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### **Health care in Kosovo**

*“The reason I came out dissatisfied with my last treatment is because I was not diagnosed on time, and I had to wait two weeks in order to understand what was wrong with me. During this time, I became worse. Had I been diagnosed in a timely manner, I would not have suffered as much.”<sup>1</sup> (Patient’s opinion).*

Security is usually defined as the condition of being protected from, or not exposed to, some danger or threat. Yet, life in Kosovo is a hard one. Apart of living with fear of losing jobs, or hardship in getting one, fear of political instability, ethnic tensions, fear from permanent poverty, lack of educational opportunity, and lack of and poor medical services, what makes Kosovars life even harder is, lack of strategic thinking and planning for long term periods, and how to overcome such obstacles.

Human security includes freedom from want and freedom from fear. This means the absence of hunger and illness as well as of violence and war. Human security places the individual rather than the state at the center of security considerations.<sup>2</sup> Seventeen years after the conflict in Kosovo, these fears are vivid and people never felt more insecure.

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1 Uka, F., & Balidemaj, F. (2013, November). Action Paper on Healthcare in Kosovo. Retrieved from [http://www.ks.undp.org/content/dam/kosovo/docs/publicpulse/DokumentiPerVeprim\\_Anglisht.pdf](http://www.ks.undp.org/content/dam/kosovo/docs/publicpulse/DokumentiPerVeprim_Anglisht.pdf)

2 More on Human Security and Health. Retrieved from <http://www.globalhealthurope.org/index.php/resources/glossary/54-more-pages/97-more-on-human-security-and-health>

### **The Healthcare system prior to the 1990s conflict**

Kosovo had inherited a large, and centralized healthcare system from socialist Yugoslavia; it was a doctor, hospital - and treatment-oriented system (the Semashko system).<sup>3</sup> This system was known for having many shortages such as poor education of health workers, low salaries with no incentives, and there were deficiencies in several health departments. Yet, after the conflict, the healthcare system had worsened, suffering from years of economic and political turmoil. Over 90% of central and municipal clinics and health institutions were damaged during the conflict, while almost all private clinics of Albanian doctors were destroyed. In addition, general collapse of the public-service infrastructure such as lack of water and power, have deeply affected the health sector (Buwa & Vuori, 2006). During the 1990s, more than 50 percent of Kosovo Albanians lacked social insurance cards that were needed to access the public health system. To respond to this need, Albanians organized a parallel primary healthcare system. This system, was organized around an association known as 'Mother Theresa', which established 96 clinics throughout Kosovo, many in remote areas. Its healthcare workers volunteered their services, with financing for supplies and medicines provided by a parallel tax system. Many Albanian health professionals also established private healthcare facilities, including clinics and laboratories, during this period (Valerie Percival and Egbert Sondorp 2010).

### **After the 1999 armed conflict**

After the war, the parallel Mother Theresa Network Association was deteriorated, since Albanian doctors moved back into state health facilities.

Seventeen years after the conflict, Kosovo is confronted with multiple economic challenges. The youth unemployment rate is 55.3%, while Kosovo consists of the youngest population in Europe (Roman Mužik and Arta Uka, 2014).

Lack of employment opportunities generates a situation in which many Kosovar residents live in extreme poverty, defined as less than € 1.42/day, and in extreme poverty, defined as € 0.92/day.<sup>4</sup> According to the 2014 World Bank analysis, life expectancy at birth in Kosovo is 70.2 years, which is ten years lower than the European Union (EU) average of

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<sup>3</sup> In Central and Eastern Europe health care was provided and strictly controlled by central governments. Referred to as the Semashko model of health care delivery it provided citizens little or no choice when seeking health services. Named after Nikolai Semashko, Russia's Commissar of Public Health in the early 20th century, it is characterized by invariant regulations operated through ministries of health.

Kulesher, R., & Forrestal, E. (2014, May 27). International models of health systems financing. Retrieved from <https://www.ecu.edu/cs-dhs/ah/upload/Kulesher-Forrestal-2014-International-Models-of-Health-Systems-Financing.pdf>

80.2 years.<sup>5</sup> The data are alike those of the Statistical Agency of Kosovo produced in 2013 (See Table 1).

Table 1. Life expectancy at birth

Life expectancy at birth, total	2011 est.	69.0	years
Life expectancy at birth, male population	2011 est.	67.0	years
Life expectancy at birth, female population	2011 est.	71.0	years

Source: World stat info, Kosovo Agency of Statistics

The healthcare system in Kosovo, as elsewhere in Eastern Europe, was mainly based on the Semashko's model of healthcare delivery. The central government functioned as the purchaser as well as the provider of health care services, which is still the present model in Kosovo. The inheritance of a what was called, socialist healthcare system and infrastructure, was largely mistreated in the 1990s and then disrupted and damaged by the 1999 conflict, where health services in Kosovo were heavily affected.<sup>6</sup>

## Legal framework

Kosovo Health Law No.2004/4 was adopted by the Assembly of Kosovo, pursuant to the authority given to the Provisional Institutions of Self Government in Kosovo by the Interim Administration of the United Nations Mission in Kosovo (UNMIK) with UNMIK Regulation Nr. 2001/9 dated 15 May 2001.<sup>7</sup> An Annex VI of UNMIK Regulation Nr. 2002/5 on the Establishment of the Ministry of Health, Based on the Health Policy of Kosovo from February 2001 aimed at establishing legal grounds for the regulation, advancement and the improvement of the provision of health care for the citizens of Kosovo.<sup>8</sup> Healthcare reform is an ongoing process since the end of the conflict in 1999, and has been discussed for a long time now. Year 2015 still marks serious problems in the healthcare

4 Muzik, R., & Uka, A. (2014, November 14). Kosovo: Brief health system review. Retrieved from <http://www.hpi.sk/en/2013/11/kosovo-brief-health-system-review/>

5 Bank, W. (2014, May 13). World Bank Supports Health Reforms in Kosovo. Retrieved from <http://www.worldbank.org/en/news/press-release/2014/05/13/world-bank-health-reforms-kosovo>

6 Muzik, R., & Uka, A. (2014, November 14). Kosovo: Brief health system review. Retrieved from <http://www.hpi.sk/en/2013/11/kosovo-brief-health-system-review/>

7 Of Kosovo, A. (2004, February 19). KOSOVO HEALTH LAW. Retrieved from [http://www.unmikonline.org/regulations/2004/re2004\\_31ale04\\_04.pdf](http://www.unmikonline.org/regulations/2004/re2004_31ale04_04.pdf)

8 Ibid

sector, and ongoing efforts on healthcare reform and healthcare insurance law implementation.

The Ministry of Health operates under the Kosovo Government in accordance with its Constitution and applicable laws.<sup>9</sup> The Ministry of Health is responsible, among others, for policy drafting, implementation of laws and to promote non-discrimination approach towards its citizens, thus sets norms and standards respecting relevant international health standards.<sup>10</sup>

### Structure of the healthcare system

The Kosovo Ministry of Health (MoH) was established in February 2002 with its National Institute of Public Health. Its responsibility include but is not limited to policy development, strategic planning, licensing, quality assurance, and budgeting. Its primary role is to monitor, supervise and support both the hospitals and primary health care.

The structure of the Health care system in Kosovo and its activity is subject to professional and legal supervision provided by the Ministry of Health.

*Emergency care is an activity financed to provide emergency services in Kosovo, thus are regulated by Law No. 02/L-50. Its financing is defined by the Kosovo Law on Health under a separate budgetary line.*<sup>11</sup>

*Primary care is provided by health professional who diagnose the symptoms provide and curative care. At the same time they serve as gatekeepers to secondary healthcare. It should be estimated that no more than 10,000 individuals are covered.*<sup>12</sup>

*Secondary care is a system where patients receive specialist care and hospitalization upon transfer from primary care centers. Specialists should not be working in family medicine but are hospital based. Six hospitals at six major cities provide secondary care, and tertiary care is provided at the University Hospital in Pristina*<sup>13</sup>

### Trouble with finances

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<sup>9</sup> Government e-Portal. Archived from the original on 9 February 2014. Retrieved 28 February 2014.

<sup>10</sup>“Health care Principals”. Ministry of Health – Republic of Kosovo. Retrieved 28 February 2014.

<sup>11</sup> Muzik, R., & Uka, A. (2014, November 14). Kosovo: Brief health system review. Retrieved from <http://www.hpi.sk/en/2013/11/kosovo-brief-health-system-review/>

<sup>12</sup> Ibid

<sup>13</sup> Ibid

The main revenue sources of the healthcare system in Kosovo are taxes from the consolidated budget of Kosovo including the direct payments. The budget of the Ministry of Health is subject to budget division that takes place in the government every year, hence, the ministry of Health has to share the budget with other ministries. The biggest amount of public revenues is used to finance health expenditures at the central level, and only 24% is used to finance municipality levels.<sup>14</sup>

The state plays the role of the purchaser and the provider at the same time in Kosovo. Since the end of the conflict, a small amount of revenues in Kosovo comes from international organizations such as WHO, the World Bank, ILO etc., which are actively engaged in supporting human and capital capacities in Kosovo.<sup>15</sup>

Lack of equal access to health care services and widespread poverty makes the situation worse. High out-of-pocket payments raise many concerns about equality and equity of access to health care services, particularly for the vulnerable groups. Such payments are higher in urban than in rural areas. Households spend approximately the same amount on health care across the income distribution, however the poor are the most harshly hit in terms of share of the overall consumption.<sup>16</sup>

As for the Healthcare Insurance legislature, since 2004 the government has worked on three versions of drafts (2004, 2007 and 2009), and several serious studies have been conducted about the Kosovo Healthcare Insurance Services. Yet, of a particular importance are the prolonged study by the World Bank and the symposium dedicated to the financing modalities of the healthcare sector which is due to be organized by the Centre for Research within the American University of Kosovo.<sup>17</sup>

## Corruption

According to the Transparency International Global Corruption Barometer 2007, 67% of respondents in Kosovo paid bribes to obtain services (not just health services). On the Corruption Perception Index (CPI), Kosovo ranks 105 out of 176 countries (least corrupt is 1 out of 176). It is embedded in the mindset of Kosovars that without bribing a doctor or a nurse in the state hospital, there is no service and care to be provide for their beloved ones. Corruption in *healthcare* is harmful due to many reasons: 1. It can have catastrophic effects on low income families by pushing them further into poverty. 2. Such payments are made directly to health care workers, do not contribute to improving

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14 Muzik, R., & Uka, A. (2014, November 14). Kosovo: Brief health system review. Retrieved from <http://www.hpi.sk/en/2013/11/kosovo-brief-health-system-review/>

15 Ibid

16 Ibid

17 Mustafa, M. S., & Demiri, F. (2015, August). Why there is No Health Insurance in the Republic of Kosovo? Retrieved from <https://goo.gl/Rax70o>

health care infrastructure, and therefore are not recorded. Consequently, taxes are not collected, which in turn could be used for the healthcare system itself.<sup>18</sup>

At lower levels, corruption has often been encountered in the form of favoritism and small bribery. Similar to other places in the region, this situation in the health sector is especially alarming, and it extends to education, rule of law institutions and public administration (Civil Society against corruption, 2010).

Nonetheless, reports show that corruption is more widespread in the situations where citizens face difficulties in gaining access to basic health services, without using connections or paying bribes. Kosovars blamed the hospitals, for most corruption in the society (Chicago-Kent College of Law, 2006). Only 15% of respondents had health insurance, and 84% reported not having it. In a survey conducted by the USAID in 2013, it was noted that this implies their healthcare costs have to be provided from outside sources, including assistance from family, relatives or friends.<sup>19</sup> A large number of Kosovars seek services outside Kosovo, either in neighboring Macedonia, Albania and Serbia or in Western Europe.

## Conclusion

In terms of **Policy Choices**, careful analysis of policies and programs ought to be selected as an effort for healthcare reform.

In terms of **Policy Outcomes**, an impact of factors on the implementation of the healthcare reform effort must be examined, and the key successes and failures should be listed. From a strategy point of view, did healthcare reform achieve its objectives?

The Kosovo healthcare reform program was initially praised as a success story given the evidence-based, organized, and in terms of the policy generation process, however, as with most strategies in Kosovo, the implementation of these reforms was more problematic.<sup>20</sup>

As with every successful process, there needs to be a bottom-up approach. The healthcare reforms in Kosovo must take into considerations the views of stakeholders. Since the end of the conflict, and given the fact that Kosovo remains the poorest country in Europe, the reform program was clearly driven by the World Health

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18 Muzik, R., & Uka, A. (2014, November 14). Kosovo: Brief health system review. Retrieved from <http://www.hpi.sk/en/2013/11/kosovo-brief-health-system-review/>

19 Uka, F., & Balidemaj, F. (2013, November). Action Paper on Healthcare in Kosovo. Retrieved from [http://www.ks.undp.org/content/dam/kosovo/docs/publicpulse/DokumentiPerVeprim\\_Anglisht.pdf](http://www.ks.undp.org/content/dam/kosovo/docs/publicpulse/DokumentiPerVeprim_Anglisht.pdf)

20 Percival, V., & Sondorp, E. (2010, April). A case study of health sector reform in Kosovo. Retrieved from <http://www.conflictandhealth.com/content/4/1/7>

Organization and donors such as the World Bank. While an effort was made to consult with Albanian health professionals, stakeholders believed that they were being 'sold' the healthcare program, rather than having input into the design of the reform measures (Percival and [Sondorp](#), 2010).

Government capacity was not enhanced by the activities of donors. Donors had short time horizons and dispersed most of their programming funds since the end of the conflict in 1999. While this ensured that immediate humanitarian needs were met, it undermined efforts to achieve longer-term development goals (Percival and [Sondorp](#), 2010). It is the Kosovars that need to strengthen their capacities, make firm efforts in designing an implementable strategy in conformity with citizen's needs and demands.

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