

ECMI KOSOVO/A: CITIZENS' SUPPORT INITIATIVE

**KOSOVO/A STANDING TECHNICAL
WORKING GROUP:
FOURTEENTH MEETING**

**KOSOVO'S HEALTH CARE SYSTEM:
INVASIVE PROCEDURE NEEDED**

Robert Curis

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ECMI's Citizens' Support Initiative

I. ECMI Expert Group of Health and Social Welfare

The 14th meeting of the Standing Technical Working Group (STWG) organized by the European Centre for Minority Issues, Kosovo, on 17 July 2003 brought together approximately 25 local and international experts on issues of health and social welfare in an open Civic Forum. The aim of the forum was to generate critical dialogue between party representatives and Assembly members, members of civil society, and a team of experts on key issues of health policy development, debating needs for reform and highlighting areas of particular attention.

ECMI Kosovo succeeded in bringing together a diverse panel of Kosovo experts and stakeholders. The transition from an UNMIK administered Department of Health to a Kosovar-run Ministry of Health has been turbulent and largely ineffective. Party politics have obstructed ministry officials, health care administrators and practitioners from carrying out their jobs. Of course, the ones to suffer the most have been the patients. The Civic Forum brought together participants from all points along the political spectrum and the discussion was concrete and productive, thanks in large part to adept moderating by members of ECMI's Expert Group for Health and Social Welfare.

The meeting dealt with the following aspects of Kosovo's health system:

1. The University of Pristina Health Centre
2. Public Health in Kosovo
3. Kosovo's Health Law

The outcome of the meeting was a comprehensive list of policy recommendations and benchmarks for reform, together with a timeline for implementation (see Section V.).

II. Session 1: The University of Pristina Health Centre

This session focused on the state of clinical health care that currently prevails in Kosovo, and on the situation in the municipality of Pristina in particular. By way of background, a preliminary overview of the University of Pristina Health Centre was provided as well as an analysis of the current goals that had been set for the health system in Pristina. One of the primary goals was the need for training and maintaining health personnel that could provide services of high quality. It was stressed that in order to meet the range of needs of the population of Kosovo, care of the highest quality had to be provided while, given limited resources, an optimum service had to be attained in terms of its efficiency. As a consequence, innovative methods needed to be explored for utilizing the available resources, and different management and clinical methods needed to be employed. In these circumstances, there was also a need to maintain staff motivation. Budget constraints were cited as the main reason for negative impact on services, although statistics were cited to show that the changes that had taken place at the University of Pristina Health Centre, for example, reflected a decrease in the mortality rate of newborns.

Dr Shereen Zakaudin, a visiting doctor at the University of Pristina Health Centre, then outlined some of the problems encountered on the residency programme. She highlighted deficiencies in the current teaching programme, particularly its lack of adequate training provision and guidance to residents in improving their ability to diagnose or use diagnostic results. These deficiencies were matched by a lack of fora for exchanging knowledge, through teaching conferences, or for testing skills and abilities through evaluation. Training deficiencies also extended to nurses, who appeared not only to be badly trained but also to lack motivation. While it was conceded that this was a problem that was not only encountered in Kosovo, it was pointed out that the lack of basic knowledge of sanitary procedures amongst nurses in Kosovo, such as hand-washing between attending to patients, exacerbated this problem. Another problem was that of poor infrastructure. The University of Pristina Health Centre is not only very old but has not been built for hospital care. It currently lacks sufficient oxygen and ventilation, laboratories are sometimes inaccessible where they should be open all the time, with the

consequence that there are long delays in receiving laboratory results, which in turn means a general overuse and even abuse of antibiotics. To rectify these serious problems, Dr Zakauddin recommended strict supervision in the implementation of new procedures and reforms. It was stressed that keeping up-to-date records was essential, not only for communication between different hospital units but also between doctors.

Early in the discussion, it was remarked by one participant that the participation of minority professionals was to be highly respected, as fruitful cooperation on issues of health care was to everyone's benefit. To initiate discussion one professional responded to the issue of hygiene that had been highlighted by Dr Zakauddin. It was pointed out that when hospitals are renovated in Kosovo, materials are often used which make cleaning in the traditional way difficult. Nevertheless, on a more important note, it was highlighted that achieving sufficient levels of hygiene was more a question of good health management and administration. Since it was a priority to decrease inter-hospital infection, it was therefore necessary to change the mindset of personnel to recognize that although hygiene was an everyday issue, it related to more fundamental policy areas such as accountability and the rights of management to dispose of staff who were unwilling to change their working habits. Although it was recognized that hygiene was an important issue in the day-to-day functioning of hospitals and health care, some participants considered it peripheral to the discussion and focused instead on issues of improving health care management. Bridging the two topics, it was suggested that the privatization of hospital cleaning services would be a good initial step.

Health care management and administration was considered one of the major issues in need of further debate and reform. One particular issue of concern was that of referrals. It was noted that at the University of Pristina Health Centre, patients were not properly referred to external services, leading to the situation that as much as 40% of the Health Centre's work was tertiary, and therefore outside its competence. To rectify this problem, as well as related problems, it was proposed that realistic support was needed across the entire body of health institutions. Although mid-term planning for reform existed, it had been prepared by UNMIK, rather than at the local level, and while policies did exist

towards this end, it was noted that there was no ministry-based plan. It was also noted that while certain parts of the donor community were following discrete strategies, it seemed that there was a lot of confusion over what an aggregate mid-term strategy should look like. Emphasis was also placed on the need for appropriate legislation to regulate management practices. It was noted that there could be no decent standards before there was a clear codification of employees' responsibilities. Most employees were currently unaware of their actual competences with the result that there were no channels of accountability or redress against employees who failed to abide by their contract or job description. In this context, the issue of fully functioning medical boards was raised, and particularly the need to set out clearly their duties and responsibilities.

To conclude this session, the meeting addressed the question of which approach should be adopted to health care reform, bearing in mind the situation of the University of Pristina Health Centre. It was suggested that issues such as hygiene were multifaceted and related to society as a whole. It was also noted that the health system in Pristina was in a continual process of transition and because society in Kosovo was currently dealing simultaneously with numerous other problems, health services had become quite broad in nature. With this in mind, it was questioned how well the micro-economic structure currently dealt with the problems and the subsequent changes needed. How could a sound environment of health care survive under present conditions? It was highlighted that the issue of financing would not disappear. Reforms in human resource policy could, however, be effected and the faculty needed to change. Serious steps, for example, needed to be taken with regard to pharmacies and pharmaceutical services. Why does Pristina have such a high consumption of drugs, compared to neighbouring municipalities? Although there was some debate on this issue, it was contended that this resulted from Kosovo, and Pristina's Health Centre specifically, not having a mid- or long-term plan to tackle this issue. Given the circumstances, it was further questioned whether Pristina had a strategy for decentralization. In this context, it was suggested that a policy of intervention be undertaken with equal funding being provided to both the private and the public sector, complemented by a change of leadership in the management structure. Here, it was observed by one participant that the Ministry of

Finance was not allowing the Centre to use funds for the purposes for which they had been allocated, which often resulted in electricity and water shortages. It was therefore proposed that members of the meeting should undertake a field trip to the Health Centre in order to better formulate recommendations in this regard.

III. Session 2: Public Health in Kosovo

The second session turned to the current state of public health in Kosovo, and how health institutions had progressed since the war. Apart from providing an overview of the state of play with regard to public health, the session also set out to evaluate how regulations and policy drives had been translated from paper to practice. The main elements highlighted by the participants as worthy of discussion and consideration were:

1. Protecting the rights of vulnerable groups
2. Cost efficiency
3. Sustainability

At the outset of the session it was noted that one of the visions for a future health care system was to place family medicine on an adequate footing. As a consequence, this entailed investing heavily in primary health care in order to take the burden off hospitals. The discussion in this session therefore turned to the dissimilarities between the Institute of Public Health and the Ministry of Health. One main question of concern was: To what extent had the Ministry of Health taken positive steps to mitigate the outbreak of epidemics and to promote public health? In an opening presentation, the Director of the Infectious Diseases Unit in Kosovo had spoken about the outbreak of several epidemics in Kosovo over the past years, which included Tularemia, Crimean Congo Fever and hepatitis A. In this regard, it was highlighted that there was an urgent need not only for further professional training and the provision of adequate treatment, but also for the furnishing of clinics with the necessary equipment to prevent such outbreaks. At the bottom of this, lay the fundamental question as to why there were so many public health crises in Kosovo? And why, for example, there was such a high infant mortality rate.

Two reasons for this, which were addressed early on, were again the issues of sanitation and hygiene in enterprises, as well as the number of houses which were not linked to any central sewage system. Part of the answer, however, was to raise awareness, making public health promotion part of education. It was suggested that patients should be encouraged to play a more active role in trying to resolve their problems, and that there needed to be change in the attitudes of health personnel. In the longer term, it was however recognized that this would need to be part of children's education at school.

The discussion then turned to the question of patients' rights. It was noted that all patients had the right to the best health care in the country, whether they spoke the relevant language or not. It was further noted that patients had the right to question their treatment and to be respectfully treated and adequately informed – which was part of a professional doctor-patient relationship anyway. It was, however, questioned how aware citizens actually were of their rights. It was suggested that the population was generally not satisfied with the level of health care provision and would benefit from more concrete data on how regulations and laws were applied. It was further noted that dissatisfaction came from a far-reaching lack of management structures at the lower tiers, which would explain the lack of improvement despite the introduction of new policies and amendments. This, it was further suggested, was a result of a lack of information exchange between the 'top' and 'bottom', which again could be explained by the general confusion over levels of accountability and competencies.

With regard to the Institute of Public Health, it was questioned where the Institute saw itself in five years, especially with regard to structures, standards and status. In response, it was pointed out that the Institute would no longer deal with microbiology and analysis, but instead would develop a proper long-term strategy. One main criticism was that there was a lack of harmony between health institutions and their competences, which necessitated a spirit of goodwill and improved coordination. Another criticism arose with regard to the Institute of Public Health's relation to specialist NGOs, of whose work it was suggested the Institute was unaware and which often worked on contradictory data. It was therefore questioned whether there was not a better way of institutionalizing the

relationship between the Institute and other relevant organizations. It was emphasized that there had to be a clearer hierarchy in the system that helped to determine clear responsibilities. As a consequence, it was asked what the role of the Ministry of Education was in matters of health and how students could, for example, be better informed about diseases? In relation to children with special needs it was noted that there was a policy to rehabilitate them into regular classes. With regard to the other issues, however, as well as immunization, the main focus would have to be on better coordination of activities. In a situation where there had been a reduction in capacities and many relevant NGOs had left Kosovo, it was highlighted that capacities needed to be reinforced wherever possible and that more energy had to be placed on coordination. Nevertheless, it was also noted that there was a general lack of responsibility and accountability at the level of individuals, which needed to be changed.

IV. Session 3: Kosovo's Health Law

The final session of the day turned to discussion of Kosovo's draft health law. In this regard, three main principles had been formulated by the Expert Group on Health and Social Welfare, which were considered of particular attention.

1. The need to be as closely responsive to the reality of Kosovo as possible, taking particular account of solutions to problems which had accumulated over many years.
2. Within these restrictions, to have as its goal compliance with best international norms and European standards, while being cognizant of Kosovo's legal tradition, and relevant economic regime.
3. To take into consideration the legislation of regional and EU states, and especially Albania.

It was conceded that drafting the health law represented a difficult task because it had to be tailored to the specific needs of Kosovo. Nevertheless, it was welcomed that the aim of the draft law was to achieve the full respect of rights and a definition of citizens' obligations. It was further noted that the draft law represented a special package, which

gave priority to health insurance as a specific interventionary measure for financing the health sector, while focusing on the citizen's interest. While the general aim was to change the concept of financing health care, at the same time, the law was recognized as an attempt to enlarge the financial basis of the health sector, in order to provide a basis for sufficient funding. In the words of one participant, the essence of the draft law could therefore be summarized as: "We have as much health as we have money."

Better management, would also mean better health care. In this respect, the following points were noted:

- Changing the concept of an 'adequate' use of resources.
- More efficient management (human and institutional)
- Changing the use of resources in pharmaceuticals
- An attempt to establish a better division between policy-makers in the Ministry of Health and the role of health care managers. Particularly since the current structure creates a lot of confusion and thus cannot be sustained. The Ministry of Health should reserve the right to draft law on matters of health but not to manage them.
- The design of a model for decentralization. This model will take into account political changes in Kosovo, where the bulk of health care is managed by the municipalities.
- The establishment of a licensing and accreditation body, both for the public and private sector.

It was pointed out by one participant that a research component had not been included in the law, and that this was an omission that the government should be obliged to rectify. It was also noted that the draft health law did not clearly define the present system as it stands, in which the hierarchy was difficult to understand. One omission that was highlighted was the lack of an adequate definition of what constituted family medicine, another, that it did not define how the referral system worked. As a consequence, it was proposed that a public debate should be initiated on the proper delegation of

responsibilities. For instance, are there any legal remedies available to individuals and organizations if they feel their rights are not being respected? Key to this question and to the question of the law's eventual sustainability, would be whether Kosovar citizens will be playing an active or passive role in the development of an adequate health care system. As citizens were barely involved in the political process, it was suggested that it would be difficult to motivate them to greater participation in questions of public health. One aspect of the situation, which was only raised towards the end of the session, involved the issue of 'parallel' structures, in the sense that elements operate in both the private and public sectors.

A mini-debate began about the relationship of the Ministry of Health to specialist NGOs and whether the Ministry should more actively encourage NGOs to become better informed about their work. This debate, it was suggested, stemmed from the chronic problem of a lack of information, coordination, and communication within the Ministry. Finally, a question was raised concerning the mechanisms for monitoring implementation of the law itself and whether there would be any correctional mechanisms or channels of redress. A lively debate ensued which left little time for a number of crucial questions to be addressed, for example: "What will be different in a year if the draft law is passed in this form? Will we be in a better place at this time?" Given this situation and that the finalization of the draft law was scheduled for the first week in September 2003, members of the Expert Group on Health and Social Welfare encouraged the participants to submit further remarks and comments to them as soon as possible. The Expert Group will continue to monitor developments.

V. Benchmarks and Milestones for Improvement of the Kosovo Health Service

In preparation for the forum, the Expert Group on Health and Social Welfare prepared a list of policy recommendations, which were subsequently debated and refined at the meeting. A timeline for implementation was also adopted.

Human Resources (HR)

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
<p>Need for urgent development or review of existing HR strategy</p> <p>Need for mid-term and long-term health personnel planning</p> <p>Lack of prescribed norms and standards on human resources in health institutions</p>	<p>Development of a HR strategy on education & professional training (specialization, sub-specialization)</p> <p>Identification, dissemination and adoption of modern European standards in line with Kosovar circumstances</p>	<p>Ministry of Health, Ministry of Education, Science and Technology, National Public Health Institute of Kosovo (NPHIK), Kosovo Health Commissioning Agency (KHCA)</p>	<p><u>Approval</u> of strategy, mid-term and long-term plans, norms and standards</p>	<p>December 2003</p>
<p>Lack of adequate professional training</p>	<p>Ongoing, life-long training, specialization in and out of country, sub-specialization</p> <p>Conduct research and/or survey on patient satisfaction to tailor training gaps and needs.</p>	<p>Medical School at the University of Prishtina (all sections), Ministry of Health, Ministry of Education, Science and Technology</p>	<p>Higher level of inclusion in primary health care</p> <p>Decrease in requests for treatment at higher levels, as well as abroad</p> <p>Increased user satisfaction</p> <p>Increased professional and vocational satisfaction</p>	

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
Lack of teamwork and coordination (and sometimes even knowledge) among the primary, secondary and tertiary levels of health care.	<p>Professional training in Health Care Administration</p> <p>Creation of permanent communication channels (Increase availability – reference library – of professional literature, made available to all, serving as a mechanism for communication)</p> <p>Functional distribution of tasks by level or diagnosis and introduction of professionals to the opportunities of health institutions in and out of the country (most common)</p>	Ministry of Health, Kosovar Referral Health Centers (CUCK, NIPHK, etc.)	<p>Decrease in the number of patients seeking services at different levels without prior treatment at prior level.</p> <p>In other words, better communication <i>within</i> institutions will create a better referral system <i>between</i> institutions.</p> <p>Increased medical board consultations at mother-institutions</p>	<p>December 2003</p> <p>Adoption of a document on patient treatment in accordance with diagnosis or functional distribution of tasks during treatment</p>
Poor or non-functional central and local management (as a consequence of professionally unqualified managers)	<p>Managerial training, qualification and monitoring followed by evaluation</p> <p>Appointment of qualified persons with proven managerial skills.</p>	Ministry of Health (establishing the criteria for selection and transparent application with monitoring opportunities foreseeing the inclusion of civil society)	A number of qualified managers with concrete results in performance and transparency in programmes in which they compete during the selection process	December 2004

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
	Candidate selection based on transparency and increasing opportunity to access the programmes provided.			
Lack of regulation of public/private practice	There needs to be legal and binding regulation on public/private practice	Ministry of Health, relevant inspectorates (labour, tax, etc.)	A target number of public/private practices are abiding by the law on working hours: personnel included	December 2004
Lack of personnel in primary health care	Conditional field work Provide incentives to engage in such work (materials, facilitation in acquisition of apartments, access to loans, grants for specialization) Redistribution based on prescribed norms and standards (abiding norms and standards)	Ministry of Health	Target number of necessary personnel established and employed in health institutions	December 2004

Technological Resources

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of the proposed solutions</i>	<i>Deadline</i>
Lack of necessary equipment	Procurement of equipment to meet recognized norms, standards and economic factors	Ministry of Health, Health Institutions (through donations, legations, loans, etc.	Inventory of equipment needs established and procured. Necessary equipment is in place	December 2004
Lack of previously secured equipment	Consult previous records Request new donations Proper recording of current equipment	Health Institutions, Ministry of Health (MoH), big donors	Records are filed and certified by the responsible persons and the MoH – open to the public (increased transparency)	December 2003
Insufficient or poor use of diagnostics in health institutions and requests for private diagnostics institutions	Resolution of private/public relations Implementation of prescribed norms on the number of analyses per piece of equipment and personnel Adequate servicing of existing equipment stocks, warranty on repairs provided Drafting of Protocols and Memoranda of Understanding on relations within the institutions – further concretization of requests, possibilities, responsibilities and financial relations	Health Institutions (Internal Affairs Committees, Internal Professional Supervision), Ministry of Health (MoH)	Records are filed on the influx of patients and the services provided. These records are certified by the responsible persons and the MoH – open to the public (increased transparency)	December 2003

Spatial Resources

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with a mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
Lack of a General Hospital for Prishtina	Construction of a new hospital - smaller capacity - physical and functional division within CUCK (to include the professional staff)	MoH, CUCK, Municipality of Prishtina	Decision made on construction of new hospital A change in the structure of morbidity and treatment indicators Decrease in the cost of treatment	December 2004 (For option of division within CUCK – 2005)
Lack of oncology, cardio-surgery, and toxicology treatment capacity	New building capacity or current capacity rearrangement within CUCK	MoH	Increase in domestic capacity Decrease or elimination of the need to seek treatment of these diseases out of country	December 2005 (Due to the need to train the necessary staff)
Inadequate facilities, poor hygiene, & poor maintenance	Needed renovations Compliance with patient behaviour norms Facility monitoring and management to meet hygiene requirements Construction, renovation and especially technical approval processes should be in compliance with relevant norms and standards	Health Institutions, management (Director, Head Nurse, Janitors, Maintenance), MoH	Decrease in intra-hospital infections Decrease in the number of customer complaints (yielded from surveys) Favourable results of internal monitoring	December 2003

Financial Resources

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions / Effects of Implemented Solutions</i>	<i>Deadline</i>
Lack of transparency in health care expenditures	Financial disclosure reports from MoH Establishment of funding criteria	Health Institutions, MoH, Auditing Institutions, Kosovo Health Commissioning Agency	Reports and other supportive documents on financial issues are disclosed and open to media scrutiny or other suitable watchdog institutes	December 2003
Lack of medical tools and supplies	Priority funding for the procurement of medical tools and supplies, especially those to be used in emergency rooms, exceptional circumstances and in the event of an outburst of an epidemic. Regulation of necessary reserve supplies in health institutions	MoH, Kosovo Health Commissioning Agency, Health Institutions	Sufficient quantities of medical tools and supplies Adequate responsiveness in the event of emergencies and epidemics. Targets established for necessary reserves and are in place	December 2003 Regulation – Mid 2004
Poor monetary remuneration for health workers	Change existing concept for health workers by not treating them as ordinary public servants but rather as public servants engaged in an activity that is of special social importance (i.e. campaign to raise prestige of the profession)	MoH, Kosovo Health Commissioning Agency, Ministry of Public Services, Ministry of Finances, Health Institutions	Increase in the monetary remuneration for health workers in conformity with the possibilities and set criteria	January 2004
Lack of sustainable funding for health	Establishment of conditions for the application of health insurance	MoH, Kosovo Health Commissioning Agency, Ministry of Finance, Health Institutions	Obstacles in health financing are eliminated or diminished Increased supply of services	January 2005

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions / Effects of Implemented Solutions</i>	<i>Deadline</i>
	Establishment of funds for the purpose of financing health services from different sources (to include participation and private insurance)		Health care requirements are met	
Funds not adequately managed	Training in financial management skills – targeting managers	MoH, Kosovo Health Commissioning Agency, Ministry of Finance, Health Institutions	Accurate plans, reports and financial documents Audit results show no objections	January 2004

**Health Law of Kosovo
and Recommendations for the Amendment of the Kosovo Law on Health**

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
Lack of legal basis for activities in the field of health	Review of existing legislation (Regulations and Administrative Directions) Promulgation (drafting, approval) of a Law on Health	MoH, Assembly of Kosova, Health Institutions, NGOs	Law on Health is in place and applied	December 2003
Lack of knowledge on the right of the citizens to health care (services)	Monitoring the implementation of legal provisions and active participation of civil society and professionals (through Ethics Committees or such) Drafting a regulation on 'The monitoring of the implementation of consumer rights.'	MoH, Assembly of Kosovo, Health Institutions, NGOs,	Regulations, monitoring reports, disclosure of reports, and public hearings are in place	January 2004
Incorrect definition of health care solely as an exclusive responsibility of the state	Health care should also be defined in terms of: <ul style="list-style-type: none"> • <i>Individual responsibility</i> • <i>Economic activity</i> 	Assembly of Kosovo, Government (Ministry of Health)	Prescribed by law	Before the law is approved

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
Extensive number of principles upon which health care is built	<p>Sufficient principles:</p> <ol style="list-style-type: none"> 1. All-inclusiveness 2. Equality 3. Easy access 4. <i>Unconditional access</i> <ol style="list-style-type: none"> a. <i>Unconditional: Primary Health Care Institutions</i> b. <i>Conditional: Secondary and Tertiary Health Care Institutions</i> 	Assembly of Kosovo, Government (Ministry of Health)	Prescribed by law	Before the law is approved
Poor definition of Primary Health Care. (Inclusion of primary rehabilitation and mental health at this level is not based on the realm of <i>financial and human resources</i>)	<p>Primary Health Care should encompass:</p> <ol style="list-style-type: none"> 1. <i>Family medicine (General practice)</i> 2. <i>Health Care for women and children</i> 3. <i>Health Care for Students</i> 4. <i>Oral health</i> 	Assembly of Kosovo, Government (Ministry of Health)	Prescribed by law	Before the law is approved

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
Incomplete respect of human rights and freedoms in the Kosovo Law on Health	<p>1. <i>Providing the citizen with:</i></p> <ul style="list-style-type: none"> • A right to services • Common standards on service level agreement on health care provision 	Assembly of Kosovo, Government (Ministry of Health)	Prescribed by law	Before the law is approved
General Health Council by definition and structure cannot achieve set objectives	<ul style="list-style-type: none"> • The Council should be an independent body, established by the Medical School at the University of Prishtina and the Association of Medical Doctors, and not by the Ministry. • The structure of the Council should be suitable for the achievement of objectives: registration and licensing, standardization of procedures; and not merely provide formal representation of health care workers 	Assembly of Kosovo, Government (Ministry of Health)	Prescribed by law	Before the law is approved
Existence of ambiguous terminology, syntax and spelling errors	<p>Intentions to use foreign terminology should not damage the content of the law.</p> <p>Text requires language editing.</p>	Working Group	Prescribed by law	Before the law is approved

Ethics Issues

<i>Problem identified by ECMIKOS</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
Lack of socio-ethical structures for professionals at all levels	Establishment and operation of Ethics Committees (or Commissions) within all medical professions and patient (consumer) protection bodies within civil society	MoH, Medical Associations, Health Institutions, NGOs, Ombudsperson	Protection and advancement of patient rights and protection of medical professionals (decreased number of written complaints or instigation of prosecution). Posting of excerpts from documents on patient rights (to include financial aspects) in health institution facilities, which inform patients of their rights and how to act in the event of violations	December 2004
Lack of accountability and poor delegation of responsibility	Adoption of documents regulating tasks and responsibilities in the line of work (including hierarchy). Clearer Terms of Reference and job descriptions	Health institutions, MoH	Decrease in consumer complaints on inadequate treatment Institutions enact regulatory codes and documents Official notices documenting responsibilities are posted visibly in institutions	December 2003/2004
Lack of consumer satisfaction with health services	Continued monitoring of consumer satisfaction with health care Regulations on monitoring within MoH and other health institutions	MoH, Health Institutions, NGOs	Improvement in Ministry's understanding of what patients and citizens see as satisfactory care. Gaining an overall better understanding of customer complaints and satisfaction	December 2003

Public Health Issues

<i>Problem identified by ECMIKOS and citizens</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
Lack of adequate immunization coverage in some regions	Increased immunization coverage through additional activities of social mobilization and priority funding for services and individuals providing these services	MoH, NPHIK, KHCA, Health Institutions	Increased inclusion, collective immunity testing	December 2004
Lack of certain vaccination campaigns	Introduction of "new" vaccines to the immunization chart (starting with Hepatitis "B") Raising of funds for the purchase of vaccines	MoH, NPHIK, KHCA, Health Institutions	Population immunization with these vaccines – promoting a regular vaccine regime	December 2004
High rate of communicable diseases	Efficient monitoring of communicable diseases regulated by law or special sub-legal codes	MoH, NPHIK, Health Institutions	Decrease in morbidity, lethality and costs of treatment for communicable diseases	December 2004
Food products of suspicious origin	Regulations (legal or sub-legal) on consumer security Application of Regulations on Product Condition and Regularity Control	MoH, Ministry of Agriculture, Sanitary, Veterinary and Agricultural Inspection, NPHIK	Decrease in morbidity, lethality and costs of treatment for communicable diseases as a consequence of food poisoning (to include water)	December 2004

<i>Problem identified by ECMIKOS and citizens</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
	<p>Strict sanitary control</p> <p>Application of legal sanctions</p>			
Low level of information on healthy lifestyle choices among the population	<p>Introduction of Health Education at all levels of health care.</p> <p>Definition of labour division across different levels of health care provision</p> <p>Priority funding</p> <p>Training and qualifying a greater number of workers to be included in this field</p>	NPHIK, MoH, Health Institutions, NGOs, schools	<p>Incorporation of Health Education in school curricula and job descriptions of health workers.</p> <p>A rise in popular awareness of disease contraction</p> <p>Reduction in health damaging behaviour and habits</p> <p>Decrease in morbidity caused by certain diseases</p>	December 2004
Lack of <u>special programmes</u> on environmental protection, chronic mass disease prevention (diabetes, malignant tumors), health care for special population categories (mother & child, persons with special needs, marginalized groups)	<p>Preparation of special programmes for these categories based on Law</p> <p>Financial possibilities and programme accomplishment monitoring</p> <p>Programme evaluation</p>	MoH, NPHIK, Health Institutions, NGOs, schools, work environment, transportation means	<p>Monitoring and evaluation reports and programmes are in place</p> <p>Decrease in the level of negative indicators</p> <p>Group satisfaction</p>	December 2004

	Priority funding			
<i>Problem identified by ECMIKOS and citizens</i>	<i>Solution proposed by ECMIKOS</i>	<i>Individual or institution with mandate to solve/implement</i>	<i>Indicators for an evaluation of proposed solutions</i>	<i>Deadline</i>
Lack of mass prophylactic measures [DDD, fluorination, salt iodination (strengthening), screening, systematic and proper visits, ionization radiation control, environment pollution]	Enactment of Regulations (legal and sub-legal) regulating this field priority funding Monitoring and evaluation of results Undertaking adequate measures for the accomplishment of tasks	MoH, NPHIK, Health Institutions, NGOs, schools, work environment, Working Organizations	Monitoring and evaluation reports and programmes are in place. Decrease in the level of negative indicators that can be tracked.	December 2004

VI. Appendix

A. Programme

The meeting started with introductory remarks by ECMI Kosovo Director Mr Robert Curis, setting out the main objectives of the meeting and outlining the programme for the day. Each session was then introduced by a short presentation from an expert from the Expert Group of Health and Social Welfare and a public official. A round of questions and debate followed moderated by the representative from the Expert Group on Health and Social Welfare.

14th Meeting of the Standing Technical Working Group - 17 July 2003

Hour	Session
0900-0915	<i>Participant Registration and Coffee</i>
0915- 0930	Introductory Remarks Robert Curis, ECMI Regional Representative
0930-1100	<i>First Session: A Snapshot: The University of Pristina Health Center</i> <i>Chair: Prof. Adem Limani M.D., Co-Chair of Health and Social Welfare Expert Group</i> <ul style="list-style-type: none"> • <i>Salih Ahmeti M.D., Director, University of Pristina Health Center</i> • <i>Shereen Zakauddin M.D., Visiting Physician, University of Pristina Health Center</i> • <i>ECMI Recommendations</i> • <i>Discussion and Debate</i>
1100-1230	<i>Second Session: Public Health in Kosovo: Today and Tomorrow</i> <i>Chair: Izet Sadiku, M.D., Co-Chair of Health and Social Welfare Expert Group</i> <ul style="list-style-type: none"> • Ilir Begolli, Public Health Specialist • Prof. Jusuf Dedushaj M.D., Director of Institute of Public Health • Prof. Muharrem Bajrami M.D., Director of Infectious Diseases Unit • <i>ECMI Recommendations</i> • <i>Discussion and Debate</i>
1230-1300	<i>Coffee Break</i>
1300-1430	<i>Third Session: To be or not to be: Kosovo's Health Law</i> <i>Chair: Luan Jaha M.D., Co-Chair of Health and Social Welfare Expert Group</i> <ul style="list-style-type: none"> • Besnike Bujari, J.D., Legal Officer, Ministry of Health • <i>ECMI Recommendations</i> • <i>Discussion and Debate</i>

B. Participants

Local Decision Makers

Salih Ahmeti, Director of Prishtina University Hospital

Ferid Agani, Advisor Ministry of Health, Head of Kosovo Health Law Working Group

Ilir Begolli, Institute for Public Health, Public Health Specialist

Muharrem Berisha, Director of Infectious Diseases Clinic

Isamjl Blakaj, Ministry of Health, Office for Physical Rehabilitation

Besnike Bujari, UNMIK- J.D., Legal Officer, Ministry of Health

Fatime Cosja, Advisor, Ministry of Health

Jusuf Dedushaj, Director of Institute for Public Health

Pleurat Sejdiu, De-Facto Permanent Secretary of the Ministry of Health

Guests

Monica Andersson, UNMIK District Health Officer, Prizren

Zoran Bratic, Head of the Department of Health & SW, United Nations Northern Mitrovica Office

Ilija Elizovic, Head of Health Sector, United Nations Northern Mitrovica Office

Iliriana Gashi, CIDA National Programme Officer

Shemsije Gashi-Dermaku, American Refugee Committee Kosovo Health Agent

Lubisha Jakcic, Head of SW Sector, United Nations Northern Mitrovica Office

Lulzim Maloku, Medical Outreach Officer, UMCOR – Kosovo

Wim Marchand, European Union Monitor Mission, Pristina Region

Matthias Reinicke, Task Manager for Health, European Agency for Reconstruction

Sergey Shevtchenko, M.D., International Dir., Department of Health and SW United Nations Northern Mitrovica Office

Alan Talens, MD, MPH, Director, International Aid, Kosovo

Frank Welna, German Mission, Repatriation Officer

Shereen Zakauddin, visiting doctor University Hospital Pristina

C. 2003 Membership of ECMI's Standing Technical Working Group

Name	Place of work	Position
Ilir Sadiku	Kosova Trust Agency (KTA)	Privatization officer
Besnik Osmani	Ministry of Economy and Finance, Central Fiscal Authority	Director of Common Services
Fedzat Sagdati	OSCE Prizren	Human Rights Promotion and Training Officer
Ymer Shatri	HandiKOS, NGO	Financial manager
Myrvete Pantina	University of Prishtina, Faculty of Economy	Assistant Professor in Macro-economy
Diamant Kastrati	OSCE Peja	Human Rights Promotion and Training Officer
Ruzhdi Hamza	Central Fiscal Authority, Kosovo Customs Officer	PDK Representative
Adrian Jashari	Ministry of Finance and Economy, and EDA- NGO	Programme Manager (Consultant) for Treasury Ledger Programme, Management Consultant at EDA
Sebahate Grajqevci	AAK	Member of Assembly
Boban Nacic	Local Community Office Lipjan	Head of the Office
Mujo Dacic	Bosniac representative	
Fahredin Tahiri	Bosniac representative	
Senad Adrovic	Bosniac representative	
Hysni Bajrami	Ministry of Public Services Department of Local Administration	Director
Nexhmedin Sejdiu	Trupat mbrojtese te Kosoves (TMK)	Political Advisor
Gjyljeta Mushkolaj	Kosovar Institution for the rights of the NGO's (IKDO), University of Prishtina	Director of the Institute University teacher-Law Faculty
Dragan Velic	Serb National Council	
Mehmed Ceman	Municipal Assembly Istog	Coordinator for translation Albanian/bosniak /Serbian language
Suzana Arni	Fondacioni Kosovar per Shoqeri Civile	Director of the programme and coordinator for

		minority project – NGO capacity building
Ibrahim Makolli	KMDLNJ	Director of the Human Rights Center
Bekim Sejdiu	University of Prishtina, Law Faculty	Master of Arts for Democracy and Human Rights, Assistant at the Law Faculty in Prishtina
Enver Hasani	University of Prishtina, Law Faculty	
Ali Bajgora	Professional Center of Human Rights and legal initiative, Kosovo's Police Academy	Doctor of the law sciences Executive Director, Lecturer at the Police Academy
Blerim Buriani	Ministry of Labor and Social Welfare	Ministry's Political Advisor
Xhangyle Iljazi	Kosovo Trust Agency KTA Gjilan region	Privatization Officer
Sevdie Ahmeti	NGO-Center for the Defense of Children and Women	Executive Director
Remzie Istefi	OSCE Prishtina	LLM Legium Magister – International Human Rights Law – Human Rights Trainer
Skender Kandic	Center for mental health	Director of the Center
Adrian Zeqiri	OSCE Gjilan	National Democratization Officer
Nazmi Mustafai	Ministry of Education Science and Technology – Law Department	Jurist
Petar Jeknic		Journalist
Teuta Beselica	UNHCR Office of the Chief of Mission	Programme Assistant and Manager of the Lead Agency Programmes throughout Kosova
Laura Kryeziu	American Albanian National Council, Hope Fellowship Programme	Country Coordinator
Haxhi Thaci	OSCE Peja	Human Rights Officer, Head of Promotion and Training Section
Shendije Geci	OSCE Gjilan	Human Rights Officer, Head of Promotion and Training Section
Enesa Kadic	Ministry of Education	Head of Devision for

	Science and Technology	Communities and Gender
Radica Berishaj	Ministry of Education Science and Technology	Division for Vocational Education and Life Long Learning
Bogoljub Staletovic	Ministry of Education Science and Technology	Finance
Dragoslava Maculja	Ministry of Education Science and Technology	Clerk for special education and curriculum
Dusica Cirkovic	KEK	Accountant
Milijana Staletovic	Health Clinic-Gracanica	Nurse
Halit Ferizi	HandiKOS	Head of the organization, member of the election working group by OSCE
Izet Sadiku	University Clinical Center of Kosova, LDK general Council	Member of the municipal assembly
Fahri Beqa	Youth Center – Shtime PDK	Coordinator of the Center and the member of the leading council of the Democratic Youth of Kosova,
Adem Limani	University Clinical Center of Kosova,	Doctor specialist, professor at the Medical Faculty, member of the national council of the AAK
Bersant Disha	Kosova Initiative for Democratic Society	Programme Portfolio Manager
Luan Jaha	University Clinical Center of Kosova, Kosovar Center for Human Rights-Peja	Doctor of Medicine, head of the Council for Human Rights
Avdullah Qafani	Regional Hospital Gjakova	Doctor
Idriz Mumci	Main Health Center	Pneumophtziologist , Member of the municipal Assembly
Naim Korca	HandiKOS	Organizational Development Adviser
Lindita Ajazaj	University Clinical Center of Kosova,	Doctor at the Infectious Clinic
Azijada Jamini	Main Health Clinic of General Practice	Specialist of the general practice
Valon Murati	Logo – KIDS, and Agency for Management and Marketing	Economist, Management of the AMM,
Gani Toska	Directorate for inter-ethnic relation Gorazhdec	Head of the Citizens Roma Initiative of Kosova
Fakir Spahiu	Political Party AAK	Head of the Alliance of the

		Youth of Kosova
Abdullah Bektashi	Turkish NGO “Gunes”	Linguist
Alberta Troni	University of Prishtina, Faculty of Arts	Pianist – Assistant at the Faculty of Arts
Mevludin Krasniqi	PDK	Member of the coordinating council of the PDK, vice president of the Democratic Youth of Kosova
Serafetin Omer	Prime ministers office for public information	Publication Office
Arbnor Pula	FID-Forum for Democratic Initiatives	Executive Director
Nazmi Halimi	Students Center of Kosova , Party member PSHDK	Director of the Students Center, vice president of the PSHDK-se
Gafurr Podvorica	PLK Party, and Social enterprise “Staklopan”	Director of the enterprise
Veton Berisha	NGO “Rrjeta Rinore Piramida’	NGO Coordinator
Fisnik Halimi	Kosova Action for Civic Initiatives	Deputy executive director
Mejreme Berisha	Shkolla e mesme Xhevdet Doda, AAK	Member of the Alliance for the future of Kosova
Vedat Bajrami	Ministry of Education Science and Technology	Dialectologists
Salie Gajtani	Koha Ditore,	Journalist
Besim Zeqiri	Kosova Trust Agency (KTA)	Privatization Officer