2017-2021

HEALTH SECTOR STRATEGY

Republika e Kosovës
Republika Kosova-Republic of Kosovo
Qeveria –Vlada-Government

Ministra e Shëndetësisë

Ministarstvo Zdravstva

Ministry of Health

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SPEECH OF THE MINISTER

Health Sector Strategy 2017-2021 is a key document that sets strategic direction and access to medium-term development of the health system in the Republic of Kosovo.

The purpose of this document is to implement the vision of providing qualitative and safe health services for all citizens of the country.

Demographic characteristics of the population steer the development of the health system towards the preservation and improvement of health of the population, strengthening primary care as the backbone of the health system, with particular emphasis on the promotion of healthy living.

Analysis of the current health system has created the need for developing changes and implementing reforms in the health system, both in terms of reorganization of the current system and the relevant institutions as well as in ensuring financial stability of the system.

Ministry of Health, through the Health Sector Strategy 2017-2021, aims at continuous improvement of health care system which is focused on patients and meeting the demands of patients in general.

This document will also serve as a basis for the development and functioning of reformed health system, which at the same time will increase the satisfaction of patients with medical services provided, increasing the effectiveness and efficiency of the whole health sector and ensuring equal access to services for all citizens of the Republic of Kosovo.

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ABBREVIATIONS

HFA	Health Financing Agency
KMA	Kosovo Medicines Agency
KAS	Kosovo Agency of Statistics
EU	European Union
GDP	Gross Domestic Product
CT	Computerized Tomography
DSRHSK	Demographic Sexual and Reproductive Health Survey in Kosovo
CCHF	Crimean Congo Haemorrhagic Fever
ESPAD	European School Survey Project on Alcohol and Other Drugs
HIF	Health Insurance Fund
HFA-DB	Health for all – Database
NIPHK	National Institute of Public Health of Kosovo
MTEF	Medium Term Expenditure Framework
EC	European Commission
PHC	Primary Health Care
SHC	Secondary Health Care
THC	Tertiary Health Care
GOC	Gynaecology and Obstetrics Clinic
ALOS	Average Length of Stay in Hospital
ABOR	Average Bed Occupancy Rate
MF	Ministry of Finance
MINISTRY	Ministry of Health
NCD	Noncommunicable diseases (chronic non-communicable diseases)
OECD	Organisation for Economic Co-operation and Development
CHP	Chambers of Health Professionals
PSN	Persons with Special Needs
CCNE	Centre for Continuing Nursing Education
UCCK	University Clinical Centre of Kosovo
MFMC	Main Family Medicine Centre
FMC	Family Medicine Centre
CDFMK	Centre for Development of Family Medicine in Kosovo
MR	Magnetic Resonance
SDG	Strategic Development Goals
HUCSK	Hospital and University Clinical Service of Kosovo
CH	City Hospital
GH	General Hospital

STRATEGY	Health Sector Strategy 2017-2021
STEP	Comprehensive survey on the risk factors of noncommunicable diseases
TB	Tuberculosis
UNDP	United Nations Development Programme
CPD	Continuing Professional Development

1. EXECUTIVE SUMMARY

Health Sector Strategy 2017-2021 was developed with the aim of developing a vision and strategic approach within the continuity of reforms through which is passing the health sector. Initiation of the process of reform is intended to improve the quality of services, responding to the requests for health services and efficiency of the delivery of these services, improving of financing while also improving the access to services for vulnerable groups facing various barriers in access to services. The reform that has begun to be implemented is based on increased transparency and accountability of health care providers by establishing new structures and agencies.

Strategy fully reflects the Government's main priorities as follows: The National Plan for Economic Development; Stabilization and Association Agreement (SAA); Good Governance and Strengthening the Rule of Law; Development Human Resources and Social Welfare.

To provide an analytical background for drafting the HSS, the MoH has conducted the following analysis: Analysis of the health status of the population[1], Analysis of the performance of health institutions [2] and Analysis of the opinions of citizens/patients[3] regarding health sector services and knowledge, including knowledge about the reforms that have been launched in this sector. Official data for the preparation of sector analysis were provided by the Kosovo Agency of Statistics (KAS), Ministry of Health and National Institute of Public Health of Kosovo (NIPHK). In order to compare the indicators with the European Union and the European Region counties, data were used from Eurostat, from WHO database 'Health for All-database' (HFA-DB), OECD Health at a Glance: Europe 2012, WHO - Social Determinants of Health, WHO – Health Impact Assessment and WHO - European Health Report 2012.

During the drafting of the document, other relevant documents were also consulted as the Health Sector Strategy 2010-2014, Medium Term Expenditure Framework 2017-2019, the Government Statement of Priorities 2017-2019 and other documents and publications.

Action plan (AP) is an integral part of the HSS and reflects the activities that will be implemented in the three-year period 2017-2019. Priorities presented in AP reflect the strategic directions through which health institutions will develop specific plans for the implementation of the HSS.

Based on the data analysed, it can be concluded that, as a result of the young population in Kosovo, the overall health of the population is considered good, with factors of low risk as regarding the use of alcohol, satisfactory consumption of fruit and physical activity. HIV/AIDS and TB are under control and the immunization rate is quite high and satisfactory. In general, people are satisfied with the services

[1] Analysis of the health status of the population, MoH 2013
[2]Analysis of the performance of health institutions, MoH 2013
[3]Analysis of opinions of citizens/patients, MoH 2013

provided in the network of public health institutions, with sufficient capacity to provide services to the population, although requests for services are increasing.

However, life expectancy is short, partly as a result of unfavourable socioeconomic factors (poverty), but also by environmental factors (higher prevalence of respiratory diseases). Still high rate of diseases related to perinatal conditions is a concern, considering the fact that most women are of childbearing age. Continued promotion and prevention activities are also necessary with regard to smoking, drugs and external causes of death, primarily related to accidents.

Although PHC represents, for most people, the first contact with the health system, skills and possibilities for diagnosis and treatment as well as functions relating to referral and 'preservation of the gate' should be strengthened further.

Resources available for public health services are among the lowest in Europe and the challenge is to provide financial resources and their effective use. Productivity is low, efficiency needs to be improved, especially in regard to the introduction of modern treatment methods such as day care. Capacity utilization is low and the quality of health services should be improved, particularly regarding hospital infections, the use of clinical guidelines and protocols and how to deal with the patient at the centre.

Ministry of Health will focus on setting clear criteria to design and update the essential medicines list. Determination of these criteria is aimed at a list based on data and that reflect the real budget possibilities, with the patient in the spotlight.

It is not possible to provide incentives for improved performance with the budget which is available to health institutions. Therefore, it is important to work towards a simple performance payment system, wherein the performance element is gradually increased. For this reason, it is essential that health institutions be given autonomy so that they can respond to these incentives and make the levelling of regional distribution of resources.

Vulnerable groups, which simultaneously represent mostly large part of the population, have limited access and for them the disease presents a fairly large burden in economic terms.

Also, it can be concluded that in order to improve the governance and management of the health system, the MoH will work towards strengthening and capacity building based on identified needs. Among others, there should be included issues related to strategic management and increase of the professionalism which as a precondition requires comprehensive functioning of integrated system of health information.

Proactive participation in relevant regional and international organizations, including the EU and WHO is considered essential, not only for the creation of health system comparable to other European countries, but also for considering Kosovo as an equal partner among them.

To address the challenges outlined based on the conclusions of the above analysis of the health sector, the MoH has set its vision and mission.

It is important that health reform policies rely on government decisions in order to give the reforms a proper meaning in financial, legal and appropriate time setting aspect. Therefore, lack of prioritization in the health sector in adopting the necessary legal framework and additional financial support for the implementation of the legislation would jeopardize the process of reforms in the health sector.

Health Sector Strategy 2017-2021 will serve as political and professional guidance in development of the health sector that aims to improve the health status of the population and patients' satisfaction with health services in the Republic of Kosovo.

VISION

Qualitative and safe health services for all citizens

MISSION

Maintaining health, promoting healthy ways of living and providing qualitative, secure, easily accessible, equitable, without financial risk and cost-effective services

STRATEGIC OBJECTIVES

The strategy sets out the following strategic objectives:

OBJECTIVE I:

Maintenance and advancement of health

OBJECTIVE II:

Ensuring sustainable financing of healthcare

OBJECTIVE III:

Reorganization of the health sector

3. METHODOLOGY

During the process of drafting the Strategy, qualitative and quantitative methods were used to research the situation in the health sector including the experiences of the implementation of the Sectoral Strategy 2010 - 2014, relevant local and international research documentation in the health sector, as well as analysis of the results, conclusions and recommendations of workshops and meetings with local and international teams and/or managers of health institutions.

In the drafting of the strategy were included MoH, Strategic Planning Office of the Prime Minister's Office, Ministry of Finance, Ministry of European Integration, as well as advisers and local and international experts who have supported the process of drafting the document. During the drafting of the Strategy, numerous decision-making factors were consulted, including local and international professional structures and non-governmental sector.

In order to provide the analytical background on the Strategy, the following researches were used: Analysis of the health status of the population[4], Analysis of the performance of health institutions[5]; and Analysis of the opinions of citizens/patients[6] regarding health sector services and knowledge, including knowledge about the health sector and the reforms that have been launched in this sector. Official data for the preparation of sector analysis were provided by the Kosovo Agency of Statistics (KAS), MoH and NIPHK. In order to compare the indicators with the European Union and the Region counties, data were used from Eurostat, from WHO database "Health for All"; OECD Report "Health at a Glance: Europe 2012", WHO Report – Social Determinants of Health, WHO Report – Health Impact Assessment; World Bank Report (WB) on Management of Public Finances; UNDP Report on Perception of Citizens on Healthcare Services and Experiences of Corruption in Healthcare[7]; Research of the Swiss organisation "Solidair" on Health Insurance"[8] and WHO - European Health Report 2012.

During the drafting of the Strategy, other relevant documents were also consulted as the Health Sector Strategy 2010-2014, Medium Term Expenditure Framework 2017-2019, the Government Statement of Priorities 2017-2019 as well as the Stabilisation and Association Agreement signed with the European Union.

After analysing the available data, conclusions were drawn based on which were identified priority strategic objectives that define the orientation of the development of the health sector reform for the period 2017-2021.

The Action Plan is part of the strategy and reflects the activities that will be implemented in the period 2017-2019 with the opportunity to review it after each year based on new priorities in order to serve in

[4]Analysis of the health status of the population, MoH 2013
[5]Analysis of the performance of health institutions, MoH 2013
[6]Analysis of opinions of citizens, MoH 2013
[7]Report on the perception of citizens about corruption in health services and health care, UNDP 2013
[8]Research on health insurance; Swiss Organisation "Solidair", 2012.

drafting and review of the Medium-Term Expenditure Framework. Priorities set out in AP reflect the activities through which health institutions will develop specific plans for the implementation of the HSS. MoH will use AP as a tool for monitoring the implementation of the HSS and as a means of information about the achievement of strategic objectives. AP will be updated on an annual basis.

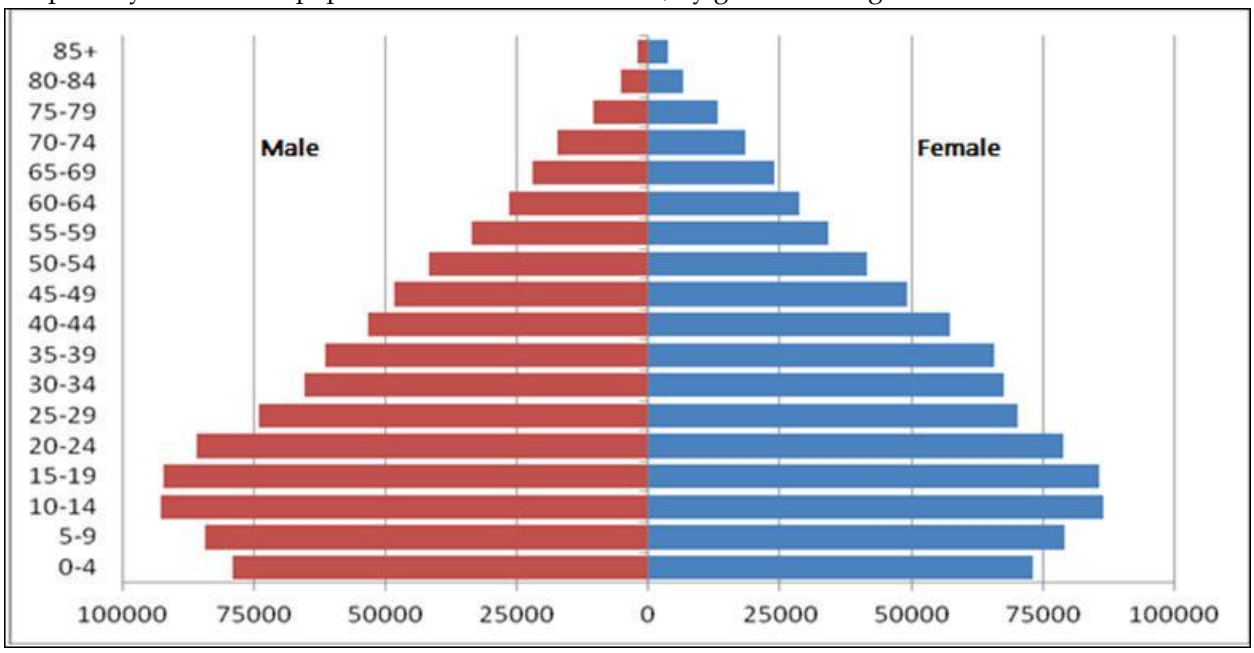
4. BACKGROUND

An accurate picture of the health profile of Kosovo is still not possible to be presented, due to limitations on the scope and accuracy of the data. Due to political problems, a part of the health information system (HIS) remains un-integrated in municipalities inhabited by non-majority community which means that a part of medical data was not reported to the Republic of Kosovo institutions. In addition, the lack of reporting of data is evident from private health institutions. The health information system is not yet fully operational and therefore, all results from the analysis of the data should be treated with caution.

4.1. Demographic Characteristics and Vital Statistics of the Population

The Republic of Kosovo has an area of 10,908 km² and 1,804,944 inhabitants, the total number of population was added an estimated number of 40,196 people from northern municipalities who were not included in the 2011 census. Population density is 162.41 inhabitants per km² (31 December 2015). Of the total population, 28% are under age 15 and half of the population are aged younger than 28.2 years. The average age of the population is 30.2 years. Percentage of population living in rural areas in 2011 was 61. 7%, while the percentage of population living in urban areas in 2011 was 38.3% (2011).

Graph 1: Pyramid of the population as of 31 March 2011, by gender and age



* Source: Population census data and population estimates by age group and gender (Statistics Agency of Kosovo)

The average life expectancy in Kosovo in 2011 was estimated to be 76.7 years, for males 74.1 years and for females 79.4 years[9].

However, values of life expectancy for 2011, based on the calculation of life expectancy table mentioned, differ from the data of the World Bank. The reason is that the World Bank had estimated that there is an under-registration of deaths in Kosovo.

4.1.1. Birth Rate

Kosovo Agency of Statistics (KAS) has published Statistics of Births in Kosovo 2015[10]. These data show that 24, 716 are births which took place in Kosovo, from them live births are 24,594, and 122 were stillbirths. While registered births occurred outside Kosovo were 6,717 and of them 6,715 live births and 2 stillbirths. Vital coefficient is 2.9 (total ratio between live births and deaths). Coefficient of masculinity is 110.1. Coefficient of stillbirths – foetal deaths per 1000 births was 4.9 ‰. In medical institutions occurred 99.8% of births, while the rest occurred elsewhere. The largest number of mothers who gave birth are in the age group of 25-29 with 35.0%, the age group of 30-34 with 24.5%, age group 20-24 with 23.4% and other age groups constitute 17.0% of the total number of births.

The average age of women who gave birth in 2015 was 28.2 years. 37.3% of mothers gave birth to the first child, 32.8% of mothers gave birth to the second child, 19.3% of mothers gave birth to the third child. According to the weight of a child born in medical institutions, the biggest number of infants is with weight 3,000-3,499 gr. or 37.6%; 3,500-3,999 gr., or 30.7%; 2,500-2,999 gr. or 13.3%, etc. Live born infants weighing less than 1000 gr. make up only 0.2%.

Kosovo is characterized with higher medium degree average birth rate. The average ratio for the period 2006-2011 of the birth rate was 17.9 ‰, with an average annual increase of 0.5 ‰. This value was 16.3 ‰ in 2006 and 19.8 ‰ in 2011. Number of births in 2015 was 24,594 (births occurred only in Kosovo).

[9]Statistical Yearbook of the Republic of Kosovo 2016, Statistical Agency of Kosovo, Prishtina 2016

[10]The data in this publication are presented on the basis of administrative data collection from civil status offices. They collected a total of 31,433 births statistical sheets DEM-1.

4.1.2. Mortality Rate

Analysis of the health status of the population shows that the number of deaths in Kosovo in 2011, has been 7,510[11], which means 421.9 deaths per 100,000 inhabitants. In comparison with European countries, this number is very low where it is 813 deaths per 100,000 inhabitants, from the 2010 data[12].

Although mortality rate from all causes has continued to decline in the European Region, the rate of mortality in Kosovo for 2006-2011 showed a slight growth trend whereas in 2014 from data reported by KAS was 4.4 ‰. The mortality rate was higher among males (57.6%) than females (42.4%). Data analysis of the causes of death during the years 2006-2011, showed that diseases of the circulatory system were the leading cause of death. Malignant diseases represent the second cause of mortality that also marked a growth trend. The third cause of death has changed among; thus, in 2006 and 2007, certain conditions of perinatal period have been the most common diseases that have resulted in death. While respiratory system diseases ranked as the fourth cause of death in most of the years analysed.

The rate of perinatal mortality for 2015 was 12.13 ‰ (for new-borns weighing ≥ 500 g or ≥ 22 weeks of gestation) showing thus a significant decrease compared to 2000, where perinatal mortality rate was 29.1 ‰, in 2012 it was 17.34 ‰, in 2013 it was 16.26 ‰, in 2014 it was 11.99 ‰.

Prematurity remains the most frequent cause of early neonatal deaths with 56%, followed by congenital abnormalities with 15% and asphyxia with 13% whereas infections are responsible for 7% of early neonatal deaths.[13]

Regarding the maternal mortality, based on data from the Perinatal Report 2015, from health institutions was reported a total of 65 deaths from 2000 to 2015.

7 Analysis of the health status of the population, December 2013
[12]OECD
[13]Perinatal Report, MoH

Year	Number of births reported	Number of maternal deaths reported	Maternal mortality rate (per 100,000)
2000	39,091	9	23
2001	39,578	5	12.6
2002	35,391	7	20.0
2003	31,932	7	22
2004	30,925	3	9.7
2005	29,056	2	6.88
2006	28,404	2	7.0
2007	27,856	3	10.8
2008	28,178	8	28.4
2009	27,718	12	43.31
2010	27,517	2	7.2
2011	27,548	2	7.2
2012	28,525	3	10.5
2013	27,069	0	0
2014	26,565	0	0
2015	24,590	0	0

Table 1. Maternal mortality rate by years

External causes of morbidity and mortality showed an increasing trend in Kosovo. Mortality rate per 100,000 inhabitants from this group of causes increased from 3.5% in 2006 to 14.2% in 2011[14]. Gender-based analysis shows that external (primary) causes of deaths were more expressed in males (traffic accidents, intentional self-harm and other cases). The incidence of deaths due to external causes with 13.4 per 100,000 inhabitants is also high compared with that of the EU. Therefore, it is important that the health sector be able to address these issues.

Coefficient of mortality for 2006-2011 showed a slight growth trend with an average of 3.8 ‰ and average annual growth of 0.1 ‰. Given the mortality rate of 3.8 ‰, the natural increase of the population is 0.4 ‰ annually.

Table 2. Deaths by month in years 2002 – 2015

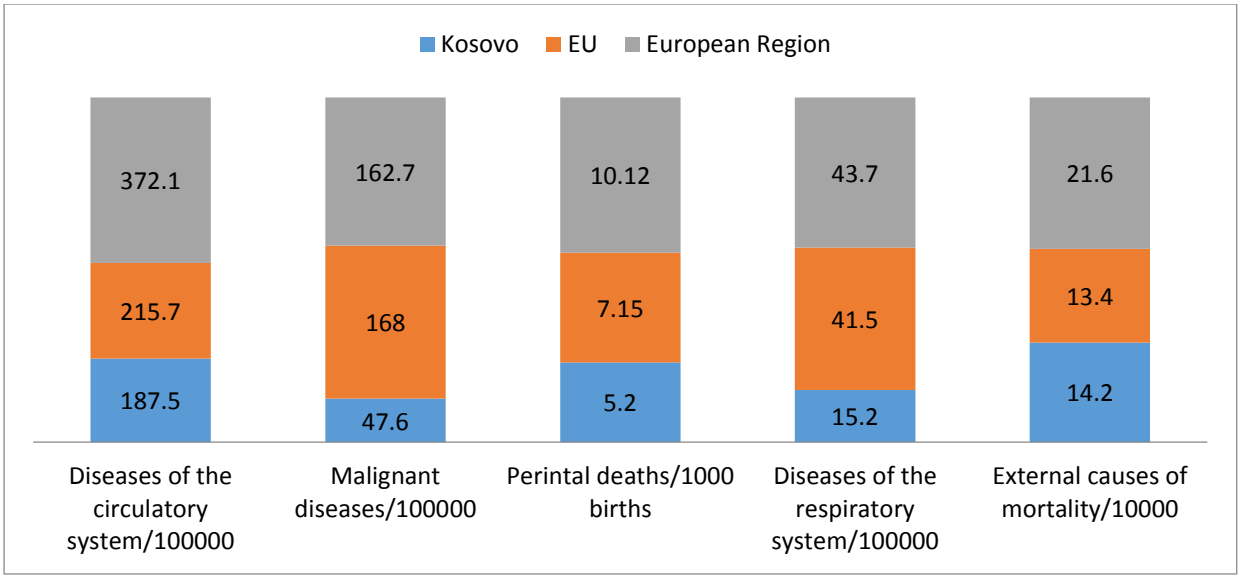
[14]NIPHK 2013

Years Months	2002	2003	2004	2005	2006	2007	2008
January	516	568	620	591	717	636	622
February	466	561	548	583	618	663	583
March	529	723	583	583	710	617	685
April	474	569	554	618	634	544	541
May	514	540	568	642	697	532	592
June	343	519	491	549	631	559	524
July	415	489	483	537	583	547	536
August	441	489	473	536	567	533	533
September	444	475	454	529	539	505	522
October	493	483	512	649	572	534	553
November	459	462	559	721	604	537	564
December	560	539	554	669	607	474	597
Total	5.654	6.417	6.399	7.207	7.479	6.681	6.852

Years Months	2009	2010	2011[1)]	2012[1)]	2013[1)]	2014[1)]	2015[1)]
January	671	682	611	693	662	643	762
February	594	587	636	701	490	664	704
March	642	630	657	657	633	707	729
April	546	601	587	585	607	611	711
May	549	611	512	574	597	607	723
June	500	572	573	585	578	584	573
July	557	638	530	594	519	613	632
August	609	558	604	545	559	661	621
September	553	594	559	543	553	579	654
October	584	591	623	592	646	669	690
November	638	529	644	590	585	635	664
December	587	641	575	658	706	661	739
Total	7.030	7.234	7.111	7.317	7.135	7.634	8.202

Deaths occured only inside Kosovo

Graph 1: Comparison of Kosovo with the EU and European Region, according to the first five causes of mortality in Kosovo



Source: NIPHK 2013, HFA-DB/WHO

Similar to trends in other Balkan countries and the world, Kosovo is expected to undergo changes in the population structure, with a trend of increasing urban population and the population in the Diaspora according to Kosovo Population Forecast 2011-2061[15].

[15]Kosovo Population Forecast 2011-2061, KAS

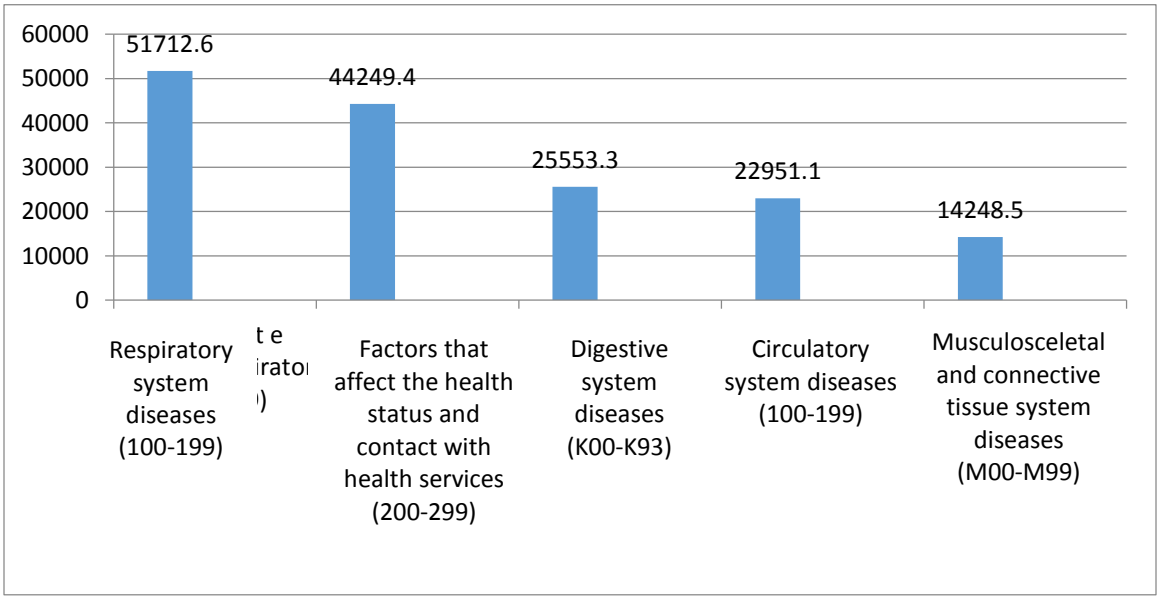
4.1.3. Economic Indicators

Kosovo is one of the poorest countries in Europe with Gross Domestic Product (GDP) of € 3,084 per capita, or 257 euros per month. Economic growth in 2014 was 1.2%, while overall poverty in 2014 was 29.2%, whereas extreme poverty is 8.2% (KAS 2014). Real growth rate of GDP for 2013 compared to 2012 was 3.2%, according to estimates of Macroeconomics Unit in the Ministry of Finance. Whereas, according to the World Bank Report on Poverty Assessment in Kosovo in 2011, although absolute poverty is still very high, it is significantly lower in comparison to 2005-2006. In 2011, 29.7% of the population lived below the poverty line of € 1.72 per day for adults and 10.2% lived below the extreme poverty line of € 1.2 per day for adults[16].

4.2. Health Status of the Population

Analysis of the health status of the population shows that the morbidity rate in Kosovo is lower by a total of 422 cases per 100,000 inhabitants in 2011 compared to the EU with 663 cases per 100,000 inhabitants. The most common diseases in Kosovo are respiratory diseases, digestive system diseases, circulatory and musculoskeletal system diseases, as illustrated in Graph 3.

Graph 3: The main causes of morbidity in 2012



Source: Analysis of the health status of the population, 2013

[16]Consumption Poverty in the Republic of Kosovo 2011, WB

A more detailed look at the age and gender shows similar morbidity structure. With the children under age of 1 years, almost half of all diseases were related to respiratory diseases.

For women aged 15-49, the highest incidence of morbidity was the genitourinary system diseases with 10.9%. For the age group, older than 50 years, diseases of the circulatory system were the most frequent. This situation is comparable to OECD data, showing that asthma as a chronic disease is the single most frequent among children which attacks also the adults. This is a challenge for public health, often linked with environmental factors; where prevention is partly possible and treatment can be effective[17].

The trend of chronic massive noncommunicable diseases in Kosovo for the period 2006-2011 should be taken with caution due to irregular reporting and fragmented system of health information.

* In comparison with the European Union and the Region, Kosovo has a low prevalence of chronic massive noncommunicable diseases.

General data on morbidity in Kosovo show the five main causes in 2012
▪ **Diseases of the respiratory system** (21.5% of total 51,712.6 diseases and morbidity rate per 100,000) ▪ **External factors that affect health status** (traffic accidents, accidents, etc.) (18.4% of total 44,249.4 diseases and morbidity rate per 100,000) ▪ **Diseases of the digestive system** (10.6% of total 25,553.3 diseases and morbidity rate per 100,000) ▪ **Diseases of the circulatory system** (9.6% of total 22,951.1 diseases and morbidity rate per 100,000) ▪ **Diseases of the musculoskeletal system and connective system** (5,9% of the total 14,248.5 diseases and morbidity rate per 100,000)

4.2.1. Mother and Child Health

In years 2000-2014 the maternal mortality rate was 14.3 per 100,000 live births, while in 2013 and 2014, there was no reporting of maternal deaths[18]. KAS data for 2014 reported the birth rate of 14.0‰.

[18]Perinatal Status Report, MoH-2015

4.2.2. Mental Health

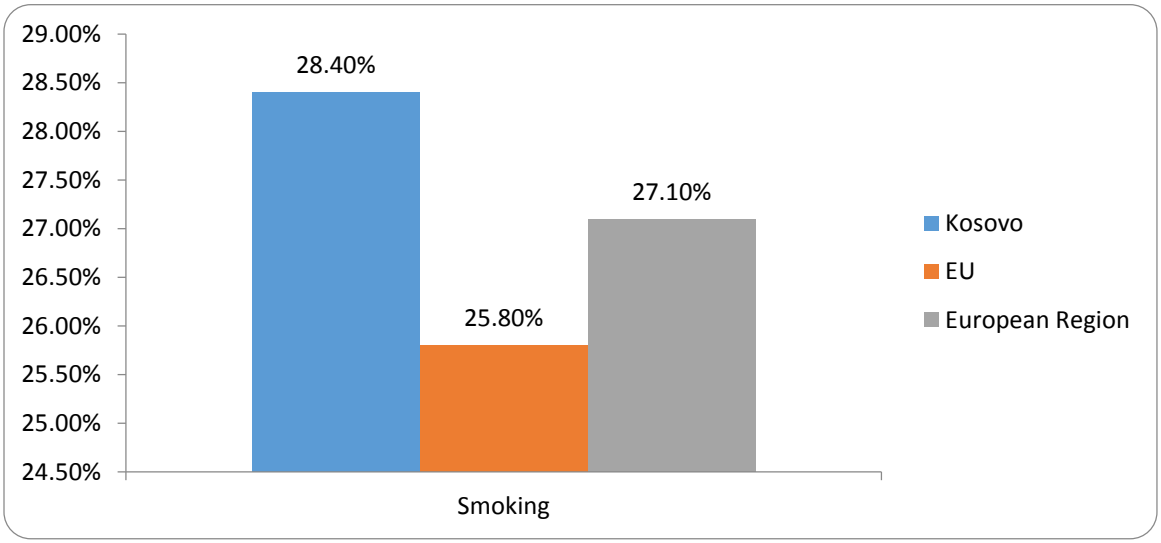
Professional mental health services are aimed at reducing the prevalence of psychiatric disorders and diseases through promotion and prevention, risk reduction, comprehensive treatment, rehabilitation and re-socialization through the network of mental health institutions in the regions by integrating outpatient and hospital mental health structures[19].

4.2.3. Risk Factors

According to the analysis of the health status of the population[20], in terms of risk factors, the main problems in Kosovo are smoking, drug use, environment and traffic accidents.

Tobacco - STEPS survey results[21] showed that 28.4% of respondents smoke (37.4% male and 19.7% female), 25.6% of them smoke on a daily basis (male 35.2% versus 16.3% female), similar to the prevalence of smoking in the European Region.

Graph 5: Smoking in Kosovo, compared to the EU countries and the European Region



Drugs - The use of drugs in Kosovo is the same as in other countries. Approximately 10% of boys and 4% of girls have tried drugs at least once in their lives. According to the ESPAD survey[22], the use of illegal drugs among students in Kosovo is 7%, which is lower than the ESPAD average of 20%.

[19] Mental Health Strategy 2014-2020
[20] Analysis of the Health Status of the Population, NIPHK 2013
[21] STEPs - Comprehensive Survey on the Risk Factors of Noncommunicable Diseases
[22] ESPAD

Environment - Regarding the environment, the World Bank study[23] shows that the cost of the impact of environmental factors on health including water and sanitation is € 222.9 million per year which impacts very negatively on the economy (5.3% of GDP in 2010), as shown in the table below. In order to address the problem, the Ministry is in the process of preparing environmental impact assessment on the health with the support of donors.

Table 3. Assessment of pollution/contamination

Pollution or contamination/calculation	The annual cost			% of GDP in 2010		
	low	average	high	low	average	high
Outdoor Air	37.5	97.6	162.8	0.9	2.33	3.88
Lead	41.7	67.9	94	1	1.62	2.24
Solid Waste	19	25.1	31.3	0.45	0.6	0.75
Forests	16.7	18.1	19.5	0.4	0.43	0.46
Water, Sanitation and Hygiene	8	11.3	14.6	0.19	0.27	0.35
Water from Heavy Metals	0.4	2.8	5.2	0.01	0.07	0.12
Total	123.3	222.9	327.5	2.9	5.3	7.8

Outdoor air pollution is the factor with the greatest impact on health which in Kosovo is estimated to cost € 97.6 million per year, causing 852 premature deaths, 318 new cases of chronic bronchitis, 605 hospital admissions and 111.900 emergency visits. Lead pollution is the second factor, estimated to cost € 67.9 million, mainly due to gas emissions from non-repairable lead and zinc mining as well as processing facilities. In general, polluted environment has a negative impact on the health status of the population of Kosovo, with the cost that is higher than all health investments in Kosovo done every year[24].

Annual Bulletin of NIPHK of infectious diseases reported 127, 449 (7374.5/100,000 inhabitants) cases of infectious diseases in 2015 in Kosovo, which are a permanent threat to the population. Water and food borne diseases continue to lead with the highest number of cases requiring further research of risk factors. To make the most efficient preparation and epidemiological response to Brucellosis, it is required an integrated sectoral system and an increase in human capacity for early detection and adequate medical treatment. Specific environmental risk factors in endemic municipalities Malisheva, Rahovec, Suhareka, Gjakova and Klina, have an impact in the appearance of Crimean Congo Haemorrhagic Fever (CCHF). CCHF disease in Kosovo is in its natural spots, where the incidence rate is higher in Malisheva 13.3%, respectively 3.8% in Klina and 3.2% in Rahovec. In 19 years, 232 positive cases of CCHF were recorded with an average incidence of 0.63 sick per 100,000 inhabitants. The average mortality rate of 26.7% is without any significant difference to the findings of other authors where CCHF has endemic

[23]Kosovo Country Environmental Analysis – Cost Assessment of Environmental Degradation, The World Bank, January 2013, page 10
[24]Kosovo Country Environmental Analysis – Cost Assessment of Environmental Degradation, The World Bank, January 2013

occurrence. High levels of mortality are recorded during the epidemic years[25]. Therefore, it is required to strengthen the surveillance system for infectious diseases and inclusion in the integrated health information system.

Alcohol - alcohol abuse is a major problem in the European Region, but not in Kosovo. 75.5% of men and 93.1% of women interviewed in the survey stated that they had never consumed alcohol in their lifetime (average of 84.4%) STEPs[26]. Percentage of respondents who had consumed alcohol in the last 30 days was 8.4%.

Tuberculosis (TB) - TB rate in Kosovo is still among the highest in Eastern Europe with 42.7 cases registered per 100,000 inhabitants in 2015. According to the analysis conducted with 2013 data from WHO, the recorded rate of cases of TB in Kosovo is the second highest among all Southeast European countries with 43.7 cases of TB per 100,000 inhabitants, the recorded rate of TB cases ranges from 7.5 registered cases of TB per 100,000 population in Slovenia to 94 registered cases of tuberculosis per 100,000 inhabitants in Romania. In comparison with neighbouring countries such as Albania, Macedonia, Montenegro and Serbia, where the recorded rates of TB cases vary between 16-23 cases per 100,000 inhabitants, the rate of registration of TB cases in Kosovo is almost 2.5. TB control has been relatively successful: the total number of registered cases has progressively decreased to about 53%, from 1,674 cases in 2001 (85.9 in 100,000 inhabitants) to 770 cases in 2015 (42.7 in 100,000 inhabitants), with an average annual decline of 3.5%. There was a declining trend of cases registered until 2006, then the number of cases registered has remained more or less stable. In the past 10 years, the success of the new treatment in cases of positive direct microscopy has been consistently high, around 90%. Mortality is low with 1.6 and has also had a decline. TB resistant to many drugs (TB-MRB) is a relatively small problem in terms of the total number of cases; with only seven cases in total and only 3 currently on treatment in 2015*. Success is also a very low number of cases of TB-HIV co-existence where in three years there were no cases of this co-existence that is typical for both pathologies in other countries. During the last years, an indicator of success of patient management is the increase in the number/percentage/incidence of patients who belong to the age group >64 years with 26% of cases compared with 2.7% of children aged 0-14 years. It remains to be problematic lack of reporting of TB cases by municipalities primarily with ethnic minority of Serbs. For period 2016-2018, the Ministry of Health is committed to implement the purchase of the first line anti-tuberculosis medicines for all patients in the Republic of Kosovo.

[25]Strategy for the Prevention and Combating of Crimean Congo Haemorrhagic Fever 2014 – 2016
[25]OECD 2012 – Organisation for Economic Co-operation and Development

HIV/AIDS - According to NIPHK since 1986 -2015, there were registered 100 cases of HIV and AIDS with 41 deaths. Of these 54 were AIDS cases and 46 cases with HIV. During 2015 two cases were reported, a case with AIDS and one HIV case**.**

If we compare these data with the incidence of HIV in the European Region, we can see that the infection rate in Kosovo is lower than average prevalence in the region, where HIV prevalence is 6.2%. Currently, the prevalence of HIV is low in Kosovo, the degree of infection of less than 1% in the general population and less than 5% in all groups at risk of infection with HIV, therefore, the Ministry will continue to support and strengthen activities to keep low level of HIV infection prevalence. Analysis among RAE communities has found that they have basic knowledge on HIV infection and AIDS only as terminology of the disease with distinction by level of education, but when talking deeper, it was found that they lack in knowledge of risk factors, ways of spreading, testing and also was found stigma on those with HIV infection and AIDS. Regarding sexually transmitted infections (STIs) and the small number of reported cases, the challenge remains the presentation of cases from all health institutions both public and private.

4.2.4. Protection Factors

Knowledge of mothers on starting breastfeeding is good, over 90% of mothers in the survey answered correctly, no significant difference by age and education, but only 65% of mothers apply correctly the breastfeeding practices[27].

Fruits - In a comprehensive research survey of risk factors for noncommunicable diseases STEPs, 55.5% of respondents stated consumption of fruits on a daily basis and the average number of portions of fruit per day is 1.6. There is a slightly lower prevalence of consumption of fruit compared with the EU, where among adults there is an average of 63,1% that consume on a daily basis[28].

Physical activity - Statistics show that there is a higher percentage of people in Kosovo, who are regularly physically active, compared with the EU, which is in favour of considering the young structure of the population. However, additional data are needed to have a complete picture for Kosovo.

[27]Knowledge, Attitudes, Practices in Health Care Workers of Primary Health Care and mothers on nutrition of infants and young children.

4.3 Health System

Based on the Law on Health 04/L-125, the Ministry regulates, supervises and controls the implementation of health care in public and private institutions in the three levels of health care. The foundations of legislative and organizational reform of the health system have been established.

4.3. Network of Health Institutions

Health services in Kosovo are provided through a network of health institutions organized into three levels: primary (PHC), secondary (SHC) and tertiary (THC). Health care services are organized and provided by health care providers such as hospital, outpatient, home and emergency services. Services are provided in public and private health institutions.

The Government of the Republic of Kosovo within the priority list of projects has incorporated a project to strengthen the primary care infrastructure. The activity of primary health care includes health promotion, prevention, early detection, diagnosis, treatment and rehabilitation of diseases, disorders and injuries, including dental care and minor surgeries based on the concept of family medicine. Public network of PHC consists of a total of 429 institutions, of which each municipality of Kosovo has the Main Family Medicine Centre (FMC) as the main unit, with its constituent units of Family Health Centres (FHC) and Family Health Ambulances (FHA)[29]. Regarding the continuous development of human resources in family medicine, achievements are evident. In this respect, there is an increase in professional human resource development and quality of post graduate education which is internationally accredited program. Oversight and quality assurance of the implementation of the program is made by the Royal College of General Practitioners from the UK (RCGP) in close cooperation with the Centre for the Development of Family Medicine in Kosovo (CDFMK), as the institution responsible to develop health policies and monitor their implementation in primary health care.

Primary health care is a priority in health system reform processes. Planning should be done that emergency services be associated with the respective regional centres, to increase the level of access to health services, especially in rural areas, through stimulating grants for professionals providing services in those institutions. Innovative practices should be applied in order to promote the prevention of various diseases and integrated delivery of comprehensive care. Treatment guidelines and protocols, especially of chronic diseases, and monitoring of quality indicators will optimize the use of other services and procedures at the primary level and will improve the performance of health professionals. The aim of all these activities is to improve the quality, safety and cost effectiveness within the treatment of patients by strengthening the transfer of competences to the primary health care professionals, which would also regulate the patient referral system in focus of attention.

[29]Centre for Development of Family Medicine of Kosovo/MoH 2013

SHC and THC institutions are organized within the Hospital and University Clinical Service of Kosovo (HUCSK) as uniquely integrated health services at the level of secondary and tertiary health care.

Secondary and tertiary health care is provided through the institutions established under the Law on Health, within which are included hospital, outpatient, diagnostic, therapeutic, rehabilitation services, emergency transportation, dental care and regionalized public health services.

Tertiary Health Care includes advanced health care, hospital, outpatient and public health services and counselling teams of tertiary health care level. Prishtina region, tertiary level health institutions also serve as secondary level health institutions.

Health institutions in addition to providing health services, provide basic education, postgraduate and participation in relevant scientific research in collaboration with the Faculty of Medicine. Regarding human resources in health care, some specialist areas are overstaffed and others are understaffed. This, together with the need to introduce more modern methods of treatment requires immediate action on long-term planning and reorganization of human resources in health from the level of secondary education and of course the university in accordance with the real needs at all levels of the health sector.

Private sector. Besides public health institutions, health care in Kosovo is provided by 1,069 licensed private medical institutions, of which 28 hospital institutions while others provide outside hospital services[30].

Private activity in the health sector is exercised on the basis of full equality to the public health sector[31].

According to the World Bank study of 2008[32], it is estimated that the entire network of health care is suitable for population size and short distance transportation in Kosovo. However, based on analysis of the performance of health institutions[33] regarding the initiated reform of the health sector, re-evaluation and reorganization of the network of health institutions is needed in order to use them more rationally.

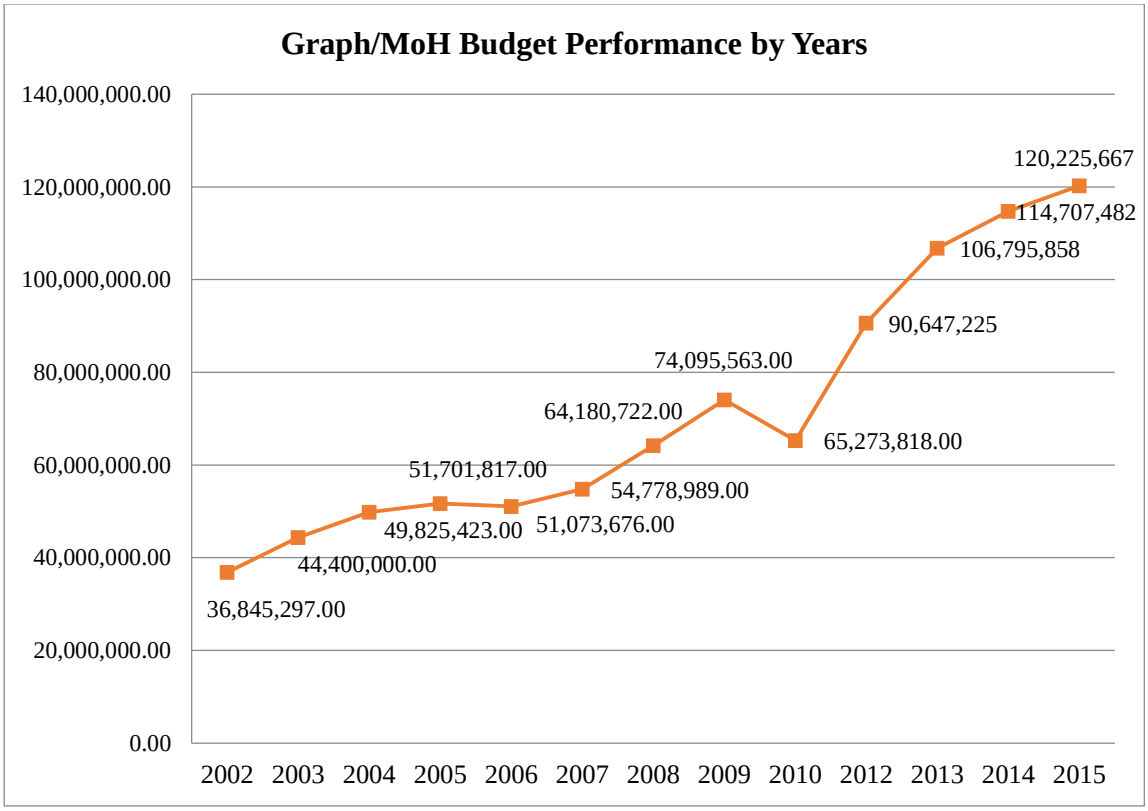
[30]Statistical Yearbook of the Republic of Kosovo, KAS, 2016
[31]Law on Health, No. 04/L-125
[32]Master Plan, WB, 2008
[33]Analysis of the Performance of the Health Sector 2012

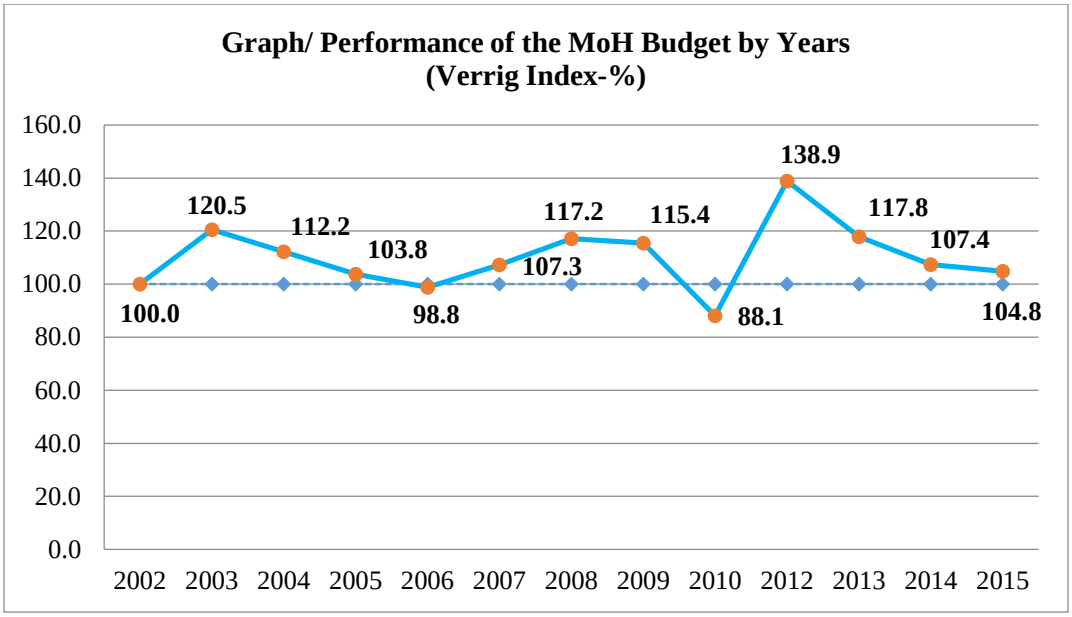
4.4.1. Financial Resources

The health sector in Kosovo is financed mainly from income tax, taxes and co-payments, while private payment from the pocket is very high and covers about 40% of the medical costs.

The budget allocated by the government for health for 2015 was a total of € 163,760,703, where the share of the total health budget from the Kosovo budget is 9.73, and 2.79% of GDP, which provided € 90.72 per citizen per year! [31] PHC is funded through transfers from the central budget to municipalities in the form of specific health grant, in the amount of 42,085,036 which includes 28% of the total budget allocated to health.

SHC and THC are funded by the Ministry and includes over 72% of the budget allocated to health.





* The budget for the MoH and secondary and tertiary health care (not including municipal health budget)

Health care public institutions are funded by these sources, the Kosovo budget, off-budget funds by donors (direct support of projects), contributions in the form of co-payment of patients and payment for medicines and other healthcare products. This means that public health institutions are financed almost entirely based on historical budget.

In the public sector, 42% of the budget is used for salaries, 43% for goods and services, 2.81% for subsidies and transfers, and 11.42% for capital investments.

It should be noted that currently the maintenance of the institutions and medical equipment (depreciation) are included in the budget as capital expenditure, and not as a separate budget category.

The health sector has consistently received more resources during the years 2008-2012 (with an annual growth of 10% - see Table 3) and the budget increased by no less than 21% from 2012 to 2013, mainly due to adoption of Law on Health in 2012.

Table 4: Change in central government allocation for health from 2008 to 2013 (excluding PHC) in Euro

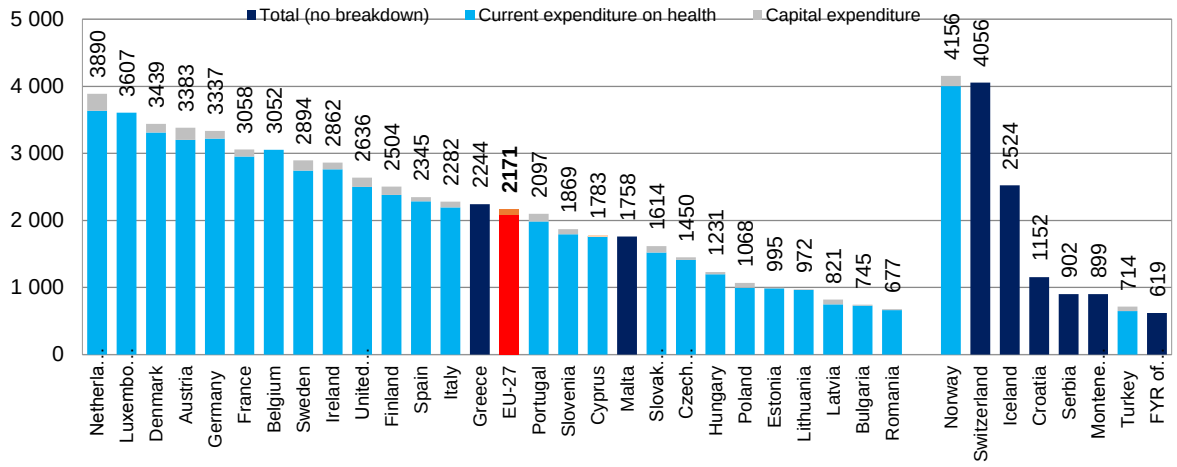
	2008	2009	2010	2011	F 2012	F 2013
GDP	3.940	4.008	4.291	4.776	5.015	5.205
GDP per capita	2.291	2.293	2.418	2.650	2.783	2.889
Total budget for health centre		66	72	79	89	107
% of GDP for health		1,7%	1,7%	1,7%	1,8%	2,1%
Government Expenditure	1.256	1.192	1.458	1.612	1.524	1.591
% of government expenditure on health		5,6%	4,9%	4,9%	5,8%	6,7%
% of growth in the central budget for health			8,4%	10,0%	12,0%	20,6%
% of GDP on health including PHC		2,4%	2,4%	2,4%	2,5%	2,8%
% of GDP on health including private spending		3,9%	4,0%	3,9%	4,2%	4,5%

Source: Ministry of Finance

According to the survey with citizens, 86% of patients are paying for medicines, 59.5% for co-payments, 33.4% have paid for medical materials, 31.9% for consultations (including private sector), 17.3% for other issues, and 10% have paid for the food. In total, 88.4% of all patients who seek care in health institutions have paid out of their pocket. With 29.7% of the population living below the poverty line of € 1.72 per day, it can be assumed that almost a third of the population does not have easy access to health care, or have only limited access due to lack of money, while 18% of population[34] does not request services in case of illness, for economic reasons. Taking into account total public spending, private and private pocket spending on health, in 2013 the value will reach € 135 per person or 4.5% of GDP, which is lower compared to the EU and to all countries of the region; EU in 2010 spent € 2,171 per capita (Graph 6).

[34]Opinion Survey, MoH, 2013

Graph 6: Health expenditure per capita, 2010



Source: OECD - Health Data 2011

The problem of insufficient financial resources for health in Kosovo, not only for the fact that the government allocates less money to provide direct services to the patient, but a relative part of these funds is used to pay fixed costs (building, energy, maintenance and staff) leaves the smallest part for direct patient costs related to diagnosis, treatment, prevention and promotion. Functional distribution of the budget shows that only 32% of the budget allocated for goods and services can be spent directly on patient (X-rays, MRI, CT, laboratory tests, medicines). The rest of the budget, 68% represents fixed costs that will remain the same regardless of the number of patients treated. This means that from the total public budget, only 28% of the budget can be directly connected to the patient, with only € 23 per year, which are available for diagnosis and treatment per capita.

4.4.2. Human Resources

The total number of staff in PHC is 5,453 of which 4,579 are medical staff while 842 non-medical staff employed in the public health sector; of medical staff, doctors are 1,326 of whom 476 are specialists in family medicine while 3,050 nurses, of which 2,118 are trained family nurses. The number of doctors in health institutions in 2013 in secondary and tertiary level was 1, 441, while the number of nurses was 3,966[35]. Thus, in 2013, Kosovo had 2,767 doctors and 7,016 nurses employed in public health institutions. In private health institutions are employed a total of 3,472 employees, of which 1,806 are doctors and 1,666 nurses[36].

[35]MoH 2013
[36]Data from NIPHK, 2013

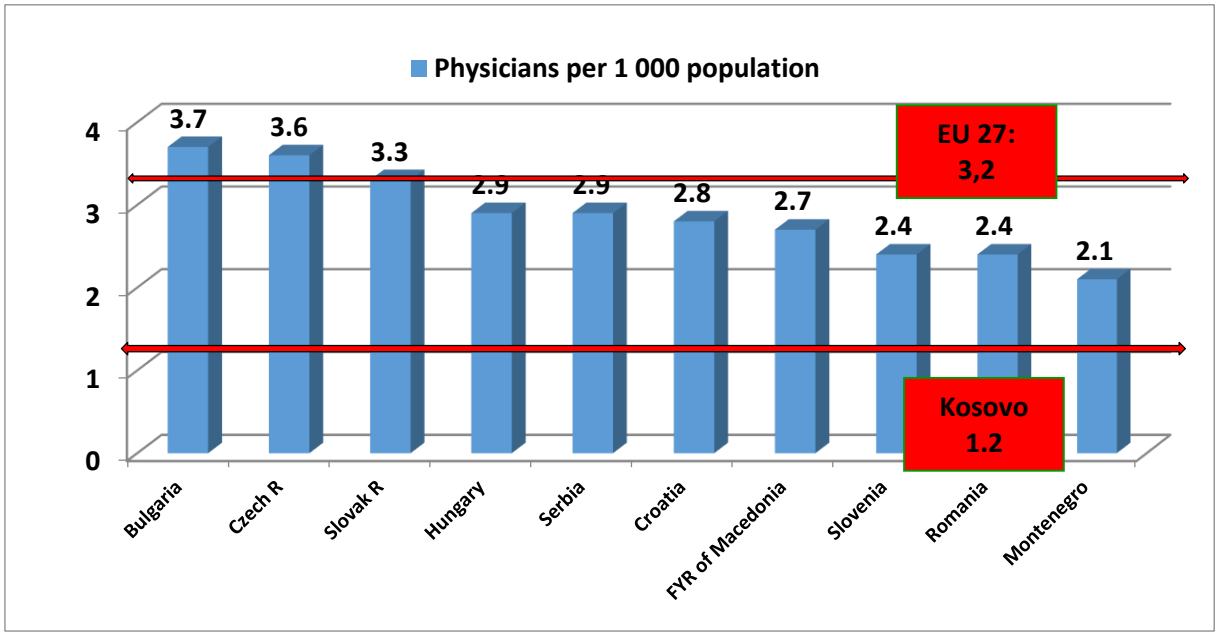
Table 5: Medical and nursing staff in secondary and tertiary level health [37]

No.	Institution	No. of doctors	No. of nurses
1.	CUCK	702	1769
2.	CHCUK	42	51
3.	BTC	14	38
4.	SMC	3+ 2 bachelor	3
5.	NIPHK	74	128
6.	Telemedicine	3	/
7.	MHC	3	24
8.	IMP- Gjakova	17	35
9.	GH- Prizren	116+17 bachelor	451
10.	GH -Gjilan	120	345
11.	GH - Mitrovicë	61	257
12	GH - Gjakovë	83	344
13.	GH -Pejë	117	303
14.	GH -Ferizaj	44	141
15.	GH -Vushtrri	23	77
	TOTAL:	1441	3966

Compared with the EU or the European Region, Kosovo has a small number of doctors and nurses[38].

[37]Report from the Department for Joint Services and Budget / MoH, 2013
[38]OECD Health Data 2011

Table 6. Number of doctors per 1,000 inhabitants

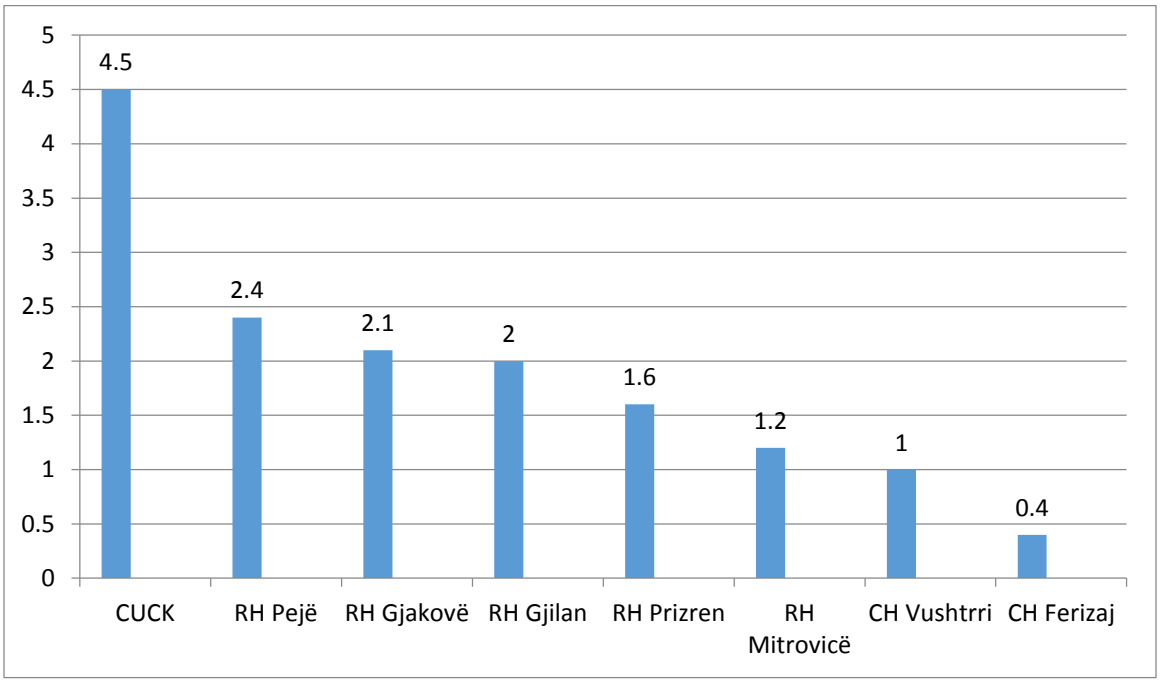


Source: OECD (2012), Health at a Glance: Europe 2012.

4.4.3. Hospital Beds

The number of hospital beds indicates the resources available for the provision of services for the treatment of patients in hospitals. In January 2012, there were 3,823 beds, in general hospitals 1,907 and 1,916 in the CUCK, a total of 22 public beds to 10,000 inhabitants. Distribution of beds in the regions is presented in Graph 7. The large number of beds in CUCK can be explained by its role as a tertiary hospital that covers the whole of Kosovo and secondary hospital for the capital city.

Graph 7. The number of hospital beds per 100,000[39]



Private hospitals have a total of 235 beds or 5.8% of all beds in hospitals in Kosovo or 1.35 per 100,000 inhabitants.

[39]Reports from Regional Hospitals 2012

4.4.4. High Technology Medical Equipment

New medical technologies improve the diagnosis and treatment capabilities, but also increase health spending. In Kosovo, there has been no investment in the renovation and purchase of medical equipment, especially high-tech equipment. Total number of equipment is 4 magnetic resonance machines - MR (3 in private sector); 17 computerized tomography machines CT (7 in private sector) and 8 mammography machines (2 in private sector). UCCK, in 2009, has performed 226 MR procedures, increasing to 2,213 in 2011 and 2,902 in 2012. The number of CT's and procedures is illustrated in Table 7.

Table 7. The number of CT's and procedures in the period 2006-2012 in the public sector

	2006	2007	2008	2009	2010	2011	2012
CT Machine	3	5	5	8	9	9	9
Total Procedures	7 875	11 829	10 430	18 290	19 432	19 019	21 206
CT procedures for each Machine	2 625	2 366	2 088	2 286	2 159	2 113	2 356

Source: MoH/2013

International comparison with some EU countries, shows that Kosovo has not invested in the purchase of MR and CT machines[40].

4.4.5. Health Care Activities

Health care in PHC is presented in Table 8, where there is an increase of PHC activities in 2012, compared to 2006.

Table 8: Services in PHC

PHC Services	2006	2012	2013	2015
Visits at family health services	1,823,479	3,301,481	3,221,103	2,763,567
Specialist visits	-	572,563	267,073	567,501
Services (interventions, inhalations)	-	2,904,612	1,206,274	4,965,155
Laboratory services	5,774	567,298	128,927	647,811
Dental services	469,169	312,920	219,237	533,211
Radiology visits	-	45,614	74,817	64,988

Source: NIPHK 2013

[40]OECD Health Data 2011

Increase in the number of medical visits over the years shows that PHC is taking its role as the gateway to the health sector. Today 55% of all patients consult with their family doctor before seeking care at other levels. However, the standard recommended by WHO that 80-90% of the population needs for health services be covered by primary health care level has not been reached yet.

Expanded Immunization Program continues to have over 95% coverage throughout the territory of Republic of Kosovo.

Although the rate of hospitalizations in Kosovo marks the growing trend, in 2008 it was 9.55 persons per 100 people hospitalized, it is still significantly lower than the average in the European Region (19.2) and the EU (17.9)[41].

Table 9 shows the overall stability of the health activities with increase in the number of admissions in public hospitals and the trend of reduction of admissions at UCCK.

Table 9: Health care activities in public hospitals 2006 to 2012

Number of admissions	2006	2009	2010	2011	2012
Public hospitals	75,826	83,363	84,042	86,022	84,208
UCCK	87,812	87,399	84,911	84,808	81,598
Total	163,638	170,762	168,953	170,830	165,806

Source: NIPHK 2013

This trend is positive and shows that health activity has increased in general hospitals in the regions in order to avoid unnecessary referrals of patients to tertiary level in UCCK.

Table 8: Rate of hospitalization in years

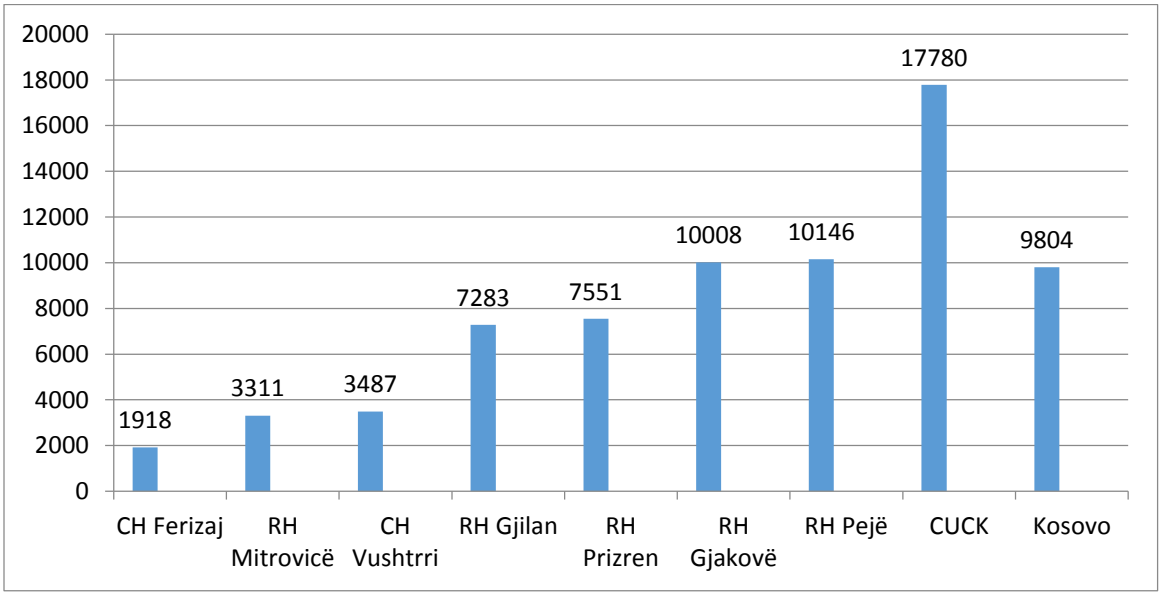
People hospitalized per 100,000 inhabitants	2006	2008	2011	2012
Rate of hospitalization	9,260	9,550	9,804	9,560

Source: NIPHK 2013

Not only the average hospitalization rate in Kosovo is low, but seen from a regional perspective, it is extremely low in CH Ferizaj, GH Mitrovica and CH Vushtrri (Graph 8).

[41]NIPHK 2013

Graf. 8 The rate of hospitalization, the number of patients released from the hospital to 100,000 inhabitants



Source: Ministry of Health, 2012.

Average Length of Stay (ALOS) refers to the average number of days a patient stays in the hospital. A shorter stay can reduce the cost per patient released and show a shift of hospital patient toward post-acute outpatient less expensive treatment. However, shorter stays tend to be more in intensive services and cost much more per day. A very short ALOS can also have negative effects on health outcomes, or reduce the comfort and recovery of the patient. If this results in an increasing readmission rate, costs per patient can grow. In the past 7 years ALOS was reduced by 1.1 days or 18.7% in regional hospitals; to 0.12 days or 1.9% at UCCK and 0.63 days, or 10.4% for all public hospitals (Table 10).

Currently, Kosovo has one of the lowest ALOS in the region compared to the EU, with 6.9 days.

Table 10. Average Length of Stay in hospitals

Hospital	2006	2012
Mitrovicë	n.a.	3.86
Gjakovë	5.91	4.73
Gjilan	6.08	5.33
Ferizaj	n.a.	3.28
Prizren	5.2	4.56
Pejë	6.77	5.29
Vushtrri	4.09	3.74
Total public hospitals	5.83	4.73
UCCK	6.15	6.03
All hospitals	6.0	5.37

Source: NIPHK 2013

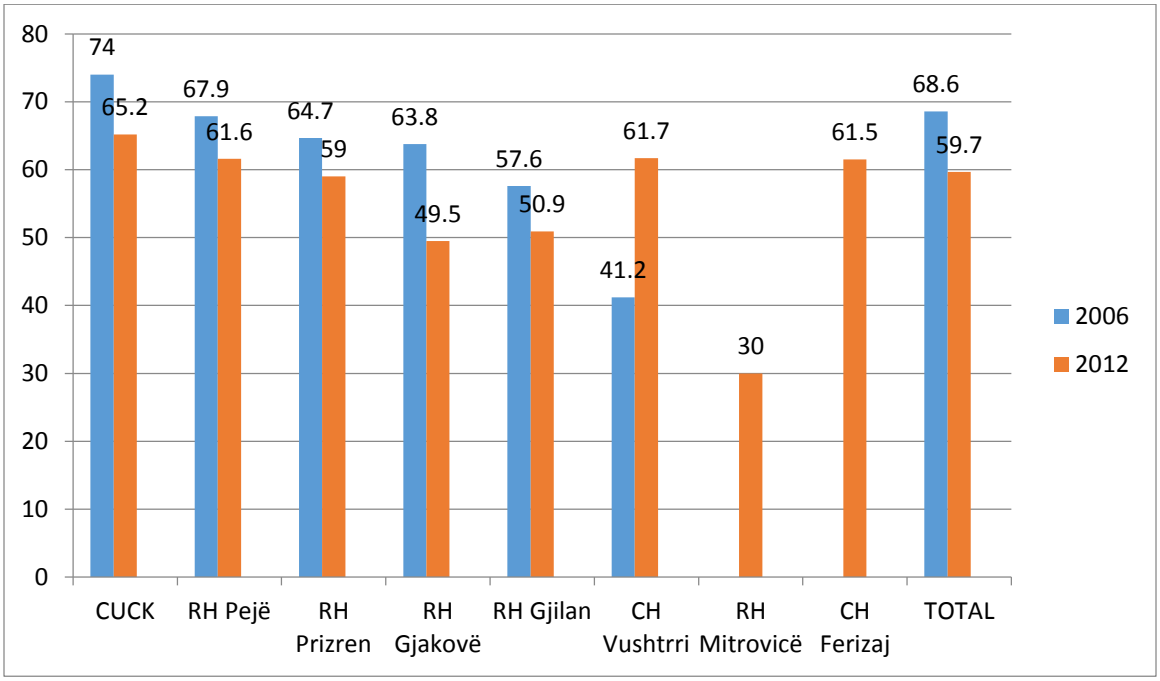
Average Bed Occupancy Rate (ABOR) shows how hospital are able to use beds available. Since hospitals must have empty beds for treatment of emergency cases, ABOR must not be 100%. It is recommended that this average for THC be about 70%, for acute SHC about 80% and non-acute SHC be 90%. ABOR for 2006 and 2012 is illustrated in the Graph no. 8. In general, ABOR has decreased from 68.6% in 2006 to 59.7% in 2012 and is lower than the EU average (76.3%), and the European Region (79.1%)[42].

In Kosovo, in public hospitals on average every day there are 1,649 empty beds, compared with 1,232 of 2006. In this regard, there are several reasons that need to be analysed, such as sending patients for further procedures abroad, requesting services in the private sector, inadequate management, inadequate distribution of the beds, the traditional way of financing the institutional capacity or other reasons which should be analysed.

However, in all THC and SHC health institutions in Kosovo, the degree of occupancy of beds is under the level recommended in terms of providing effective and efficient health care. This fact should be considered very important because all health care providers are paid based on historical services/beds and not based on performance.

[42]HS 2012

Graph 8: Average Bed Occupancy Rate in UCCK and all hospitals in Kosovo, 2006-2012



Source: Reports from Public Hospitals 2006-2012

In 2012, 48,651 operations were recorded in Kosovo, from them 16,599 or 34.2% in public hospitals and 31,962 or 65.8% in CUCK. In 2006, 22,601 operations were conducted in Kosovo, of which 9,508 or 42.1% in GH and 13,093 or 67.9% in CUCK. Overall operations performed on patients hospitalized in GH were 17.3 and in CUCK 10.8 with 13.8 in all hospitals. There was a significant increase by 2012, especially in CUCK. Due to the lack of a standardized set of data and quality indicators, there were also used births and caesarean sections as an example of comparison between public hospitals in Kosovo and various countries. The indicator was chosen because of the clarity of the definition and the existing data for Kosovo. In 2012, there were 26,029 births in hospitals in Kosovo, 10,622 or 40.8% at CUCK and 15,407 in GH. There were 6,175 births by caesarean section or 23.7%.

4.4.6. Emergency Services

Emergency health services system does not have a consolidated and integrated network. In economic terms, investment in emergency services represents investments that does not generate revenue but saves lives. However, they are considered very important and affect the quality of life and cost the society more to rehabilitate patients who have had their life endangered. Lack of diagnostic, laboratory and X-ray services in emergency services presents special difficulties in diagnosis and treatment. Our country is the only one in Europe which does not provide on-site specialized medical assistance where the accident or

other health traumas occurred. Strategy for reform of medical emergency in Kosovo is based on WHO standards for people in need of emergency assistance. This fact shows that the system of reference of emergency services lags and contributes to inefficiency of utilisation of available resources. In some cases, it also contributes to the marginalization of this institution and request for emergency assistance at other institutions. This is mainly due to lack of equipment, regular supply of medicines, consumables and medical staff. Another problem is the lack of protocols that will enable the correct emergency decision making, both in diagnosis and in treatment based on selection techniques according to international standards. Currently, the emergency services in the University Clinical Centre of Kosovo are provided in an area of 507 m^2, with 22 beds for daily stay (1.23 beds per 100,000 inhabitants). This situation conditions everyday difficulties in providing essential health services to citizens in need of these services.

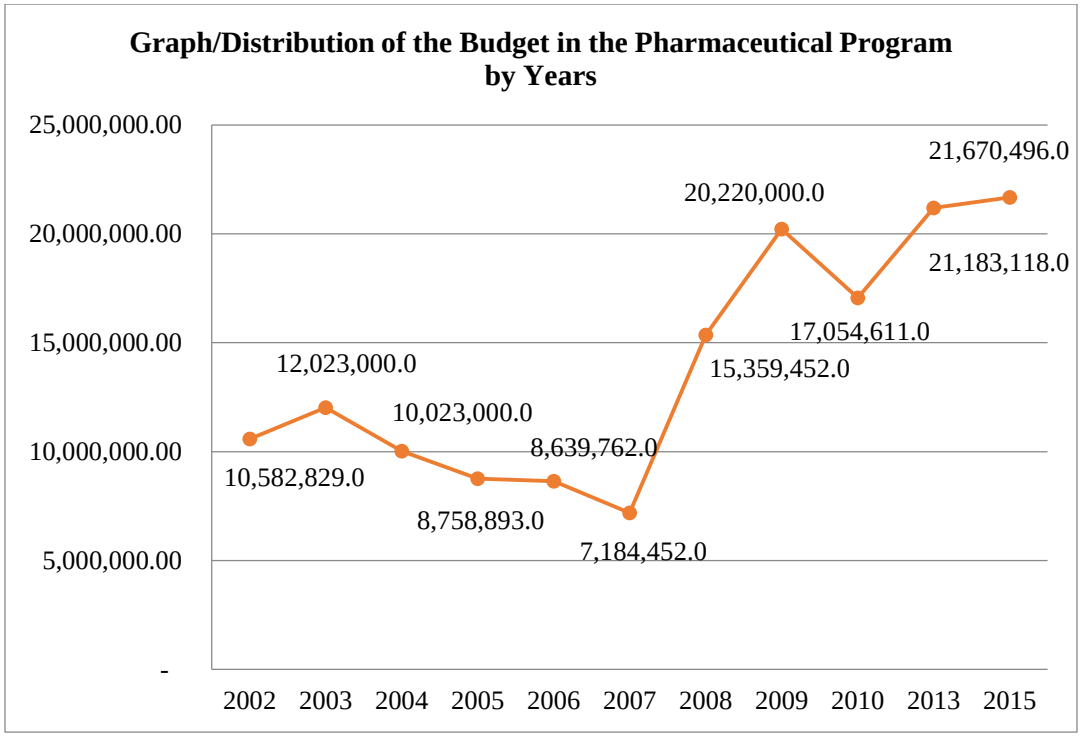
Ministry of Health in 2016 began construction of the Emergency Clinic and its functionality is expected to be completed in 2019.

4.4.7. Supply with Medicinal Products

Despite the continuous increase of the planned budget for medicines and supplies from € 16,100,000 in 2009 to € 21,183,118 in 2013, while in 2015 it was € 21,670,496, in public health institutions is constantly observed lack of medicines and consumables and this fact represents the greatest dissatisfaction on the part of patients.

In this respect, Ministry of Health will focus on setting clear criteria to design and update the essential medicines list. The definition of these criteria is aimed at a list based on data that reflect the real budget possibilities with the patient in the spotlight.

However, in addition to reaching the availability of medicines in health facilities, it is important that they be high quality, efficient and safe but also cost efficient. Another aspect relates to the quality control of medicines that are located in health facilities (pharmacies, pharmaceutical warehouses, hospitals etc.). Full control of all products at least once every five years (as long as marketing authorization is valid) is the goal which the KMA must meet in order to ensure that medicinal products are safe, effective and qualitative. As regards the regulation of the pharmaceutical sector, Ministry will implement the objectives whose main goal is to harmonize the various components of the pharmaceutical sector in order to increase the level of health-pharmaceutical services.


Graph/Distribution of the Budget in the Pharmaceutical Program by Years
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10,582,829.0
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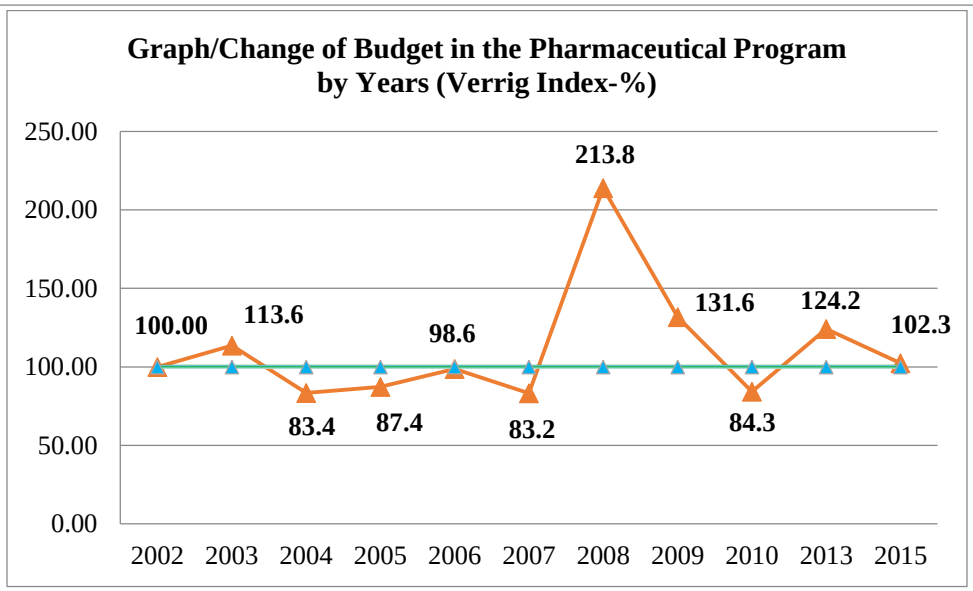
10,023,000.0
8,758,893.0
8,639,762.0
7,184,452.0
15,359,452.0
20,220,000.0
17,054,611.0
21,183,118.0
21,670,496.0
2002 2003 2004 2005 2006 2007 2008 2009 2010 2013 2015


Graph/Change of Budget in the Pharmaceutical Program by Years (Verrig Index-%)
250.00
200.00
150.00
100.00
50.00
0.00
100.00
113.6
83.4
87.4
98.6
83.2
213.8
131.6
84.3
124.2
102.3
2002 2003 2004 2005 2006 2007 2008 2009 2010 2013 2015

4.4.8. Performance - productivity, efficiency, and approach

Based on the analysis of the performance, the number of patients released/doctor, nurse or bed, shows increased productivity in public hospitals (+1.5% per nurse, +0.6% per doctor) and decrease in UCCK (-1.3% per nurse and -1.6% per doctor[43]).

Table 11: Number of releases per nurse and doctor in 2006 and 2012

	2006		2012	
	No. of releases per nurse	No. of releases per doctor	No. of releases per nurse	No. of releases per doctor
RH Mitrovicë	Na	n.a.	50.2	130.5
RH Gjakovë	73.7	257.2	76.1	334.8
RH Gjilan	62.3	197.3	71.9	158.6
HC Ferizaj			66.3	182.4
RH Prizren	94.8	193.1	147.0	230.6
RH Pejë	92.6	205.2	135.6	252.3
HC Vushtrri	63	166.6	105.8	279.7
Total number of GH	80.3	206.0	95.7	222.7
CUCK	86.9	167.9	72.9	134.1

Source: NIPHK 2013

In general, health personnel in Kosovo does fewer visits per capita (2.36) and fewer admissions per 10,000 inhabitants (9.8) compared to the EU, where they do 6.3 average visits per capita and 17.6 admissions per 10,000 inhabitants, therefore, it can be concluded that the productivity of health professionals is 2.6 times lower than in the EU.

4.4.9. Health Care Quality

The quality of health care services comprises of two main elements, the clinical and patient satisfaction.

As far as the clinical part, research shows that the rate of hospital infections is high in Kosovo[44]. The survey of the prevalence of hospital infections in UCCK showed the figure of 17.4%[45]. The prevalence of

[43]Analysis of the Performance of the Health Sector 2012

[44]Journal of Infection Control and Hospital Epidemiology, April 2006, vol. 27, no-4: 'Prevalence of Nosocomial Infections in High-Risk Units in the University Clinical Centre of Kosova, L.Raka, MD, MS at all

[45]L. Raka, D. Zoutman, G. Mulliqi, S. Krasniqi, I. Dedushaj, N. Raka, S. Ahmeti, M. Shala, A. Vishaj, Y. Elezi. Prevalence of Nosocomial Infections in High-Risk Units in the University Clinical Centre of Kosova. Infection Control and Hospital Epidemiology 2006, 27(4):421-23.

infections in central intensive care unit of UCCK was 68.7%, of which 80% had ventilatory pneumonia[46]. The incidence of surgical wound infections in abdominal surgery was 12%[47].

The high rate of infections in neonatal units is the result of insufficient measures to control and prevention of hospital infections in the following points: insufficient interdisciplinary cooperation and inter-institutional coordination and weaknesses in internal management, equipment and medical equipment maintenance and hand hygiene of health staff. Activities undertaken in the field of infection control by the Ministry are: provision of legal infrastructure, the development of guidelines and protocols for the control of hospital infections, strengthening of laboratory capacity, institutionalisation of Hospital Infection Councils in HUCSK, active supervision of infections in adult intensive care and neonatal units, international cooperation and scientific research applied to address priority issues in high-risk units prone to hospital infections.

4.5. Satisfaction of Patients

Satisfaction of patients is a very important parameter for evaluating the way services are provided, the environment and manner how healthcare professionals treat patients. In research conducted on the opinions of citizens, it appears that 84% of patients have considered received services as good to excellent, 81% for the public health sector and 94% for the private sector. Satisfaction of patients is considered to be the same at all levels of care. For 19% of patients, received services are considered unsatisfactory, for the behaviour of staff and because they should pay for medicines and medical materials which should be available on the essential medicines list.

In the Action Document on Health in Kosovo, 'Satisfaction with health services and perceptions on presence of corruption' in general is indicated that satisfaction with health care in Kosovo is high. Only about ¼ of patients were dissatisfied with the performance of health institutions, received services and staff performance. While the performance of care providers in UCCK was positive, shortcomings were mainly in other areas, such as infrastructure and hygienic conditions. Other identified reasons were medicines that patients must provide as well as other technical problems faced during treatment, and the journey itself to the health institution. Although the percentage of corruption cases that patients have stated in this study is quite small, corruption remains a problem for the health sector. Based on real experiences declared by patients, 3.9% have been conditioned by health professionals, but the percentage of patients who are willing to give a bribe if health professionals require this is higher. Despite this, the situation is optimistic regarding the health institutions in Kosovo and at least, from the perspective of

[46] G. Spahija, Gj. Mulliqi, L. Raka, N. Spahija, Z. Bukoshi, F. Hoxha, A. Krasniqi. Prevalence of Nosocomial Infections in Adult Intensive Care Units at Kosova Teaching Hospital. Infection Control and Hospital Epidemiology, May 2008;29:475.
[47]Raka L, Krasniqi A, Hoxha F, Musa R, Mulliqi G, Krasniqi S, Kurti A, Dervishaj A, Nuhiu B, Kelmendi B, Limani D, Tolaj I. Surgical Site Infections in an Abdominal Surgical Ward at Kosovo Teaching Hospital. World Hosp Health Serv. 2008;44(2):32-6.

patients, the overall performance of these institutions is high and the level of presence of corruption cases is low.[48]

NIPHK through active participation method (PAR/Participatory Action Research) found that during discussions with the population, the satisfaction level of health services has resulted to be 65%.

Ministry with the support of UNDP has prepared the document "Institutional Integrity Plan 2015-2017" that aims to assess the risk of integrity, increasing transparency in the Ministry and the elimination and prevention of possible corruption. The plan is a complementary tool of policy and legal framework that doubles the measures aimed at preserving the institutional integrity of the Ministry.

4.6. International Cooperation

The Ministry of Health, in the process of comprehensive reforms of the health sector, aims to implement the obligations deriving from the Stabilisation and Association Agreement which represent the important priority of the Republic of Kosovo in the process of European integration.

In this regard, the Health Sector Strategy 2017-2021 in the framework of the activities envisaged gives priority to enforcement measures and legislative measures that are part of the National Plan for the Implementation of the Stabilisation and Association Agreement with the aim of achieving the necessary health standards as defined by SAA agreement.

The Ministry is committed to the further enhancement of its role at the international level. High priority within this period will be membership in the World Health Organization (WHO) as well as full-fledged membership in South Eastern Europe Health Network (SEEHN).

The Ministry of Health will continue cooperation with the donor community and will further advance this important collaboration in support of the health sector. Within the period 2017-2021 is expected ongoing support from the donor community, whether through projects in different areas of the health sector or other support, such as supplies with medicines and similar.

The Ministry has also signed cooperation agreements with several countries and prominent health institutions abroad which provide various modalities of cooperation for the delivery of health services to the training of health professionals. Appreciating the role of civil society, the Ministry aims further cooperation with non-governmental organizations which within their scope have also set the health sector.

[48]Report on the perception of citizens about health care services and corruption in the healthcare, UNDP 2013

4.7. Conclusions on the Current Situation

Based on the data analysed, it can be concluded that despite low funding of Kosovar health from public financial resources, as a result of great efforts of institutions and their healthcare professionals, and as a result of the young population in Kosovo, general health situation of the population is considered good. Ways of healthy living, satisfactory consumption of fruits, good physical activity and low risk factors related to alcohol use, risk factors for HIV/AIDS and tuberculosis as well as high rates of immunization, result in better health condition of the population in general.

Despite the existing challenges in the health sector, the population remains satisfied with the services provided by the existing network of public and private health institutions.

Kosovo health has at disposal relatively sufficient infrastructure capacity to provide services to the population with the exception of UCCK capacity for emergency services which are below the required minimum. The Ministry of Health in 2016 began construction of the Emergency Clinic and its functionality is expected to be completed in 2019.

In order to improve the quality and safety of health services and institutional capacity building, the Ministry in the medium term has prioritized strengthening of emergency, paediatric, oncology/ radiology, orthopaedics and trauma, cardiology, invasive cardiology and cardiology for adults and children services, capacities in clinical microbiology, physiatrist services and those of sports medicine and the initiation of developing biomedical capacity.

Ministry of Health, in order to address the needs of vulnerable groups, is planning the development of specific services for children with special needs (autism, Down syndrome), infrastructure projects for hospice (providing services for patients in terminal stages of life), correction of physical access for persons with disabilities in public health institutions, construction of 'warm' channels/UCCK and asylum for tetraplegics, addressing the issues of gender violence and human trafficking, and strengthening the integration of health services in prisons.

Unfavourable socioeconomic factors (poverty and unemployment), environmental factors (high prevalence of respiratory diseases) as well as the high rate of accidents and traffic accidents condition specific difficulties in terms of life expectancy. Still high rate of diseases related to perinatal conditions is a concern, considering the fact that most women are of childbearing age.

Financial resources available to public health services are among the lowest in Europe[49]. Productivity is low, efficiency needs to be improved, especially as regards the introduction of modern methods of treatment such as daily outpatient and home care. Capacity utilization is low and the quality of health

[49]OECD – Health Report 2011

services needs continuous improvement, particularly in terms of hospital infections, design and implementation of guidelines and clinical protocols and how to deal with the patient in the spotlight by providing warmer therapeutic relations and long enough period for clinical examinations.

5. STRATEGIC OBJECTIVES

Based on the demographic structure of the country and considering the significant and growing number of young people and young families, prevention activities are especially important to help protection and advancement of health.

Continuous improvement of the quality and safety of health services to citizens will be another goal that will be achieved among other things through improved universal access which affects in ensuring equity and inclusiveness.

Strengthening the health sector in administrative and functional terms will be a priority within the health sector reform.

Health Sector Strategy 2017-2021 sets these strategic objectives:

OBJECTIVE I:

PROTECTION AND ADVANCEMENT OF HEALTH

OBJECTIVE II:

ENSURING SUSTAINABLE HEALTH FINANCING

OBJECTIVE III:

REORGANIZATION OF HEALTH SECTOR

5.1. STRATEGIC OBJECTIVE I: PROTECTION AND ADVANCEMENT OF HEALTH

Specific Objective 1: Promotion of healthy lifestyle

- R 1.1. Action plan for education and health promotion implemented
- R 1.2. Project "Schools for health promotion" implemented

Specific Objective 2: Improve health of mother and child

- R 2.1. Action plan to improve health of mother and child implemented

Specific Objective 3: Reducing the incidence of infectious diseases

- R 3.1. Action Plan for HIV/AIDS implemented
- R 3.2. TB Action Plan implemented
- R 3.3. Action Plan for Antimicrobial Resistance implemented
- R 3.4. Measures to prevent hospital infections implemented
- R 3.5. Strengthening the monitoring system of infectious diseases

Specific Objective 4: Prevention and control of chronic conditions

- R 4.1. Draft Strategy for the prevention and control of chronic non-communicable diseases

Specific Objective 5: Health Policies for all

- R 5.1. Strategy for mental health implemented
- R 5.2. Healthy Ageing Strategy implemented
- R 5.3. State Committee for environmental health functionalized
- R 5.4. Health of vulnerable groups improved

5.2. STRATEGIC OBJECTIVE II: ENSURING SUSTAINABLE HEALTH FINANCING

Specific Objective 1: Reorganization of health financing

R 1.1. Health Financing Agency functionalized

R 1.2. Health Insurance Fund functionalized

R 1.3. HIF financial resources used effectively

Specific Objective 2: Inclusion of the population in the compulsory health insurance

R 2.1. Basic package of health services implemented

Specific Objective 3: Providing accessible and equal health services

R 3.1. Contracts with the three levels of healthcare institutions signed

5.3. STRATEGIC OBJECTIVE III: REORGANIZATION OF HEALTH SECTOR

Specific Objective 1: Reorganization of MoH

R 1.1. Reform Consultative Committee (RCC) of health sector established

R 1.2. Plan of human resources and development of MoH approved

R 1.3. Capacity of staff strengthened

R 1.4. Partnership in health sector coordinated

R 1.5. Monitoring mechanisms functional

Specific Objective 2: Functionalisation of Chambers of Health Professionals

R 2.1. Physical infrastructure for all CHP provided

R 2.2. CHP Administration functional

R 2.3. Public functions transferred from MoH to CHP

R 2.4. CHP fulfil competences based on their annual plan

Specific Objective 3: Strengthening of Hospital and University Clinical Service of Kosovo

R 3.1. Management structure of HUCSK to strengthen

R 3.2. Capacities of the health inspectorate advanced

R 3.3. Professional capacities increased based on needs identified

R 3.4. Contracting services defined by each organizational unit of HUCSK

Specific Objective 4: Implementation of the concept of family medicine

R 4.1. Capacities of family medicine team strengthened

R 4.2. Managerial capacities at PHC improved

R 4.3. Raising awareness of the population for services of MoF

R 4.4. Provision of medical equipment for meeting the conditions for equal access to health services

R 4.5. Revised standards of quality and safety in PHC implemented

R 4.6. MoF teams provide services based on GCP (Guides and Clinical Protocols)

Specific Objective 5: Integrated and functional HIS in all institutions

R 5.1. IT infrastructure in all health institutions integrated

R 5.2. HIS software in all health institutions integrated

R 5.3. Legal framework for HIS completed

R 5.4. Capacities for operation and maintenance of HIS provided

R 5.5. Training for system administrators and managers implemented

R 5.6. Inter-sectoral, regional and international cooperation for collecting and reporting data advanced

Specific Objective 6: Continuous improvement of quality and safety, standards and accreditation

R 6.1. Health care standards implemented

R 6.2. National accreditation plan drafted

Specific Objective 7: Improving the delivery of health services

R 7.1. Health services integrated at all levels of health care

R 7.2. Screening programs designed

R 7.3. Construction of functional health infrastructure

R 7.4. Capacities for assessment of medical technology advanced

R 7.5. Management of medical products in primary health care improved

6. CONSIDERED ALTERNATIVES

Based on the analysis of the reports of the health sector in 2013, special attention should be paid to maintaining and improving the health of the population.

Failure to take appropriate action and keeping the status quo for not strengthening health promotion, lack of prevention programs for the prevention of malignant diseases, no further promotion of health of mother, child, adolescent and reproductive health, lack of action to prevent and control hospital infections, no addressing of the mental health problems of the population, no strengthening of primary health care, lack of mechanisms for the control of infectious diseases (HIV/AIDS, TB), and failure to address the problems of vulnerable groups would have negative impact on the overall health of the population as well as the continuation of the deepening of the existing problems.

Demographic structure of the population and current status of health is a priority and as a result, the only alternative is to design policies for the promotion and health education as well as the reallocation of financial and human resources for these purposes, the development of programs for prevention and treatment of malignant diseases, further advancement of the health of mother, child, adolescent and reproductive health, prevention and control of hospital infections, maintaining and improving the mental health of the population, the implementation of the plan for strengthening primary health care, infectious disease (HIV/AIDS, TB), as well as addressing the problems of vulnerable groups.

Analysis of the performance of health institutions has shown irrational use of available resources and a low level of productivity of health institutions. Failure to take concrete action and keeping the status quo would affect the rest of irrational exploitation of the current budget, continued reduction efficiency of health institutions as a result would have continued patient dissatisfaction with the services provided.

The lack of data as a result of unintegrated HIS makes impossible to address the needs of citizens for health services.

Therefore, based on analysis of performance, as the only alternative remains rational use of the current budget, raising the productivity and efficiency of health institutions in order to increase the continuous safety and quality that will affect the satisfaction of patients with services provided.

Further development of HIS will provide to the Ministry accurate, timely data which will help develop sustainable health policies and set priorities in the health sector.

Planning and capacity building of human resources should be based on need. This process will be facilitated by strengthening the new organizational structures such as chambers of health professionals, organization and functioning of HUCSK, reorganization of the professional health services and the establishment of other agencies.

Health sector analysis showed that 30% of the population is unable to obtain health services because they are living in extreme poverty. With the current way of financing health care, the problem of access to these categories of population cannot be addressed. Partial implementation of the Law on health insurance and no fair allocation of current resources will continue to no improvement of financial protection, and will deepen barriers to access of vulnerable groups.

Therefore, the analysis of the sector brings as an only alternative the need for change in the health sector financing. This change must begin by implementing a legal framework that provides the possibility of sustainable financing for the health sector and the establishment of the Health Insurance Fund.

In this regard, the implementation of the Law on health insurance and fair allocation of current resources will improve the financial protection and accessibility and inclusion of vulnerable groups through the coverage of health services from basic package. The package includes basic health services that cover key needs which will be provided to all citizens regardless of their financial situation.

Establishment and strengthening of the Health Insurance Fund, are a key element in the process of reorganizing health financing, namely, ensuring sustainable resources and sufficient funds for the health sector.

It is important that health reform policies rely on government decisions to give reforms proper meaning in financial, legal and appropriate time setting aspect.

Also, considering that the process of European integration is the first strategic priority for our country, fulfilling the criteria on public health is the only option for addressing these issues in the context of the strategic document.

Strategy 2017-2021 strategic objectives provide full coverage of the population with basic services package for patients under the umbrella of health insurance that will provide continuous and comprehensive care for all citizens.

This document will serve as political and professional guidance in development of the health sector that aims to preserve and advance the health of the population through the provision of quality health care services accessible and affordable for all citizens of Kosovo.

7. RECOMMENDED APPROACH

The recommended approach is to implement a comprehensive reform of the health system by providing quality health care and integrated health services, closer to families and citizens. Reform of the health sector in Kosovo is a complex process of institutionalization and reorganization of the new roles of the stakeholders of the health sector, for a fair, efficient and sustainable health care, to provide a modern health system in Kosovo with European aims.

7.1. Monitoring and Evaluation of the Strategy Implementation

Establishing mechanisms for monitoring and evaluation of strategic documents will influence the design of health policy and decision-making based on data in evidence.

Since HSS with its logic framework and action plan are documents that for the first time follow a defined methodology, the Ministry should implement the initiated process for monitoring, evaluation and implementation of HSS, measurement and achievement of its indicators and HSS action plan. Responsibility for the implementation and monitoring of activities and results, clearly defined in action plan, will be on each relevant institution and department.

Based on key indicators defined in the strategy and action plan, the Ministry will make continuous monitoring of achievement of results and activities related to the strategic and specific objectives, ensuring that responsible institutions and departments provide accountability in case of the failure of planned tasks and activities. For this reason, there will be an annual update of the action plan and it will be reported regularly on the implementation progress.

This activity will be aimed at assessing the results achieved, eventual implementation challenges and adoption with the budget planning process. The Ministry will conduct continuous monitoring of indicators of the HSS, using clear instruments as: matrix, manual and work plan for monitoring and evaluation, and based on the findings will prepare periodic reports and recommendations. This process will influence the eventual amendment of the Action Plan of the Health Sector Strategy 2017-2021.

LF and AP monitoring should be made by the monitoring system for which MoH is determined and which follows the model of logical framework or results-based management (Appendix 1). Two basic prerequisites that must be met before the start of the monitoring process include:

The responsibility of each institution to report on progress and challenges in implementing the activity for which AP envisages them as implementing or supervisory institution.

The responsibility of each institution to coordinate its actions with other institutions that are involved in the implementation of activities set out in AP.

In addition to these prerequisites, the Ministry, in Logical Framework defined measurable, specific, achievable, and relevant (SMART) indicators, which define the elements of quantity, quality and timeliness of implementation. For these indicators are collected data on the current state of the indicator to measure progress level exactly after intervention by logic specified in LF.

In addition, each indicator will have the identifying form where are exactly defined the details of the indicator, the degree of involvement, the scope, method of measurement, the institutions responsible for implementation, collection, aggregation, and data analysis, as well as implementation deadlines.

8. FUTURE STEPS

The Ministry of Health is carrier of the activities of health system reform and is responsible for the implementation of health care reforms, including ensuring participation of all stakeholders and interest groups in particular relating to the safety and quality of health services.

Strategy complementary document is Action Plan which will include a three-year period, 2017-2019, with the possibility of an annual review of fulfilment of planned activities for different periods of time. The plan presents a summary document of all existing strategies designed to address the various problems of the health sector as well as action plans for the development of new initiatives.

The action plan of the HSS provides details on activities to achieve the defined specific and strategic objectives, deadlines for achieving these objectives, institutions responsible for implementation, indicators for their monitoring and evaluating, costs and carrier costs for the implementation of activities which are planned in the Medium-Term Expenditure Framework 2017-2019.

All stakeholders, within the health sector, who were also consulted at various stages during the drafting of the document, will be included in the implementation of the defined activities.

Important issue is the continuous and adequate information of the population and health care providers regarding the reform of the health system.

Cooperation with local and international organizations, governmental and nongovernmental organizations will contribute successfully to the process of reforms envisaged in the strategy.

Special attention will be paid to health education of patients which will be done through continuous information through various information campaigns as well as through the provision of reliable and easily accessible information regarding the system and health care in general. The population will be notified in particular of the elements which have a direct impact on them, as the choice of their family doctor, rights and responsibilities of patients and health care providers, health insurance, safety of patients as well as various information regarding the supply of medicines and their effects on health.

There will be continued monitoring of patient satisfaction with the health services they receive, which simultaneously represent the indicator of reform progress and achievements towards improving quality and safety, inclusion and access to health services for all citizens.

Republika e Kosovës
Republika Kosovo - Republic of Kosovo
Qeveria - Vlada - Government

MINISTRIA E SHËNDETËSISË /
MINISTARSTVO ZDRAVSTVA / MINISTRY OF HEALTH

Annex 1: Logical Framework - HSS 2017-2021
Shtojca 1: KORNIZA LOGJIKE – SSSh 2017 – 2021

Logic of Intervention	Indicators	Verification Source	Assumptions
STRATEGIC OBJECTIVE I: PROTECTION AND ADVANCEMENT OF HEALTH	Life expectancy increased to 72 years	Annual Report, NIPHK	
Specific Objective 1: Promotion of healthy lifestyle	Smoking decreases to 3.5% in the general population	STEPS's Report, NIPHK	
R 1.1. Action plan for education and health promotion implemented	Annual report of EF submitted to MoH starting from the end of 2017	Annual Report, EF	
R 1.2. Project "Schools for health promotion" implemented	200 trainings, on the concept of promotional schools held	Annual Report, NIPHK	
Specific Objective 2: Improve health of mother and child	Perinatal mortality rate decreased below 10‰	Perinatal Report, NIPHK	Regular reporting by health institutions
R 2.1. Action plan to improve health of mother and child implemented	Infantile mortality decreased below 10‰	Analysis of health status, NIPHK	Building the capacity of health employees to educate mothers
Specific Objective 3: Reducing the incidence of infectious diseases	The level of inclusion in regular vaccination increased to 95% (0-12 months)	Annual Report, NIPHK	
R 3.1. Action Plan for HIV/AIDS implemented	Diagnostic reference unit for HIV / AIDS in NIPHK for measuring VL and-HIV genotyping, established	Annual Report, NIPHK	Strengthening human resources
R 3.2. TB Action Plan implemented	Incidence of TB cases reduced to 36/100,000 with the epidemiological trend of 3.5% per annum	Report from the Office for TB, MoH	
R 3.3. Action Plan for Antimicrobial Resistance implemented	100% sale of antibiotics with doctor's prescription	Report by KNPKIS	
R 3.4. Measures to prevent hospital infections implemented	The level of implementation of hand hygiene increased to 65%	Report by KNPKIS	Quality Division functionalized

Specific Objective 4: Prevention and control of chronic conditions	Inclusion of 80% of students in lower secondary schools and higher education and health promotion about risk behaviours and risk factors	Annual Report, NIPHK	Inter-institutional coordination
R 4.1. Draft Strategy for the prevention and control of chronic non-communicable diseases	Strategy for prevention and control of chronic non-communicable diseases approved by the MoH	Approved Strategy Document	
Specific Objective 5: Health Policies for all	Assessing the impact of environmental factors on health conducted by the end of 2017	Evaluation Document	
R 5.1. Strategy for mental health implemented	Strategy and Action Plan on Mental Health revised by the end of 2017 by the MoH	Mental Health Strategy	
R 5.2. State Committee for environmental health functionalized	State environmental health committee operational by the end of 2017	Minister's Decision	
R 5.3. Health of vulnerable groups improved	Elimination of lead poisoning cases	Annual Report, NIPHK	
STRATEGIC OBJECTIVE II: ENSURING SUSTAINABLE HEALTH FINANCING	The percentage of citizens who do not have access to basic health services for economic reasons reduced to 5%	Annual Report, NIPHK	
Specific Objective 1: Reorganization of health financing	Basic list of services from health care provided by health institutions based on signed contracts	Annual Report, HFA	
R 1.1. Health Financing Agency functionalized	Premiums collected by all employees in public institutions by the end of 2017	Annual Report, MoF	
R 1.2. Health Insurance Fund functionalized	Premiums collected by 50% of employees in the private sector (with VAT) starting from 2018, this percentage grows to 15% annually	Annual Report, MoF	

R 1.3. HIF financial resources used effectively	Full supply of medicines and consumables from the essential list to all public health institutions	Report from the Pharmaceutical Division	
Specific Objective 2: Inclusion of the population in the compulsory health insurance	Premiums collected from 50% of the population for compulsory health insurance	Report by TAK	3.5% of the payment of premiums provided by the Government
R 2.1. Basic package of health services implemented	List of basic health care approved on annual basis starting from 2016 by the Government	List of approved basic health care	Budget allocation to cover the basic package of services depends on the health budget as part of GDP
Specific Objective 3: Providing accessible and equal health services	The percentage of citizens who do not have access to basic health services for economic reasons reduced to 5%	Report by KAS	
R 3.1. Contracts with the three levels of healthcare institutions signed	Service contracts between HFA and the health care providers of the basic package signed by all public institutions on an annual basis	Annual Report, HFA	Funds to recruit additional staff must be provided
STRATEGIC OBJECTIVE III: REORGANIZATION OF HEALTH SECTOR	The degree bed occupancies increased by 5% per year	Health Status Analysis Report, NIPHK	
Specific Objective 1: Reorganization of MoH	All positions filled in based on the internal regulations of the MOH by the end of 2017	Reports of monthly coordination meetings of departments	List of employees according to the organogram approved by MPA
R 1.1 Reform Consultative Committee (RCC) of health sector established	Committee established by the end of 2016	Minister's Decision	
R 1.2. Plan of human resources and development of MoH approved	Plan of human resources and development of MoH drafted	Plan of human resources, MoH	
R 1.3. Capacity of staff strengthened	Staff training plan of MoH based on job description, drawn up in 2016 and updated annually	Training plan of MoH updated	

R 1.4. Partnership in health sector coordinated	Harmonization of donor project indicators with indicators of the Health Sector Strategy	Annual Report, DIEKP	GNPS established Data from PMN- MEI completed by donors
R 1.5. Monitoring mechanisms functional	MV's matrix of HSS's drafted and updated every 6 months starting from 2016	MV Matrix	Approval to fill the positions of the MV's Division
Specific Objective 2: Functionalisation of Chambers of Health Professionals	All tasks of CHP fulfilled according to 14 competences defined by law up to the early 2019	Annual Reports, CHP	Ministry of Finance allocates insufficient budget
R 2.1. Physical infrastructure for all CHP provided	5 CHPs have permanent offices and premises for operation until the beginning of 2017	Observation of facility	Ministry of Public Administration has identified facilities for offices of 5 CHPs
R 2.2. CHP Administration functional	100% of administrative staff of CHPs employed under the Law on CHPs until early 2017	List of employed at CHPs	MPA limits the number of administrative staff necessary for the proper functioning of the CHPs
R 2.3. Public functions transferred from MoH to CHP	Selected legal infrastructure for the functioning of the CHPs completed until early 2017	AI approved Regulations approved	Significant delays in the development of appropriate legislation due to insufficient funds allocated by the MoF for the transfer of responsibilities from the MoH
R 2.4. CHP fulfil competences based on their annual plan	70% of selected activities implemented according to plan each year starting from 2017	Annual Reports of Chambers	Significant delays in the development of annual plans due to delayed and/or insufficient funding by MoH
Specific Objective 3: Strengthening of Hospital and University Clinical Service of Kosovo	Procedures selected from Action Manual implemented in all hospital units of HUCSK	Annual Report of Quality Division, HUCSK	

R 3.1. Management structure of HUCSK to strengthen.	Statutes of 8 hospital units of HUCSK approved by the end of 2016 by the MoH	Statutes approved	
R 3.2. Capacities of the health inspectorate advanced	36 new inspectors employed in the Health Inspectorate	Register of Inspectorate employees	
R 3.3. Professional capacities increased based on needs identified	8 hospital units compile the annual continuing professional development plan	CPD Plan	
R 3.4. Contracting services defined by each organizational unit of HUCSK	Basic package of services contracted with each unit of HUCSK	Defined list of services	
Specific Objective 4: Implementation of the concept of family medicine	80% of family medicine teams have their lists of patients	Reports from HI	Selection of a family doctor by citizens
R 4.1. Capacities of family medicine team strengthened	250 family doctors involved in post-graduate specialist education in family medicine (to be completed for standard 1 MF 2,000 inhabitants)	Annual Report, FMDC	
R 4.2. Managerial capacities at PHC improved	100% of MFMC managers trained on basic managerial skills	Training reports, FMDC	Support for capacity building of management
R 4.3. Raising awareness of the population for services of MoF	Operational Plan for the promotion of the concept of family medicine, compiled annually starting from 2016	Annual Report, FMDC	
R 4.4. Provision of medical equipment for meeting the conditions for equal access to health services	90% of PHC institutions are supplied with basic equipment for FM services	Annual Report, FMDC	Donor support provided
R 4.5. Revised standards of quality and safety in PHC implemented	90% of PHC institutions to implement selected standards	Quality Division Report, MoH	
R 4.6. MoF teams provide services based on GCP	20 GCP approved and distributed in all the PHC institutions by the end of 2016	Clinical audit reports, FMDC	

Specific Objective 5: Integrated and functional HIS in all institutions	All HIS stations are accessible to the system by the end of 2016	HIS Department Report	IT operating standards for HIS set by the MoH applied by all HI
R 5.1. IT infrastructure in all health institutions integrated	All public health institutions at all levels of care equipped with IT by end 2017	Monthly reports of public health institutions	
R 5.2. HIS software in all health institutions integrated	All PHI report at all levels of care equipped with HIS software by end 2017	Report of the National Operations Centre	Maintenance of Data Centre in MPA
R 5.3. Legal framework for HIS completed	5 HIS bylaws approved by the MoH	Official Gazette	
R 5.4. Capacities for operation and maintenance of HIS provided	Three-year contracts with economic operators for maintenance of HIS renewed by MoH	Signed Contract	Modalities and financial sustainability of the HIS functionality provided by MF
R 5.5. Training for system administrators and managers implemented	100% of operators trained for HIS	HIS Department Report	Modalities and financial sustainability of the HIS functionality provided by MF
R 5.6. Inter-sectoral, regional and international cooperation for collecting and reporting data advanced	50 health indicators reported to EUROSTAT	EUROSTAT Database	Kosovo has signed the SAA with EU
Specific Objective 6: Continuous improvement of quality and safety, standards and accreditation	100% of the SHC and THC institutions provide institutions GCPs	Report of clinical audits GCPs approved	
R 6.1. Health care standards implemented	80% of institutions of secondary and tertiary level implement the selected standards by the end of 2017	Quality Division Report	

R 6.3. National accreditation plan drafted	National accreditation plan approved by the end of 2019	Decision on approval of the plan	
Specific Objective 7: Improving the delivery of health services	WHO standard for hospital infection rates achieved in HUCSK	Annual Report of the Board for the control and prevention of intra-hospital infections	
R 7.1. Health services integrated at all levels of health care	Administrative Instruction on referral system approved by the end of 2016	Administrative Instruction signed	
R 7.2. Screening programs designed	Screening programs for breast cancer, cervical cancer and colorectal cancer approved by the MoH by the end of 2017	Screening programs approved	No response of population to screening programs
R 7.3. Construction of functional health infrastructure	Paediatric Surgery and new Emergency Clinic in HUCSK established by the end of 2018	Technical acceptance of Paediatric Surgery and new Emergency Clinic	
R 7.4. Capacities for assessment of medical technology advanced	Software for inventory of equipment in Health Institutions is updated by entering medical equipment until the end of 2016	Annual Report of assets (equipment) of health institutions	
R 7.5. Management of medical products in primary health care improved	Increasing the level of supply of medical products to health institutions to 95% from the essential list	Annual Report of PhD, HFA	