following level, which is the three phases of clinical testing on people. They must involve countless patients, often from various nations throughout the world. The first phase validates human safety, whereas the second and third merely validate the effectiveness and utility of the therapy for people. Fewer than one out of every thousand molecules analyzed will go through this complete procedure. As a result, the price must include not only the expenditures of a single preparation, but also the loss for all compounds that were not approved for therapy. The same is true for vaccine development. A special issue with vaccination testing is that it is for prevention rather than treatment. As a result, one must wait until the individual becomes infected before monitoring the repercussions. For these testing to be statistically meaningful, tens of thousands of participants are required. It is unsurprising that such difficult logistical-scientific processes are exceedingly costly and result in high medicine pricing. This is also why, in previous epidemics, medications did not function and vaccinations were not created. One reason for the current predicament is that the illness has spread all over the world, including to Europe and the United States, where the population is more mobile and firms were more confident that the study would pay dividends. The pledge of former US President Donald Trump, who vowed to ensure vaccination sales if the preparations were approved by the FDA, was also critical. Then, the European Union followed suit, provisionally ordering the vaccinations even before they were authorized. As a result, the corporations had a guarantee of sales. Current vaccines and virostatics are being developed at the quickest rate in pandemic history. The reason for this was the participation of the world's most significant scientists, who took on this work out of prestige and personal dignity, in addition to considerable societal pressure. From Harvard to Oxford to Tokyo, a number of the world's most prestigious laboratories have halted their research programs and begun creating diagnostic kits, virostatics, and vaccinations against SARS-CoV2. Germany, for example.

Dr. Ugur Sahin and Ozlem Tureci, a Turkish couple who have been working to develop unusual anti-tumor treatments based on mRNA technology in their comparatively tiny biotechnology company BioNTech for further than ten years, diverted all of their research in a single week towards the development of virostatics against the coronavirus - with a known result. The first mRNA vaccines reached clinical testing in the summer that same year, setting a global record. In addition to scientists' passion and competitiveness, economic forces played a role in this fast rise.

Donald Trump's "Operation Warp Speed," which is based on Star Trek themes, offered pharmaceutical companies engaged in vaccine development both economic support and a guaranteed supply of goods if the vaccine managed to pass all phases of laboratory trials and was approved by the US Food and Drug Administration (Federal Drug Administration, FDA). This mission, to be presented in the Rose Garden of the White House on May 15, 2020, is an intriguing and effective example of a Public-Private Partnership activity, in which the US government has committed \$10 billion to the research and production of vaccinations against the new coronavirus. By the end of January 2021, the objective was to have produced 300 billion doses of the vaccine with at least 50% efficacy. The federal government committed money in research, arranging costly clinical studies, planning for manufacture before it was finished, and logistics for the distribution and use of the resultant vaccinations. The outcome of this extraordinary action, similar in scope to Operation Manhattan, is remarkable: two years after the virus was identified, we have several approved and very effective vaccines (mRNA vaccines Comirnaty from Pfizer/BioNtech, Spikevax from American Moderna, Covershield University in Oxford and Astra/Zeneca based on a modified adenovirus, the Novavax protein vaccine, as well as several other Chinese, Indian, and Russian vaccines approved in various Furthermore, and concurrently, virostatics were rapidly developed, typically based on substances originally developed against related viruses causing previous global pandemics (such as Gilead's Remdesivir, originally developed against Ebola, or Merck's Molnupiravir, developed at Emory University in Atlanta).

The history of the evolution of these compounds is fascinating and informative, with a strong Italian influence. Andrea Carfi, director of research at the Italian biotech firm IRBM. Carfi and his colleagues helped create the Pfizer-BioNTech COVID-19 vaccine, which has been approved for emergency use by regulatory bodies worldwide.

Carfi and his co-authors disclosed the structure of the spike protein on the SARS-CoV-2 virus and how it interacts with the human ACE2 receptor in a research published in the journal Nature in December 2020. This knowledge was critical in the development of the Pfizer-BioNTech vaccine, which uses the spike protein to elicit an immune response.

Despite the fascinating speed with which drugs and vaccines are developed, it was not possible to wait for them; during 2020 (the first and second waves of the pandemic), neither virostatics nor vaccines were available, so non-pharmacological interventions, i.e. non-pharmacological anti-epidemic measures, had to be used. NPIs are described as any efforts taken to prevent the

spread of an epidemic that do not rely on the administration of medications. Such actions have been attempted throughout human history, and they have frequently been extremely harsh. People have known since the beginning of time that infectious diseases spread from sick people to healthy people (although they often blamed it on disease vapors or "miasmata," microscopic germs were only discovered in the 19th century by Louis Pasteur and Robert Koch), which led to measures such as hammering doors and windows in houses where the plague had occurred. The decision of Charles IV, who barred the procession of penitents from Italy and Austria during the deadliest pandemic in European history, the so-called "Black Death," at the end of the 1440s, is an example of a successful anti-epidemic intervention.¹⁰

Comparison of Italy and Albania: economy and health system

In order to subsequently talk about the differences in the approach to the epidemic in Italy and Albania, it is important to first compare their basic legal and economic indicators, and above all the healthcare system.

Health care system is represented by cross-cutting scientific discipline, together with a rapidly developing practice that uses the interpretative frameworks of medicine, epidemiology, hygiene, economics, sociology, law and other scientific fields to analyze and find practical solutions in the areas of disease prevention, improving the quality of life related to health and in the area of health promotion, through organized efforts and knowledge-based decisions of society as a whole, communities, public and private entities and individuals.¹¹ According to the WHO's 1946 foundation declaration, which went into effect in 1948, health is defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."¹² Another important concept is primary care, which is usually provided long-term and continuously and usually functions as the first point of contact of the patient with the medical staff. It includes a set of activities related to prevention, health promotion, investigation, treatment, rehabilitation and nursing, including

¹⁰ Cartwright, Mark. "Black Death." *World History Encyclopedia*, <https://www.worldhistory.org/#Organization>, 5 Apr. 2023, https://www.worldhistory.org/Black_Death/.

¹¹ BARTÁK, M. *Health Economics. Social, economic and legal aspects of health care*. 1st ed. Prague: Wolters Kluwer CR, 2010, 224 pp. ISBN 978-80-7357-503-8.

¹² Contribution of Social Science Disciplines to Make Public Health ... https://www.researchgate.net/publication/340077463_Contribution_of_Social_Science_Disciplines_to_make_Public_Health_Interdisciplinary.

home care¹³. The main goals of healthcare facilities are to provide healthcare and ensure its availability and use the lowest possible costs¹¹. In strategic planning, it is primarily about some idea or intention that the subject wants to deal with and achieve¹².

Italy

Italy is one of the states governed by representative democracy and a parliamentary system. This state arrangement only came into being on June 2, 1946, following a referendum in which Italians were invited to vote between a monarchy and a republic as their form of government. The monarchy, which had been in place since Italy's unification in 1861, was connected with Benito Mussolini's fascist rule, and many Italians saw it as contaminated by its affiliation with the previous dictatorship. The referendum took place following World War II, when Italy was recovering from a period of economic and political instability. The referendum was viewed as an opportunity for Italians to express their sovereignty and decide the future course of their country. The majority of Italians voted in favor of a republic in the referendum, and a Constituent Assembly was formed to draft a new constitution. On December 27, 1947, the new constitution was enacted, establishing Italy as a parliamentary democratic republic with a President as head of state and a Prime Minister as head of government. Since 1957, Italy has been a member of the European Union (EU), and it is also a founding member of the Eurozone. It has had an important role in influencing the EU's economic and political policies, and it is one of the EU's major net donors to the budget. Italy is also a member of the United Nations, NATO, the G7, the G20, and the World Trade Organization.¹⁴

Italy has a universal healthcare system that is tax-funded and offers free or low-cost healthcare to all people. The country's healthcare system is decentralized, with responsibility for healthcare services coming under the jurisdiction of the regions.¹⁵ The World Health

¹³ Case Mix Planning in Hospitals: A Review and Future Agenda - Researchgate.
https://www.researchgate.net/publication/282047150_Case_mix_planning_in_hospitals_A_review_and_future_agenda.

¹⁴ "Italia - Profilo Dei Paesi Membri Dell'ue: Unione Europea." *European Union*,
https://european-union.europa.eu/principles-countries-history/country-profiles/italy_it.

¹⁵ Salute, Ministero della Salute. "Strengths of the Italian National Health Service." *Collegamento Al Sito Www.salute.gov.it*.
Aprire Una Nuova Pagina.

Organization (WHO) classifies the Italian healthcare system as among the world's second-best ones, with great availability of healthcare services and a relatively small amount of personal spending.

The Italian healthcare system is a nationalized, publicly funded system that covers all Italian citizens and residents. It is funded by taxes and overseen by the Ministry of Health, which controls the regional health administrations that offer patient services. The Italian medical system includes preventative services, evaluation and therapy, and rehabilitation. Citizens can get general care, specialty care, hospital care, and emergency treatments.

Italy is often regarded as having a good healthcare system, both in Europe and across the world. Italy is ranked second in Europe and ninth in the world in terms of healthcare systems by the World Health Organization. This rating takes into account a variety of characteristics, including general health, healthcare system responsiveness, healthcare service distribution, and financial contribution justice.¹⁶ Italy has a high life expectancy, with women living an average of 83 years and men living an average of 78 years. This is due in great part to the country's emphasis on preventative care, which includes frequent health screenings and check-ups.

In recent years, healthcare has been one of Italy's main budget items, accounting for around 9% of the country's gross domestic product (GDP). The Italian government devotes a considerable percentage of its budget to healthcare, which funds a wide range of services and initiatives aimed at improving the health and well-being of Italian inhabitants. The Italian government authorized a €119.1 billion budget for the healthcare sector in 2022. This is a 5.7% increase over the previous year's budget, demonstrating the government's commitment to preserving and strengthening the country's healthcare system. Healthcare professionals' pay in Italy vary based on a variety of criteria, including their degree of education and training, the type of facility they work in (public or private), and their years of experience. Healthcare professionals' pay in Italy varies based on a variety of criteria, including their degree of education and training, the type of facility they work in (public or private), and their years of experience. According to current data, the average monthly compensation for a nurse in the Italian public sector is approximately €1,900, whereas the average monthly salary for a

<https://www.salute.gov.it/portale/cureUE/dettaglioContenutiCureUE.jsp?lingua=english&id=3879&area=healcareUE&menu=vuoto>.

¹⁶ "Italy Country Overview." *World Health Organization*, World Health Organization, <https://www.who.int/countries/ita>.

doctor is around €3,800.¹⁷ Salaries in the private sector can vary greatly depending on the kind of facility and the employer. In order to recruit and keep outstanding staff, private healthcare institutions may offer greater compensation, however this is not always the case. In general, private-sector healthcare personnel may earn somewhat more than their public-sector counterparts. In Italy, health insurance is a combination of public and private coverage, with the National Health Service (Servizio Sanitario Nazionale or SSN) offering universal coverage to all citizens and legal residents. The SSN is a tax-funded program that offers free or low-cost healthcare to all members of the population. Meanwhile, private insurance can give extra benefits like quicker access to specialist care, access to private hospitals, and coverage for medical treatments and operations that the SSN may not cover. Individuals frequently obtain private health insurance, which is typically given as a perk by companies. Private health insurance costs in Italy vary based on a variety of criteria, including the amount of coverage and the individual's age and health state.¹⁸ Certain insurance plans may demand a copayment or deductible, which is the amount paid out of pocket by the insured before the insurance company begins to cover the expenses of medical care.

Albania

Albania's government is a parliamentary representative democratic republic, similar to that of Italy. Albania's President is the head of state, while the Prime Minister is the head of government. Both nations have a governance structure in which the Prime Minister leads the government and the President (in Italy) or President of the Republic (in Albania) leads the state. While the Italian and Albanian governments share certain similarities, there are significant disparities in their institutions, electoral systems, political parties, and degrees of political stability and corruption. The legislative branch of Italy is bicameral, consisting of the House of Deputies and the Senate. The Assembly is the name given to Albania's unicameral parliament. Furthermore, Italy has a mixed voting system that incorporates aspects of both a proportional and a majoritarian election system, while Albania has a proportional electoral

¹⁷ *OECD Health Statistics 2018 Definitions, Sources and Methods.*

<https://www.oecd.org/health/health-systems/Table-of-Content-Metadata-OECD-Health-Statistics-2018.pdf>.

¹⁸ Salute, Ministero della. "I Principi Del Servizio Sanitario Nazionale (SSN)." *Collegamento Al Sito Wwww.salute.gov.it. Apre Una Nuova Pagina.*,

<https://www.salute.gov.it/portale/lea/dettaglioContenutiLea.jsp?area=Lea&id=5073&lingua=italiano&menu=vuoto>.

system.¹⁹ Albania has a population of about 2.9 million inhabitants and a land area of 28,748 square kilometers, making it one of Europe's smallest nations in terms of both dimension and population. To put this into perspective, Albania has a land area that is more than 20 times smaller than Italy and a population that is also more than 20 times lower.

Albania gained independence from the Ottoman Empire in 1912, but it was quickly conquered by different surrounding nations, notably Italy. Albania was conquered by Italy throughout WWII, and afterwards by Germany. Partisans from Albania fought against the occupying troops and freed the nation in 1944. Albania became a communist state following World War II, led by Enver Hoxha. Albania was one of the few European countries to cut links with the Soviet Union and adopt a policy of self-reliance and isolation in the 1960s. Albania switched to a democratic government and a market economy in 1991.²⁰ Since then, the country has encountered a number of issues, including political instability, economic difficulties, and corruption.

Another key difference is the status the two countries hold within the European Union. While Italy is a founder member of the European Union (EU), having joined in 1957. Albania is a candidate for EU membership but has yet to be accepted. Albania has been a candidate nation for membership in the European Union since 2003, and has been so since 2014 and it has made great progress toward completing the standards. Nonetheless, the country still confronts several difficulties on its route to EU membership. In recent years, the government has enacted a number of reforms aimed at bolstering democracy, the rule of law, and human rights, as well as modernizing its economy and public administration. One of the most significant obstacles that Albania confronts on its route to EU membership is the need to enhance the rule of law and address issues of corruption, organized crime, and judicial reform. Albania has also made strides toward modernizing its economy and integrating it into the EU. Yet, the country continues to face issues such as high unemployment, low productivity, and a huge informal economy. The EU has urged more steps to strengthen the business climate and attract international investment. Albania has relatively strong public support for EU membership, with studies suggesting that more than 80% of Albanians support the country's integration into the EU.²¹

¹⁹ *Kryeministria.al*, <https://kryeministria.al/>.

²⁰ *Historia e Shqipërisë - FHF*. <https://www.fhf.edu.al/wp-content/uploads/Historia-e-shqiperise.pdf>.

²¹ "Historiku." *Integrimi i Republikës së Shqipërisë në Bashkimin Europian*, 4 Apr. 2022, <https://integrimi-ne-be.puneteshjshme.gov.al/anetaresimi-ne-be/historiku/>.

The healthcare system is a crucial part of this work. In comparison to Italy, Albania has a mixed healthcare system that includes both public and private providers. The government funds the country's public healthcare system, which offers free or low-cost healthcare to all people, however the quality of service varies depending on region.²² The private healthcare industry in Albania is expanding, with many Albanians preferring to pay for private healthcare services in order to avoid long wait times and obtain better care.

While the healthcare systems in Italy and Albania have certain similarities, there are also significant variations, notably in terms of the quality of treatment delivered and the volume of financing available for healthcare services. In recent years, Albania's healthcare system has undergone considerable reforms aiming at enhancing access to healthcare services and upgrading hospital infrastructure. In recent years, the Albanian government's healthcare budget has increased, demonstrating the country's dedication to strengthening the healthcare system. The Albanian government budgeted around 78 billion lek (equal to approximately 642 million USD) to healthcare in the 2021 budget, a 10% increase over the previous year. The increasing government investment in healthcare aims to solve some of the difficulties confronting the Albanian healthcare system, such as a lack of medical staff and contemporary medical equipment.²³ The government has also implemented changes aiming at enhancing healthcare quality and expanding access to treatment, including as the mandatory health insurance system. One of the most serious issues confronting the Albanian healthcare system is a lack of medical personnel, particularly in rural regions. There are several reasons behind Albania's medical professional deficit.²⁴ One example is the low pay granted to healthcare employees, which makes it difficult to attract and retain skilled specialists. Another factor is that certain locations lack current medical equipment and technology, making it harder for medical professionals to offer high-quality care. Albanian healthcare salaries have risen over the years, although they remain low in comparison to other European Union nations. In 2014, the average monthly wage for healthcare employees in Albania was around 53,000 lek (equal to approximately 434 USD), and it climbed to over 75,000 lek (equivalent to approximately

²² *Shendetesia.gov.al*, <https://shendetesia.gov.al/organizimi-i-sistemit-shendetesor/>.

²³ *Shendetesia.gov.al*,

<https://shendetesia.gov.al/buxhet-historik-per-shendetesine-manastirliu-garantojme-vaksinimin-e-plote-anticovid-dhe-zgjerime-investimet-3-miliard-lek-investime-ne-shendetesi/>.

²⁴ "Albania Health System Information." *World Health Organization*, World Health Organization, <https://eurohealthobservatory.who.int/countries/albania>.

615 USD) in 2019.²⁵ Notwithstanding these gains, healthcare worker earnings in Albania remain low in comparison to other nations in the area. This has resulted in a medical personnel deficit, particularly in rural regions where healthcare facilities may be understaffed or nonexistent at all.

All citizens and legal residents in Albania are required to have health insurance. The mandated health insurance system is supported by employee and employer payments, as well as government funds. The National Health Insurance Fund manages the system (NHIF).²⁶ The required health insurance system offers a wide range of healthcare services, including primary care, hospitalization, and specialty medical treatment. Individuals can choose between obtaining care from public or private healthcare providers, however the public sector provides the vast bulk of healthcare services. People who are jobless or self-employed who are not protected by the required health insurance system can acquire optional health insurance from private insurance providers. While the required health insurance system has helped to increase access to healthcare in Albania, the system still faces certain obstacles. Disparities in access to care between urban and rural regions are among them.

III. Practical considerations

Timeline of the pandemic: Italy vs. Albania

The first wave in the spring of 2020

The Covid-19 outbreak struck the first European democracy, Italy. It was a once-in-a-lifetime experience with disastrous results. From the earliest references of the danger in January, it has dominated the year 2020. At first appearance, the government in charge of responding to the

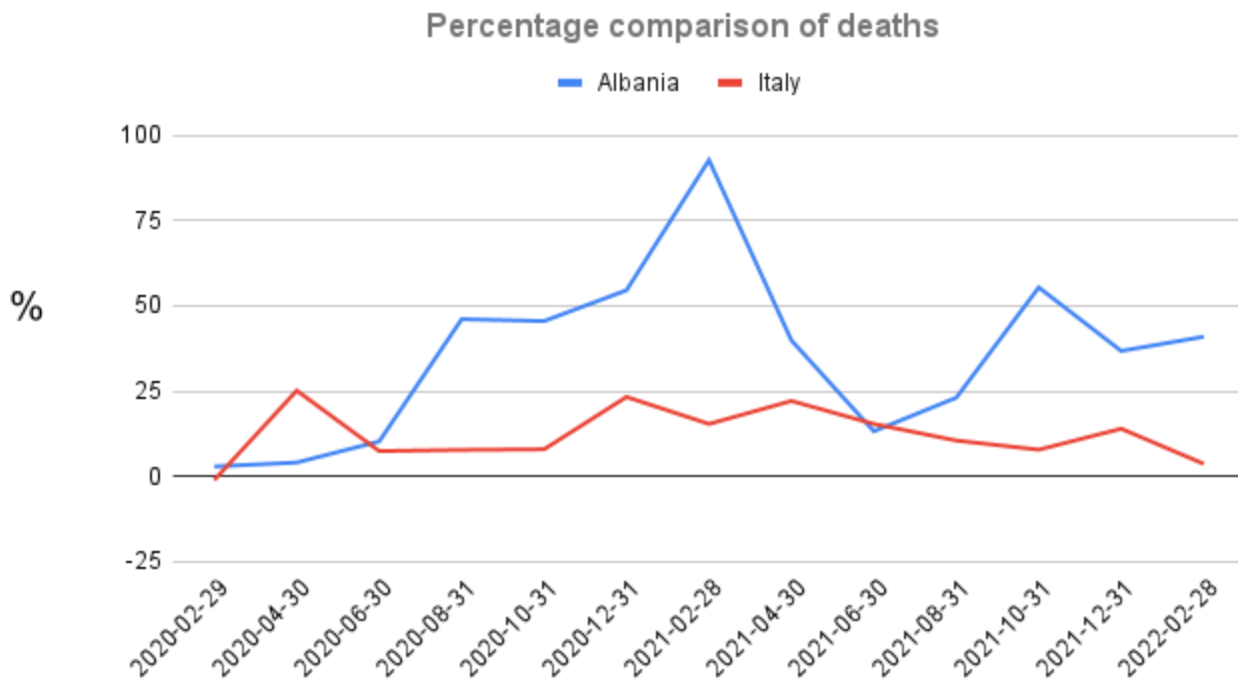
²⁵ The United Nations in Albania. <https://albania.un.org/sites/default/files/2022-04/UN%20Albania%20Annual%20Progress%20Report%202021%20-%20In%20depth%20results.pdf>.

²⁶ *Shendetesia.gov.al*, <https://shendetesia.gov.al/>.

outbreak appeared unprepared to deal with a national crisis. The World Health Organization (WHO) confirmed the commencement of a Coronavirus pandemic in Wuhan on January 21 (WHO 2020) and the province was placed under lockdown two days later. In Italy, a new task group was created at the Ministry of Health to coordinate efforts, which began on January 22nd. According to both the WHO and the European Centre for Disease Prevention and Control, the probability of the virus spreading into Europe is moderate,' according to the Italian Minister of Health, and that, according with the World Health Organization's suggestions, passenger temperature monitoring and further destination tracking would be carried out at Rome airport for subsequent flights arriving from Wuhan (a measure that eliminated domestic flights). Regardless of the fact that the initial two cases brought from Wuhan to Italy were Chinese tourists who reached Milan, the virus was not confirmed until January 31.²⁷ On the 21st of February, it was verified, and additional testing ensued. Mobility restrictions were immediately enforced in the 10 cities in Lombardy that were afflicted, but it was evident that this would be insufficient, especially because a new pandemic was discovered the same morning in the Veneto area's province of Vo'. Collaboration with regional administrations, the Ministry of Health planned a full lockdown in the impacted districts. The outbreak's location was particularly crucial, as it occurred in the core of Italy's manufacturing zone. Conte and others (for example, Dario Franceschini, Minister of Cultural Heritage) appeared more prudent and concerned about the economic ramifications of a shutdown, as well as the image it may project throughout the world, than a more hardline Minister of Health (Roberto Speranza) in favor of a harsh closure..²⁸

²⁷ *Ministero Della Salute*. https://www.salute.gov.it/imgs/C_17_bandi_248_5_file.pdf.

²⁸ Redazione. "Coronavirus: A Cultural Emergency in Italy. an Interview with Andrea Cancellato of Federculture." *Art Share Sales*, 10 Mar. 2020, <https://www.artsharesales.com/en/coronavirus-a-cultural-emergency-in-italy-the-interview-with-andrea-cancellato-of-federculture/>.



Graph 1: indicates a percentage analysis of the excess deaths in Italy and Albania. Obtained from Eurostat, the European Union's statistical agency²⁹

The so-called "red zones" were formed on February 23: eleven towns in Lombardy and one in Veneto, totaling around 50,000 inhabitants. All commercial operations, except those involving the manufacturing of vital products, were restricted, and all public activities and gatherings were somewhat under authorities-monitored (on February 25, educational institutions were closed, and public assemblies were banned in six northern districts). Despite this, the decision had been reached rapidly that law enforcement were purely unprepared, and no restrictions could be imposed for another two days, with the exception of the main roads into and out of each of these regions.³⁰ Thousands of clandestine journeys were undertaken (with just a few penalties levied)

²⁹ Eurostat. *Excess mortality - statistics* - Statistics Explained [Internet]. Eurostat. 2021. [cited 2022 Apr 24]. Available from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Excess_mortality_statistics#Excess_mortality_in_the_European_Union_between_January_2020_and_February_2022

³⁰ authors, All, and Martin Bull. "The Italian Government Response to Covid-19 and the Making of a Prime Minister." *Taylor & Francis*, <https://www.tandfonline.com/doi/full/10.1080/23248823.2021.1914453>.

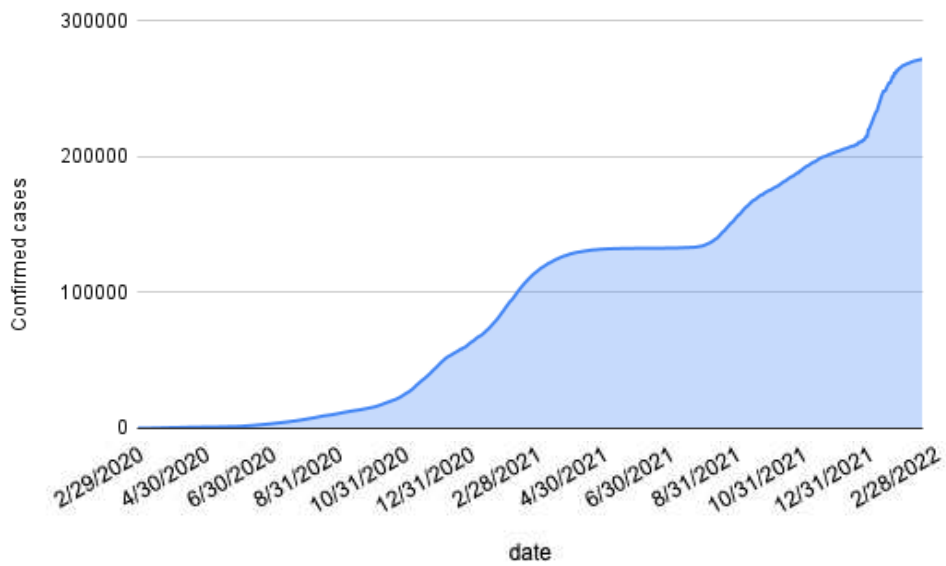
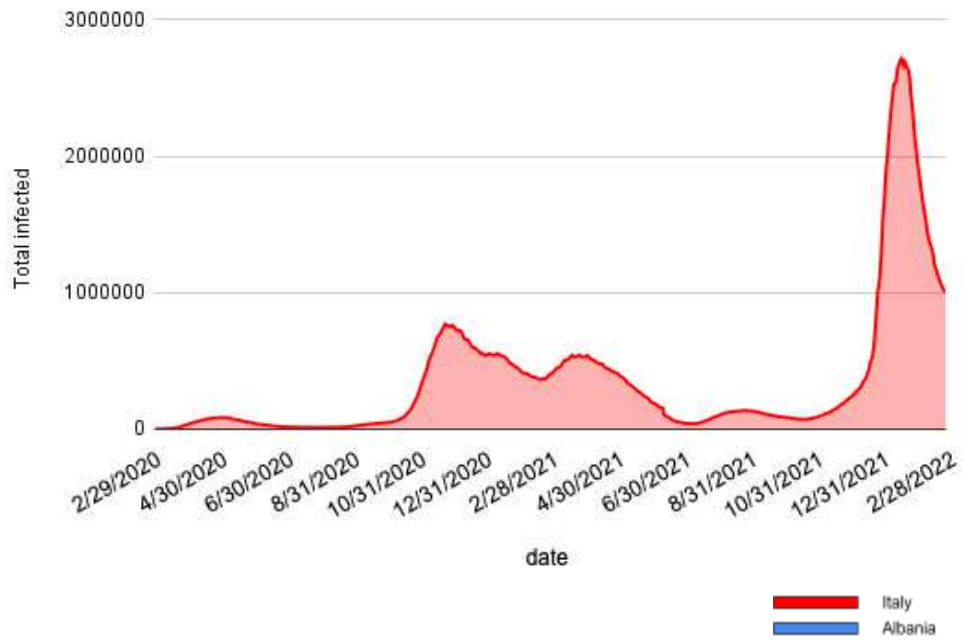
during that period: for stockpiling, to visit friends and family, to second houses, and to places of employment. The public's compliance with the limits looked to be a considerable issue, with violations happening.

The virus had 'escaped' the red areas and was rapidly spreading over northern Italy in the days and weeks that followed. As a consequence, on March 1, the government set up a new 'yellow zone' with new restrictions (encompassing the whole regions of Emilia Romagna, Lombardy, and Veneto, in addition to the municipalities of Pesaro, Urbino, and Savona), essentially dividing Italy into three zones with different degrees of restrictions. On March 4th, every educational institution in the country was closed. On March 8, a decree was proposed to extend the "red zone" to cover all of Lombardy, as well as 14 provinces in other northern regions (about one-quarter of Italy's population - 16 million).³¹ It was supposed to be implemented in the productive core of the Italian economy, but it was distributed to the press only hours before it was supposed to go into action. Thousands of people (workers, students, and others) crowded aboard trains and onto automobiles to 'escape' to southern regions before the lockdown took action. Within 24 hours, it was clear that a regionalized closure strategy was going to be too challenging to sustain administratively. Furthermore, because critical care unit capacity in the industrial north was about to be surpassed, the government had worries about what would happen in less wealthy southern regions with weakened health care systems. As a consequence of the order, people were obliged to stay indoors, and all business and retail facilities were closed. The government had planned for the lockdown to last until April 3rd because of the probable economic and societal effects.³²

³¹ Redazione. "La Divisione Dell'Italia in Zone a Partire Dal 15 Marzo." *Internazionale*, Internazionale, 15 Mar. 2021, <https://www.internazionale.it/notizie/2021/03/13/italia-zona-rossa-arancione-pasqua>.

³² Coronavirus, Le misure Adottate Dal Governo. www.governo.it. (2022, February 3). Retrieved February 20, 2022, from <https://www.governo.it/it/coronavirus-misure-del-governo>

Daily increase in infected people



Graph 2 and 3: daily increase in number of people infected in Italy and Albania. Data gathered from the Worldometers.³³

³³ Worldometer, <https://www.worldometers.info/coronavirus/country/>.

However, it soon became obvious that this was insufficient to decrease the number of new cases, so the lockdown became more severe in late March with measures that shut down all 'non-essential' businesses and enterprises.³⁴ Fines for breaking laws were also increased, National and regional governments were provided with the ability to impose additional restrictions in certain areas. The lockdown was prolonged one more on April 1, this time until April 13, and once more on April 10, this period until May 3. The decrease in new confirmed cases (deaths kept on rising) did not reach a tipping point until 4 May, paving the way for a reducing of restrictions (first on building and construction sites) into a 'new normality' (dubbed 'Phase 2') marked by individual behavior regulation (mask wearing, social distancing, self-isolation, etc.) and limitations on work-places and leisure time. According to a decree law, all job and leisure activities were resumed on the 18th of May, albeit with harsh new constraints, and travel among areas was authorized. The 3rd of June saw the resumption of transportation between regions and international travel.

In the spring of 2020, the situation in Albania was radically different. The first reports surfaced at the beginning of March.

On March 8, 2020, Albania announced its first report of COVID-19. The government implemented preventive and precautionary steps, preventing the health care system from being overworked and keeping the pandemic's dimensions low in comparison to many other countries. Regardless of being essential to containing the virus and saving lives, the stringent regulations in place have taken an immense toll on the general public, particularly on economically disadvantaged families and individuals, with immediate repercussions felt by those working informally, daily wagers, and the self-employed, in addition to those socially excluded.

³⁴ "UCCV-Covid19 Att Fondiue." *W*www.governo.it, 20 Dec. 2022, <https://www.governo.it/it/dipartimenti/uccv-covid19-att-fondiue/20275>.

As of World's health organization (WHO) definition, the country has both a cluster-based transmission and community transmission in major cities. This is crucial for disease control in the future. COVID-19 is a public health concern with far-reaching socioeconomic consequences for the whole population. Still reeling from a devastating November 2019 earthquake, Albania is faced with two back-to-back shocks that are likely to accumulate into severe economic and social hardship for the country. As global financial resources dwindle, fiscal space becomes more constrained. This global crisis is putting existing governance models to the test, emphasizing the importance of people and resilience as key factors for institutional development and economic progress. With all schools countrywide closed, and despite the adoption of alternate online learning alternatives, the quality of learning was impacted, particularly for the most disadvantaged populations who lack connectivity and suitable equipment for online options.

Nevertheless, Italy decided to ease the restrictions as early as May, at the same time as Albania. The decline in new confirmed cases (deaths continued to rise) did not reach a point until 4 May, paving the way for an easing of restrictions (building and construction sites first) into a 'new normality' (dubbed 'Phase 2') marked by individual behavior regulation (mask wearing, social distancing, self-isolation, etc.) and constraints on work-places and leisure time. On the 18th of May, all employment and leisure activities were reopened, albeit with severe new limits, and movement within regions was authorized, according to a decree legislation in Italy. The 3rd of June saw the resumption of transportation between regions and international travel.

Second wave in autumn 2020

Italy and Albania enjoyed a peaceful summer in comparison to the catastrophe they had experienced in the spring, with instances steadily rising again (notably from mid-August).

Public compliance with the new restrictions was not a serious issue, and severe enforcement, including fines for non-compliance, was in place. Nevertheless, as of July 7th, Albania had confirmed an overall of 3,038 cases. Following an initial decline in May and some stability following the lock down regulations an acute revival of cases occurred during the final three weeks of June, when the lock down measures were removed. As a result, the government has to cope with an urgent public health crisis while also resuming all socioeconomic activity. Cases have been recorded from all parts of the nation, with Tirana, Durres, and Shkodra being the most afflicted. As of June 21st, the overall number of lab tests done was 26,239, with a daily testing capacity of 400. From an average of four weeks in June, the sample positive has climbed dramatically from 8% to over 20%. Meanwhile the Italian government remained attentive, extending laws where required (for example, face masks were made mandatory in all public locations in Rome in August), and the test, track, and the trace system appeared to be working well. Italy was extensively characterized as a case study in policy failure in the international media (e.g., Pisano, Sadun, and Zanini 2020), Italy was portrayed as a "virtuous" country by early autumn, avoiding the second surge that was affecting other countries and "offering a more upbeat, alternative path" ³⁵of living with the virus until a vaccine was found (Johnson, Ghiglione, and Burn-Murdoch 2020; Bedingfield 2020). 'Italy was the first Western country to be significantly affected by COVID19,' according to a video released by the WHO (2020b). With a succession of science-based actions, the government and community at all levels reacted forcefully and turned the epidemic's trajectory around.³⁶ This proved to be an overly optimistic prediction. For the second time, Europe became the epicenter of the pandemic, and the total amount of newly diagnosed individuals testing positive for Covid-19 in Italy climbed rapidly

³⁵ *UN Albania Covid-19 Socio-Economic Recovery & Response Plan.*

https://unsdg.un.org/sites/default/files/2020-08/ALB_Socioeconomic-Response-Plan-2020.pdf.

³⁶ Bedingfield, W. 2020. "The Way Italy Handled Its Second Wave Is a Lesson to Us All." *Wired*, 3 October.

<https://www.wired.co.uk/article/italy-coronavirus-success> .

from early October onward.³⁷. Because of 'Covid fatigue' (the greater difficulty of ensuring public compliance), fears for the economy over a further shutdown, and the mental health of many people, the government was aware that returning to lockdown would be even more difficult than it had been the previous March, and there was a contentious debate both at the national level and between the national and regional levels. To prevent a nationwide lockdown, the authorities took a regional strategy based on the "R" number (infection rate) in each region, as well as 21 other parameters (Including the quantity of critical care unit spaces and their capacity). On November 3, a decree established three levels of restrictions for regions: yellow (curfew after 22.00, closure of museums and theaters), orange (plus bars, restaurants, and other businesses remain closed, but take-out is available until 22.00, some movement restrictions), and red (no curfew after 22.00, some movement restrictions) (full lockdown with everything closed except industries and schools, movement banned). In response to the deteriorating situation, the administration went a step further on November 17 by permitting regional governments to change the amount of limitations (according to the three levels) for different provinces. Christmas and the end of 2020 were marked by a series of limitations that practically amounted to three mini-lockdowns.³⁸ The year came to a close with the discovery of a vaccine and the development of two more, but the country still faced a long winter ahead. There is no denying the tremendous human cost of Covid-19 in terms of fatalities in 2020, which reached over 74,000 by the end of the year. Unlike Italy, in Albania some measures were eased even during the Christmas holidays, which began an additional wave of the epidemic and began to kill in Albania from January 2021.

³⁷ *Worldometer*, <https://www.worldometers.info/coronavirus/country/>.

³⁸ Bedingfield, W. 2020. "The Way Italy Handled Its Second Wave Is a Lesson to Us All." *Wired*, 3 October. <https://www.wired.co.uk/article/italy-coronavirus-success>.

Delta mutation and the onset of the Omikron variant at the turn of 2021 and 2022

The situation drastically improved in the summer of 2021, thanks to a combination of better weather and a huge vaccination program (see below). Likewise to summer of 2020, the amount of newly afflicted persons has reduced considerably, and with it, the sense that the pandemic is finally over has spread once more. Regrettably, another epidemic wave⁴⁴ was unleashed in October due to a combination of cooler temperatures and a new, more infectious and dangerous Delta mutation. The Delta variation most likely originated in India around 2020 and migrated to Europe via Great Britain, where it entirely superseded the British Beta version because to its increased infectivity.³⁹ The Delta variation most likely originated in India around 2020 and migrated to Europe via Great Britain, where it entirely superseded the British Beta version because to its increased infectivity. Delta may readily overcome the body's immune defenses and re-infect both the vaccinated and persons with the disease, but with a much less severe course of the sickness. ⁴⁰During the peak of the epidemic, about 30,000 people were infected every day, however the number of casualties was substantially fewer due to the vaccine program and also to the population's higher coverage. The state of emergency was lifted again on Christmas Day, 26.12.2021, but a number of anti-epidemic measures remained in effect until April 2022 (particularly the wearing of masks). Thus far, the previous pandemic wave has been produced by the Omikron mutation, which is by far the most virulent variety of the virus (its infectivity is believed to be on par with measles). ⁴¹

³⁹ Kathy K. *5 Things To Know About the Delta Variant* > News > Yale Medicine [Internet]. Yale Medicine. 2020 [cited 2022 Apr 24]. Available from: <https://www.yalemedicine.org/news/5-things-to-know-delta-variant-covid>

⁴⁰ "Coronavirus Disease (Covid-19): Variants of SARS-COV-2." *World Health Organization*, World Health Organization, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-%28covid-19%29-variants-of-sars-cov-2?gclid=CjwKCAjwo7iiBhAEEiwAsIxQEVhZBZmJ8ltho5zdQDIPscuTFNcpgbgZsudC3un0KdF9BXg0LAr2RRoCDGAQAvD_BwE.

⁴¹ *Omicron Variant: What You Need to Know* | CDC [Internet]. Website. 2020 [cited 2022 Apr 24]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html>

This form was discovered in India around the end of November 2021, but it quickly traveled over the world, arriving in February 2022. Thankfully, the condition induced by the omicron version is considerably milder, owing mostly to the high level of immunization, but also, it appears, to a distinct pathogenicity of the virus. The virus caused some extra mortality among the elderly during the spring wave, with the great majority occurring in persons who had not been vaccinated at all or had not had a booster⁴². So yet, the Omikron pandemic wave is the only expression of covid-19 in Italy; what fall brings remains unknown.

The importance of vaccination during a pandemic

The extraordinarily quick and successful introduction of coronavirus vaccine was the major element that most likely affected the health, economic, and social implications of the covid-19 pandemic, and which will have important ramifications for biomedicine, healthcare, and consequently the economy. I have mentioned "Operation Warp Speed" in the theoretical introduction, an unprecedented endeavor to create effective vaccines against covid that was financially funded by US federal subsidies, and the winning businesses had sales assured in advance. This resulted in the development, testing, and deployment of four distinct vaccines in just one year (the Pfizer/BioNTech and Moderna consortium vaccines, built on revolutionary mRNA technology, and the Oxford/Astra Zeneca and Johnson and Johnson vaccines, also based on the new, but after all the more well-known adenovirus platform). A succession of vaccinations from China, India, Russia, and other countries followed, with the WHO reporting that by the end

⁴²"Coronavirus Disease (Covid-19): Herd Immunity, Lockdowns and Covid-19." *World Health Organization*, World Health Organization, <https://www.who.int/news-room/questions-and-answers/item/herd-immunity-lockdowns-and-covid-19>.

of March 2022, 11.3 billion individual doses of vaccine had been provided, with 65% of the world's population having gotten at least one dosage of the vaccine.

From a scientific and economic point of view, the story of BioNTech is fascinating. It was founded by two naturalists of Turkish origin, Dr. Ugur Sahim and his wife, Dr. Ozlem Turks in 2008 in Mainz, Germany as a start-up biotechnology company with a starting capital of EUR 150 million. The main goal of the company was and remains the development of specific anti-tumor therapies using mRNA. In 2013, they acquired another emigrant for the company, an excellent Hungarian biochemist working in the USA, Dr. Katalin Kariko. It very happily started cooperation with Pfizer in marketing and industrial development already in 2018 (it was the development of an influenza vaccine), and therefore the onset of the covid pandemic was timed quite precisely for the BioNTech/Pfizer consortium⁴³

As soon as the RNA sequence of the new coronavirus was disclosed in January 2020, BioNTech began developing a vaccine, which was so quick owing to earlier research that large-scale clinical testing could begin in the final weeks of summer of that year.

Another new method employed for the speedy creation of vaccinations against covid was vector vaccines, which use a harmless, genetically engineered virus to convey the vaccine to a person's target cells. This technique, utilizing simian adenovirus, was first successfully implemented by Johnson and Johnson with their Ebola vaccine⁴⁴, and this is why she, together with AstraZeneca, began developing a vaccine against covid extremely fast. The Russian Gamaley Institute of Virology's Sputnik V vaccine and the Chinese-Canadian business CanSin Biologics' Convidecia vaccine work on a similar concept.

⁴³ Dolgin E. *The tangled history of mRNA vaccines*. Nature. 2021 Sep 1;597(7876):318–24. [Internet]. [cited 2022 Apr 24]. Available from: <https://doi.org/10.1038/d41586-021-02483-w>

⁴⁴ Woolsey C, Geisbert TW. Current state of Ebola virus vaccines: A snapshot. PLoS Pathog [Internet]. 2021 Dec 1 [cited 2022 Apr 24];17(12):e1010078. Available from: <https://journals.plos.org/plospathogens/article?id=10.1371/journal.ppat.1010078>

Alongside these very revolutionary treatments, conventional techniques were used, including the use of the entire, weakening ("attenuated") virus as an antigen for vaccination (a series of Chinese and Indian vaccines have been founded on the same concept.

Immediately following over a year of application, it is evident that the immunizations are not associated with serious side effects, very effectively and in the long term it defends against a serious form of covid and ultimately death, but it solely safeguards against getting infected to a certain degree (particularly with more transmissible forms of the virus, such as Omikron), and a 3-dose treatment is required to maintain the outcome (this is, of course, the case for a wide range of other vaccines, long term). In comparison experiments, vaccines based on mRNA technology (Pfizer/BioNTech, Moderna) produce the greatest outcomes.

The New York Times website⁴⁵ has comprehensive and continuously updated information on vaccine development and clinical trial data. As of April 20, 2022, there are ten licensed coronavirus vaccines in use, with an additional 109 agents in different phases of clinical research.

Multiple Italian research institutes and firms have been active in vaccination advancement and research, that include the National Research Council, the Spallanzani Hospital, and the Italian pharmaceutical company IRBM, as well as working alongside overseas partners. As an example, Roche, an Italian-Swiss multinational pharmaceutical corporation, collaborated with Regeneron to create an antibody cocktail for COVID-19 therapy. Italy has also taken part in vaccination studies, notably those for the Pfizer-BioNTech and AstraZeneca vaccines.

⁴⁵ Zimmer BC, Corum J, June SWU. *Covid-19 Vaccine Tracker: Latest Updates - The New York Times*. The New York Times [Internet]. 2021 [cited 2022 Apr 24];1–63. Available from: <https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html>

December 27, 2020, the so-called "Vaccine day", is the date that marked the official start of the vaccination campaign against COVID-19 throughout Europe.⁴⁶ In Italy, the actual distribution of the vaccine began on December 31st whether in Albania it started on the 11th of January 2021. Both countries targeted the health medical and administrative personnel at first in order to protect the citizens that were more exposed with the virus.

The two governments made efforts early in the pandemic to provide a sufficient number of doses for its citizens. The first agreement for Albania was made with COVAX to provide 20% of the vaccination of the total population which provided 1,140,000 doses. they started the vaccination campaign with the Oxford-AstraZeneca and Pfizer-BioNTech, which both are approved by the WHO.⁴⁷ Italy started the campaign with 9,750 doses of Pfizer-BioNTech COVID-19 vaccine. These dosages were completely used in the days that followed to vaccinate a portion of hospital medical and health professionals.⁴⁸In the meantime, from February to May, Albania began the first round of distribution, with 120,000 vaccinations from AstraZeneca approved. During the second round, from April to June, 23,400 Pfizer doses were confirmed. The immunization program in Italy was planned and agreed upon by the European Union.⁴⁹ The Italian vaccination campaign was coordinated and agreed with the European union. The EU countries, as per previous agreements, received the vaccine provisions according to a centralised plan developed by the European commission. For Albania the scenario was different, seeing that this way of providing vaccines would not be able to provide a vaccine in the first days of their distribution in

⁴⁶ Brambilla, Andrea, et al. "Covid-19 Massive Vaccination Center Layouts." *Acta Bio-Medica : Atenei Parmensis*, Mattioli 1885, 5 Oct. 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8851002/#:~:text=December%2027%2C%202020%2C%20the%20so,and%20gradually%20expanding%20to%20the>.

⁴⁷ "The Oxford/AstraZeneca (chadox1-S [Recombinant] Vaccine) COVID-19 Vaccine: What You Need to Know." World Health Organization, World Health Organization, https://www.who.int/news-room/feature-stories/detail/the-oxford-astrazeneca-covid-19-vaccine-what-you-need-to-know?gclid=Cj0KCQjw_4SBhCgARIsAAlegRvVJEF6S7qF-3-xrkY5MbC-qZ-GJRofVPmI__YoyIRCS6B4nPj5yjAaAomMEALw_wcB.

⁴⁸ "Vaccini anti Covid-19". www.salute.gov.it (in Italian). Ministero della Salute. Retrieved 12 January 2021.

⁴⁹ "Overview of allocations to-date by Facility participant" (PDF). GAVI. Archived (PDF) from the original on 2021-04-12.

Europe, and since it was left out of distribution by the union as it is not a member of it, senior state officials tried to enter into a direct contract with Pfizer in late December 2020.⁵⁰

The vaccination campaign was managed by the Ministry of Health in both countries. The decisions are made in collaboration with the Central Committee of Experts, which is a consultative organisation under the Ministry of Health that is formed in the event of epidemics or national medical emergencies. Depending on the scenario, the Committee is made up of specialists from the ministry, the Institute of Public Health, the National Emergency Centre, the National Infectious Diseases Service, and representatives from health institutions.⁵¹

Both governments managed to secure Pfizer-BioNTech and Oxford- AstraZeneca. In a concerted effort with the EU Commission, the Italian government purchased multiple types of COVID-19 vaccines compared to Albania, including the Moderna, Sanofi, and Johnson & Johnson. Meanwhile the Albanian government purchased and approved Sputnik V; and CoronaVac.⁵²

In Italy the vaccination campaign started with pfizer biotech with 908 700 doses⁵³, and Albania started with 500 000 does after the Prime minister Edi Rama reached an agreement with the Pfizer company.⁵⁴ As of beginning of March 2021 23,325 people got vaccinated in Albania⁵⁵ and 38 400 new vaccines arrived by AstraZeneca,⁵⁶ another AstraZeneca delivery arrived on 17th of April throughout the COVAX mechanism.⁵⁷ In Italy during April 2021 54% of doses of AstraZeneca vaccine have been administered to date (2,218,038 out of 4,098,800 delivered), according to the Ministero della Salute, while for Moderna vaccine the percentage drops to 50% (658,403 out of 1,328,200). The Pfizer vaccination was administered 96% of the time (8,375,625

⁵⁰ EWB (2020-12-30). "What are the vaccination plans of Western Balkan countries in 2021?". European Western Balkans.

⁵¹ "Ligj Nr. 15/2016 "për Parandalimin dhe Luftimin e Infeksioneve dhe Sëmundjeve Infektive"" [Law no. 15/2016 "on the Prevention and Fight of Infections and Infectious Diseases"] (PDF) (in Albanian). Parliament of Albania. 10 March 2016. Archived (PDF) from the original on 2021-05-15.

⁵² "How safe are Chinese vaccines and who will take them in Albania?". A2 CNN | English Edition (in Albanian).

⁵³ "Governo Italiano - Report Vaccini Anti Covid-19". www.governo.it.

⁵⁴ "500,000 Pfizer's COVID vaccine doses secured". Qeveria Shqiptare Keshilli i Ministrave.

⁵⁵ First batch of AstraZeneca vaccines arrives in Albania Xinhua

⁵⁶ "First batch of COVAX-facilitated vaccines reach Albania | United Nations in Albania". albania.un.org.

⁵⁷ "Albania received 40,800 more vaccines from AstraZeneca, Ahmetaj: Soon we'll vaccinate transportation workers and manufacturers". A2 CNN | English Edition (in Albanian).

of a total 8,709,480). In all, 11,252,066 shots of the three vaccinations landed in Italy, accounting for almost 80% of the total.⁵⁸ By the 1st of May, Italy reached 20 million administered vaccine doses⁵⁹, with a total of 14 million citizens vaccinated with at least one dose and 6 million fully vaccinated.⁶⁰

The economic impact of the pandemic in Italy and Albania

All European countries, including Italy and Albania, had been severely impacted by the covid pandemic due to a number of anti-epidemic measures, primarily a decrease of movement due to "lockdowns," the reduction of economic activity both on the supply side and especially on the demand side. Because all data are far from complete in the spring of 2022, and because we are just now beginning to feel the long-term impacts of the coronavirus pandemic, quantifying all economic consequences is extremely difficult.

Table 1: Comparison of GDP in Italy and Albania with projection of the upcoming years made by the International Monetary Fund (IMF) using the linear extrapolation approach.^{61,62}

Year	Known dates				Predictions according to IMF			
	2018	2019	2020	2021	2022	2023	2024	2025
GDP per capita, Italy (USD)	34622	33674	31911	35657	35842	36812	36645	38802
GDP per capita, Albania (USD)	4432	4543	4410	4831	6457	7059	7316	7721

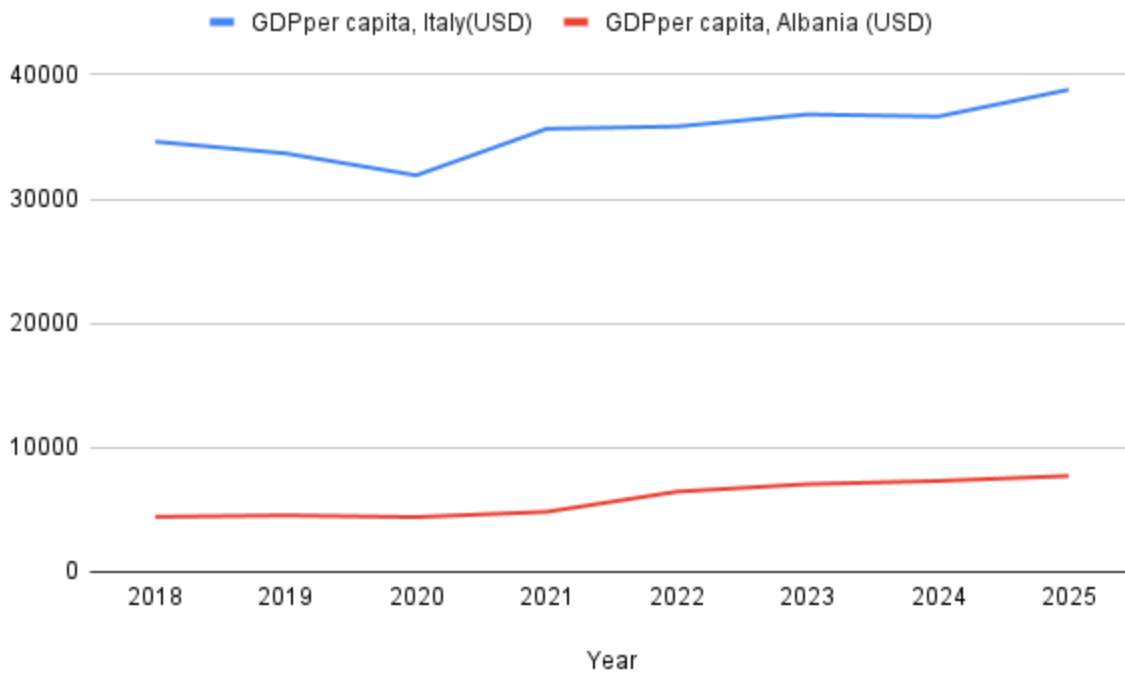
⁵⁸ "Covid, poche dosi e AstraZeneca taglia le forniture: arranca la campagna vaccinale". tgcom24.mediaset.it. tgcom24.mediaset.it.

⁵⁹ "Coronavirus oggi: vaccini, oltre 20 milioni di dosi somministrate in Italia. Lombardia, al via prenotazioni per under 50 fragili". ilsole24ore.com. ilsole24ore.com.

⁶⁰ "Superate le 20 milioni di dosi somministrate in Italia". ansa.it. ansa.it.

⁶¹ *IMF Executive Board Concludes 2021 Article IV Consultation with Italy*. International monetary fund [Internet]. [cited 2022 Mar 1]. Available from: <https://www.imf.org/en/News/Articles/2022/01/27/pr2216-Italy-imf-executive-board-concludes-2021-article-iv-consultation>

⁶² *GDP per capita, current prices*. International monetary fund [Internet]. [cited 2022 Mar 1]. Available from: <https://www.imf.org/external/datamapper/NGDPDPC@WEO/AL>



Graph 4: Comparison of GDP in Italy and Albania based on the table above.

The initial economic consequence of the epidemic is a reduction in productivity. This is explained by three major factors: (1) the interruption of work as a consequence of the lockdown; (2) a decrease in demand because individuals will have less money in possession (a reduction in income) as an outcome of the cessation of employment or part-time work; and (3) difficulties caused in businesses by suppliers who, in turn, are affected by the problems noted above. Lowering the level of output will have a direct impact on the country's GDP. Meanwhile, government spending has increased significantly, particularly in two directions: investments and health expenditures as part of the tools used to deal with the country's current crisis, as well as costs for cooperation packages--dedicated to the compensation for job loss (known in Albania as "the war wage") and business support.

Table 2: Comparison of GDP in Italy and Albania with extended variables such as exports and imports.⁶³⁶⁴

	ALB: total	per 1000 inh.	ITA: total	per 1000 inh.
Gross domestic product:	18,256 M US\$	6.49 M US\$	2,107,703 M US\$	35.66 M US\$
Gross national product:	17,184 M US\$	6.11 M US\$	2,127,119 M US\$	35.99 M US\$
Exported goods:	5,612 M US\$	2.00 M US\$	687,948 M US\$	11.64 M US\$
Imported goods:	8,004 M US\$	2.85 M US\$	637,934 M US\$	10.79 M US\$

In Albania because of the extensive damage caused by the November 2019 earthquake, the GDP growth rate prediction was revised. This is also visible in the GDP growth rates for 2019, where the GDP growth rate for the first three quarters was 2.37%, 2.56%, and 4.17%, respectively, due to the September and November 2019 earthquakes, this percentage for the fourth quarter of 2019 reached -0.10%, drastically decreasing GDP growth to 2.2%, which was the lowest in the Western Balkan area, in compared to the previous year.⁶⁵ As the epidemic continues, the World Bank's projection for real GDP growth is -8.4%, which is the same as the EU's forecast for real GDP growth.⁶⁶ The National Bank of Albania forecasts GDP growth of -12%. In actuality, these anticipated numbers are compatible with INSTAT (Albanian Institute of numbers) released data on GDP growth for the first and second quarters of 2020 in Table 2. Among the groups impacted by the crisis is the self-employed, who in Albania mostly belong to micro and small enterprises, which are typically family firms.⁶⁷ As a consequence, during this pandemic, halting the activity or working part-time in times of high demand reduces the revenue available to these families for meeting living expenditures, lowering their quality of life. During the epidemic, 75,000 enterprises and self-employed people with a total of 170,000 employees were assisted at a cost of €76 million.

⁶³ "Albania GDP2022 Data - 2023 Forecast - 1984-2021 Historical - Chart - News." *Albania GDP - 2022 Data - 2023 Forecast - 1984-2021 Historical - Chart - News*, <https://tradingeconomics.com/albania/gdp#:~:text=GDP%20in%20Albania%20averaged%207.19,0.65%20USD%20Billion%20in%201992>.

⁶⁴ "Italy GDP 1960-2023." MacroTrends, <https://www.macrotrends.net/countries/ITA/italy/gdp-gross-domestic-product>.

⁶⁵ "Romanian Economic Journal: Jurnalul Economic." REJ, <http://www.rejournal.eu/>.

⁶⁶ Banka e Shqipërisë (2020). Raporti tremujor i politikës monetare. (IV 2020). https://www.bankofalbania.org/Botime/Botime_Periodike/Raporti_i_Politikes_Monetare/Raporti_Tremujor_i_Politikes_Monetare_2020_IV.html

⁶⁷ Blundell, J., Machin, S. (2020). Self-employment in the Covid-19 crisis. A CEP Covid-19 analysis. Center of Economic Performance. Paper No.003.

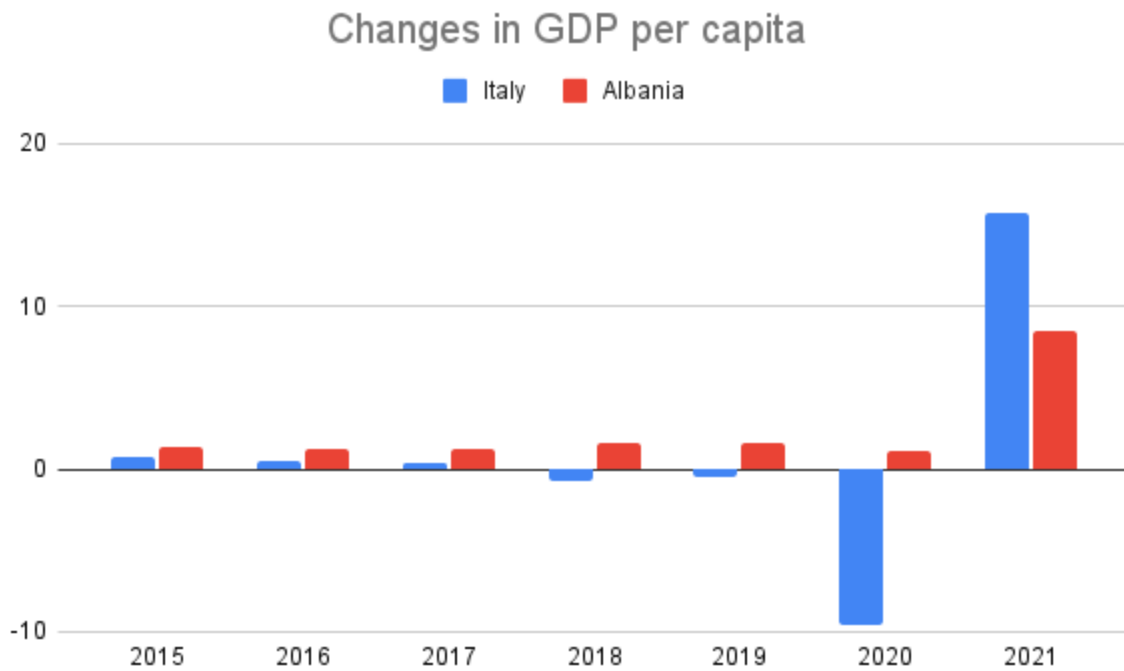
Table 3: Albania’s GDP throughout the years. Data gathered from Instat.

Years	2018	2019	Q1-2020	Q2-2020
GDP Growth	4.07%	2.24%	-2.27%	-10.23%

On the other hand, Italy experienced a drastic drop in 2020, Italy's GDP dropped by 8.9 percent⁶⁸, however The Italian economy recovered impressively from the pandemic shock, restoring to pre-COVID output levels by late 2021. In 2021, it is expected to grow by 6.5 percent. Meanwhile, the employment ratio remains constant at 58.9%, in accordance to the Istat (National Institute of Statistics) latest information on employed and unemployed people for February 2020. When the December 2019-February 2020 quarter is compared to the previous one, September-November 2019, there is a clear decrease in employment (89 thousand units) involving both gender components between the ages of 15 and 49, permanent workers and self-employed, while temporary employees see a slight rise.⁶⁹

⁶⁸ Published by Statista Research Department, and Mar 16. "Italy: Impact of Covid-19 on GDP 2020-2023." *Statista*, 16 Mar. 2023, <https://www.statista.com/statistics/1109195/forecasted-gdp-growth-in-italy/>.

⁶⁹ Auriemma, Vincenzo, and Chiara Iannaccone. "Covid-19 Pandemic: Socio-Economic Consequences of Social Distancing Measures in Italy." *Frontiers*, Frontiers, 10 Sept. 2020, <https://www.frontiersin.org/articles/10.3389/fsoc.2020.575791/full#B16>.



Graph 5: Graphic representation of year-on-year changes in GDP per capita in percentages in Italy and Albania. Analysis of the World Data bank and Eurostat. ⁷⁰⁷¹

The Covid pandemic will have long-term ramifications not only for Europe, but also for the global economy. The evident vulnerability of the world's trade relations will eventually lead to "de-globalization" and a focus on self-sufficiency in strategic commodities, resulting in a slowing of GDP growth. The World Bank cautions that these impacts will be asymmetrically distributed and will disproportionately harm the world's poorest countries.

⁷⁰ "GDP per Capita Growth (Annual %) - Albania." *World Bank Open Data*, <https://data.worldbank.org/indicator/NY.GDP.PCAP.KD.ZG?end=2020&locations=AL&start=2015>.

⁷¹ *Eurostat. Statistics* | Eurostat [Internet]. Eurostat. 2021 [cited 2022 Apr 24]. Available from: https://ec.europa.eu/eurostat/databrowser/view/sdg_08_10/default/table?lang=en

Crisis management and its effectiveness

All analyses agree that one of the most crucial elements in controlling the pandemic was public trust in the actions taken, particularly in the areas of public policies (anti-epidemic regulations states of emergency, temporary limitations on civil rights, including the right to assemble) and public health (testing, vaccination, medical procedures).⁷² The general trust of the population in the political system and the government—which has historically been higher in northern and western European nations than in southern and eastern nations—as well as the ability of the public to interact, clarify the epidemic situation, and implement it effectively in the context of a pandemic that is complex, unclear, and constantly changing—were key factors in determining the public's confidence in the measures taken.

Unfortunately, Albania underperformed in this area not just in relation to Italy. From the point of view of government management, it is enough to say that from the very beginning of the pandemic in March 2020 through April 2022. However, from a policy standpoint, a key focus is outlining and comprehending national and state-level governments' responses to the arrival of COVID-19. This involves discovering the reasons for discrepancies in the actual and ideal intensity of policy measures used to alter public health outcomes, as well as knowing the actual vs suitable timing and sequencing of mechanisms used to minimize its transmission.⁷³ That is, as press coverage and website data from around the world have detailed ⁷⁴, all governments

⁷² Liu J, Shahab Y, Hoque H. *Government Response Measures and Public Trust during the COVID-19 Pandemic: Evidence from Around the World*. Br J Manag [Internet]. 2022 Apr 1 [cited 2022 Apr 24];33(2):571–602. Available from: <https://onlinelibrary.wiley.com/doi/full/10.1111/1467-8551.12577>

⁷³ Kettl, D. F. (2020). *States divided: The implications of American federalism for Covid-19*. *Public Administration Review*. doi:10.1111/puar.13243

⁷⁴ Blavatnik School of Government. (2020). *Coronavirus government response tracker, 2020*. Retrieved from <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>

addressed the crisis, but not all of them at the same time, in the same manner, or with the same vigor or zeal. Understanding why this occurred and if similar approaches may be improved for future crises is a crucial subject for policy research.⁷⁵

The repercussions of the pandemic in terms of healthcare, governmental intervention and impositions, and ordinary activities and habits have undermined trust in government agencies in Italy at a time when the illness was rapidly spreading throughout the country (early March 2020). In our research of 4260 Italian people, we studied and analyzed such effect by concentrating on key trust factors. The investigation focuses on how people perceive Public Authorities' credibility in dealing with the health crisis: the actions and guidelines taken, the goals pursued, the motivations that drive them, the ability to participate, and their success in containing the virus itself. We want to know how this necessity for trust affects the attributional process, both in terms of attitudes and the judgements and behaviors that go with them. The most unexpected outcome of this poll is that respondents had a high level of faith in Italian governmental institutions: 75% believe they will be able to deal with the COVID-19 problem.⁷⁶

In the last few years, institutional trust in Italy has been extremely low, not solely in overall terms but additionally when compared to other European countries: a study of 25 EU countries using data from the 2016 European Social Survey found that institutional trust in Italy was very low, as measured by respondents' trust in five governance structures (Parliament, politicians, parties, the police, and the legal system).⁷⁷

⁷⁵ Knill, C., Schulze, K., & Tosun, J. (2012, December). *Regulatory policy outputs and impacts: Exploring a complex relationship: Regulatory policy outputs and impacts*. *Regulation & Governance*, 6(4), 427–444.

⁷⁶ Bolsen, T., Druckman, J. N., and Cook, F. L. (2014). *The influence of partisan motivated reasoning on public opinion*. *Polit. Behav.* 36, 235–262. doi: 10.1007/s11109-013-9238-0

⁷⁷ Olsen, A. L., and Hjorth, F. (2020). *Willingness to Distance in the COVID-19 Pandemic*. *OSF Preprints*. Available online at: <https://osf.io/xpwg2/>

The impact of public trust during the pandemic on the Albanian authorities had a significant impact on most binding channels of socio-economic exposure and policy resilience. Albania, in particular, is vulnerable to a drop in international trade and funding, as well as a declining tourist industry, due to its small and open economy. Building resilience is based on institutions' competency and capacity to formulate and implement policy measures on time, as well as citizens' trust in the way citizens make choices and government administration's efficiency. Many pandemic waves have hit Albania. The prime minister declared a state of natural disaster throughout the economy on March 25, 2020. The state was then extended until June 23, 2020, and a number of measures were put in place to battle the epidemic. On March 25, 2020, the prime minister proclaimed a state of natural catastrophe throughout the economy. The state was subsequently extended until June 23, 2020, and a variety of steps were implemented to combat the disease. Albania has a policy structure in place that served as a foundation for dealing with the epidemic. It includes the Albanian National Civil Emergency Plan, the Ministry of Health and Social Protection's Emergency Operation Plan, the National Pandemic Influenza Preparedness and Response Plan, and the Infectious Diseases Hospital Crisis Prevention Plan.⁷⁸

The key issue was the public's trust and willingness to be immunized against COVID-19. Immediately following a rise in vaccine hesitancy in 2020, this throughout the nation representative study discovered a steady decrease in indicated vaccine reservations in late 2020 and early 2021. Reduced hesitation coincided with the regulatory clearance of COVID-19 vaccines as well as the implementation of mass immunization campaigns. Vaccine reluctance has decreased significantly across all ages. This is significant since COVID-19 vaccination acceptability has been especially poor among these communities, who have borne a

⁷⁸ *Government of the Republic of Albania (2017), Migration Profile 2016, Government of the Republic of Albania, Tirana, https://mb.gov.al/wp-content/uploads/2018/02/Profili_i_Migracionit_2016_Eng.pdf.*

disproportionate burden of severe disease and death as a result of COVID-19.⁷⁹ A rise in skepticism was seen, along with an increase in public trust in vaccination study findings and the governmental clearance system. Despite these gains, vaccine hesitancy is expected to remain high in March 2021, especially among young adults and individuals from low socioeconomic backgrounds. More measures must be taken to increase public trust, increase outreach and educational programs, and increase immunization opportunities in order to achieve high levels of vaccine uptake.

Impact of the coronavirus on education

Italy

Nearly all academic institutions (including those centered on schools, colleges, private facilities, and so on) throughout the world were obliged to cancel face-to-face lessons in the first half of 2020 as a non-pharmaceutical measure to stop the spread of the COVID-19 pandemic. Moving classes from face-to-face to online was a policy reaction forced by the compelling need to keep teachers, employees, pupils, and the community at large as safe as possible when faced with the threat of a public health calamity whose spread was unexpected, unusually swift, and little understood. Italy was the very first nation in Europe to implement the lockdown across the board. For nearly two months, the children and their family were virtually completely isolated. Students missed 65 school days, compared to a global average of 27 in comparable high-income

⁷⁹ INSTAT/Institute of Public Health/ICF (2018), *Albania Demographic and Health Survey 2017-2018*, Institute of Statistics, Institute of Public Health, and ICF, <https://dhsprogram.com/pubs/pdf/FR348/FR348.pdf>.

nations. This lengthy disruption is concerning, because even brief interruptions in schooling can result in considerable losses in children's achievement and contribute to educational inequities over time. At least 3 million Italian students have not participated in online learning owing to a lack of internet access or sufficient electronic devices at home.

Governments throughout the world invested quickly in remote learning solutions supplied through various channels, particularly internet platforms, broadcast media (TV, radio), and paper take-home packages, to minimize the impact of school closures.⁸⁰ The Ministry of Education in Italy has set aside 85 million euros for remote learning initiatives. This comprised 70 million euros for providing digital devices and connection to students from lower socioeconomic backgrounds, 10 million for schools to buy digital learning platforms, and 5 million for teacher training. According to media outlets reporting on the findings of a Ministry of Education poll, by 18 March 2020, 67% of schools (including preschools and kindergartens) will have transferred all of their lessons online, possibly reaching 6.7 million⁸¹ of the 8.3 million pupils in the country.⁸²

The investigation indicates the appropriate e-maturity and dependability of both the Italian school system and its technological infrastructure, which did not collapse due to the promptness and professionalism of educators capable of overcoming a slew of personal challenges (with a higher the amount of work, poor internet connectivity, the inadequate state of the place of residence as a place of employment in certain situations, etc.) to ensure educational continuity. It should be noted, however, that the most often utilized technical infrastructures comprised openly

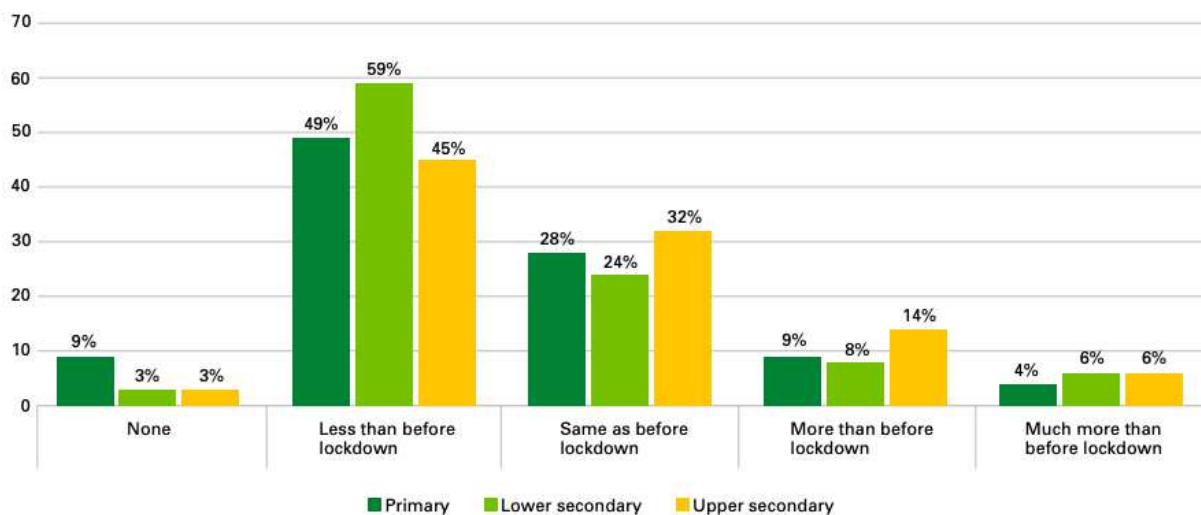
⁸⁰ Radiotelevisione Italia (RAI), the national public broadcasting company's commitment to "La scuola in tv" is especially notable during the lockdown period: <http://www.raiscuola.rai.it/articoli/la-scuola-in-tv-gli-orari-delle-lezioni/45140/default.aspx>

⁸¹ Istat (2020). Rapporto annuale 2020. La situazione del paese. Retrieved from: <https://www.istat.it/storage/rapporto-annuale/2020/Sintesi2020.pdf>

⁸² Scuola 24. (2020, March 27). Didattica digitale, raggiunti 6,7 milioni di studenti (sugli 8,3 milioni complessivi). Retrieved November 19, 2020, from <https://scuola24.ilsole24ore.com/art/scuola/2020-03-26/didattica-digitale-raggiunti-67-milioni-studenti-sugli-83-milionicomplessi-vi-164052.php?uuid=ADex49F>

accessible, simple-to-use cloud-based video conferencing applications, as well as user-friendly flexible collaborative online working environments.

The transition from a regular and regulated school experience to remote learning at home causes significant change and disturbance in the lives of children. Even when non-online homework or activities are considered, most students saw a significant drop in the time spent on school and homework overall, in addition to their online school hours. (see graph number 6)



Graph 6: The amount of course work (school periods and assignments) completed during lockdown, broken down by school level.

Despite all the difficulties that both professors and pupils faced during the covid-19 pandemic, the help of the Italian government, as well as the robust and reliable school system made this experience easier on both sides and the feedback was positive. However, this could not be said for Albania, as the difficulties were much more and the results are different and more negative.

Albania

Higher education institutions in Albania were severely impacted by the COVID-19 epidemic, and students faced unusual and difficult circumstances. On-campus courses were relocated entirely online, semesters were rescheduled, and exams were rescheduled. This was the first time that universities in A switched to online instruction. throughout online learning, Albanian students encountered barriers and challenges. Just a few percent of pupils thought online learning was simple, and the majority of students had had to alter their learning style to accommodate online classes. According to a study conducted at a Spanish university (Alba-Linero, 2020), more than 90% of students say that they require to put in additional effort in their educational pursuits and are more discouraged than before.⁸³ Students claimed that their main issues were restricted internet access and a lack of technological gear. Because of technical and financial constraints, online learning cannot provide effective outcomes in underdeveloped nations.

For several professors, the move to distant learning was challenging due to unfamiliarity with tools such as Zoom or MS Teams. Teachers' training was sometimes insufficient, making adapting to these conditions difficult. Another issue was a lack of technological equipment in families; some children did not have access to or had to share computing and communication devices with siblings. Last but not least, it provides all participants with a high-quality Internet connection, which many individuals did not have. According to the study, based on these statistics, distant education is 50% less successful than regular education. At the same time, the varied economic situations of households must be considered. While children from high-income families with a sufficient background are encouraged by their environment to enhance their

⁸³ *Adaptation and Perception of Online Learning during COVID-19 Pandemic ...*
https://www.researchgate.net/publication/347887954_Adaptation_and_Perception_of_Online_Learning_during_COVID-19_Pandemic_by_Albanian_University_Students.

insufficient education with self-study, children from marginalized areas of society frequently struggle to master the material covered, not to mention having less access to computer technology and the Internet. This escalation of socioeconomic disparities in society may result in further issues in the future.

To offer some help for this difficult situations that professors and pupils were facing, The Albanian Ministry of Education, Sport, and Youth provided a TV channel ("RTSH Shkolla") for video courses at every level and topic from elementary to high school, which was followed by instructors (96.5%), students (84.1%), and parents (85%). These films might also be seen on YouTube (Arsimi.gov.al 2020). All of them were excellent resources for learning at home. It was not the same for university students because they had to look for information on their own (both professors and students).⁸⁴

Higher education institutions in Albania were severely impacted by the COVID-19 epidemic, and students faced unusual and difficult circumstances. On-campus courses were relocated entirely online, semesters were rescheduled, and exams were rescheduled. This was the first time that universities in A switched to online instruction. Professors and their associations claim that the government does not support education. On the other hand, pre-university education in the country has evolved in the past decade without any long-term or medium-term program. The most powerful forces were chaos and misinformation. Everything was assigned to the appearance, the facade in particular. As a result of these developments, the pandemic realized that education lacked a database referring to educational infrastructure, technological equipment, and so on. During the previous two years, education spending fell in comparison to overall

⁸⁴ Arsimi.gov.al. 2020. *Sondazh i Mësimet Online, Perceptime të Mësuesve, Prindërve Dhe të Nxënësve*. Tiranë: Ministria e Arsimit, Sportit dhe Rinisë. [Google Scholar]

budget spending. Teachers argued that an entire generation's learning accomplishments had been badly harmed. According to experts, there are irreversible losses in the works.

In terms of spending across all sectors, this year's budget set new highs. The recent June changes are projected to cost 10% more than in 2020. Budget spending increased at the quickest rate in a decade, while education funding decreased.

Through a normative act in June 2021, the government reduced the education budget by 3.5%, or 12 million Euros. The education budget for this year is also lower than the planned for 2020. The government cut funding at the same time as the Ministry of Education requested more funds to create the digital teaching platform. In the scope of the draft budget for 2022, the Ministry of Education sought at least 1.5 - 2 billion ALL (about 16 million euros) in additional money from the Ministry of Finance, which it requires for the purchase of electronic equipment, computers, laptops, or tablets to raise teaching standards. The necessary additional budget is comparable to the sums cut from the Ministry of Education this year.

The National Institute of Statistics (INSTAT) estimates that education financing might represent up to 10.2% of total budget expenditures in 2020, up from 11.4% in 2019. Education funding as a proportion of total budget expenditures had fallen to its lowest level by 2013, at the very least.

In mid-October, another issue occurred, this time concerning university students. The vast majority of persons who signed up did not want to receive the COVID-19 immunization. Once again, the thinking among young Albanians in their early twenties demonstrates the system's faults. Informative campaigns are absent, conspiracy theories abound in the press, and this young generation lacks mentors and the necessary leadership.

In the end but not last, Albania's dropout rate remains high. Throughout the pandemic, this indicator declined. As reported by INSTAT, 92% of pupils aged 6-14 engaged in 9-year schooling in 2020, as opposed to 93.9% of the population in 2019. According to the Ministry of Education, educational institutions estimate roughly 375 thousand pupils from first grade to twelfth grade (with the exception of vocational education and preschool learning) in the school year 2021-2022, a 3.4% decline from the school year 2020-2021. Every year, the number of individuals enrolled in school decreases by 3-4% due to low birth rates and rising levels of emigration.⁸⁵

IV. Conclusion

In this paper was discussed the path of the COVID 19 epidemic in Italy and Albania. Firstly, basic epidemic principles were outlined in the theoretical section, prior epidemics were reviewed, and various state institutions, which the book works with in conjunction with their health systems, were explained. In the second half, the timeline of the pandemic in both states was detailed in the practical section, along with the formulation of essential measures and government strategies. Finally, the economic repercussions of the epidemic, immunization, and the educational condition were then examined. It should be noted that, due to the lack of distance from the covid epidemic, most of the statistical data I used in this work were incomplete or preliminary, and that a substantial portion of the pandemic's long-term implications are unknown. Based on the information presented, one of the most significant moral components of the issue is the cost of the measures vs the cost of the epidemic, i.e. the loss of human lives. The question

⁸⁵ *Albania Economy Briefing: Inflation and Economic Policies amid a Crisis.*
https://china-cee.eu/wp-content/uploads/2022/10/2022e10_Albania.pdf.

that government officials must resolve is how far we can limit people's freedom of movement and individual services in the name of preserving human lives. This discussion is far from over and will likely continue for many years. The available statistics show that the most successful measures are those that are implemented in a timely way.

COVID-19 policy methods are distinct from ordinary policymaking. Governments are befuddled by the nature of the problem and the impact of their strategies. No one could conceive of a suitable remedy at the onset of the epidemic. Governments were forced to establish new structures and techniques. They were constrained by their established norms, organizations, players, and experience at the same moment. The investigation contrasted the views of these two governments on comparative policy analysis with the politics of pandemic response programs.

The comparative study of Italy and Albania offers a complicated solution to the question of what causes the parallels and disparities in pandemic strategies in various types of democracies. Political institutions provide unique problems to each country.

The pandemic caused by Sars-Cov2, in addition to having caused a high burden of disease and excesses, has intuitively had direct and indirect economic repercussions, not only on health, but also on society and the economic-productive sectors both in Italy and Albania.

Both countries' COVID-19 pandemic mitigation strategies concentrate mainly on social distancing measures and health care system reinforcement, but the extensive analysis in the preceding chapters revealed significant differences in these countries' strategies. The main one identified is the vaccination campaign, which was much stronger and effective in Italy than in Albania. These results were also drawn by the governmental and public trust in the two countries, this factor played an enormous role in the administration of vaccines and the ongoing of the vaccination campaign.

We may identify more effective strategies for suppressing social transmission by thoroughly investigating the virus's particular epidemiological and clinical features and its subsequent pandemic, as well as learning from previous mistakes and other countries' knowledge. Because of considerable severe social, economic, and health effects that have yet to be fully understood, both governments recognized that inflexible, horizontal lockdowns could not be the cornerstone of a long-term pandemic mitigation program. A comprehensive plan is required, recognizing the critical role of primary, community, and home care in managing the COVID-19 outbreak and its negative effects on the population.

The early reaction of Italy to the pandemic was primarily focused on improving hospital resources in terms of personal protective equipment, specialized care equipment such as ventilators, ICU bed expansion, and employing healthcare workers. Private donations also aided in meeting the rising demands on the healthcare system. It should be mentioned that public spending on health as a percentage of GDP in Albania is lower (2.97%) than in Italy (9.7%).

Italy implemented the most stringent and severe approach to combat the outbreak (Severity Index = 93.5). Various strategies have been implemented among the measures recommended to accomplish greater management and reduced mortality in various countries. The worldwide lockdown or limited restriction of meeting venues has not shown to be successful. Italy and other nations performed seroprevalence studies, which revealed that those who were locked up had higher antigens against SARS-CoV-2 than the others, implying that they were more likely to be vulnerable to the virus. As a result, a state of emergency seems unlikely to be necessary. Finally, it is important to note that this study does not reveal which nation-wide approach was the most effective.

Finally, it is important to note that this study does not reveal which country's approach was the most effective. It is possible that it is still too early to say which technique was the most effective (or perhaps to define which metric should be applied to quantify performance). Nonetheless, it is noteworthy that Italy did not experience a greater decline in trust when compared to Albania. Additional variables appear to have significance more for public trust in government institutions and public authorities than effectiveness.

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