HEALTH SYSTEM MANAGEMENT IN TRANSITION COUNTRIES - THE CASE OF KOSOVO

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Abstract:*The impact of transition in post-conflict countries on population health and health infrastructure is well documented; however, the international community 's efforts to rebuild health systems in the post - conflict period have not been systematically reviewed. Based on a review of the relevant literature, this paper develops a framework for analyzing the management of the health system in countries in deep political, socio-economic transition and the possibility of implementing health system reform in post-conflict Kosovo.*

The paper outlines the current healthcare sector reform process in Kosovo and the challenges to its implementation. The reform attempts to introduce modern public management principles into Kosovo's healthcare sector, including a purchaser–provider split, performance incentives, and performance-based contracting, as well as a reorganization of healthcare service delivery with a view to improving effectiveness and efficiency.

The purpose of this paper is to make a structured analysis of health management in Kosovo and to evaluate possible creative alternatives for a sustainable health system that meets the demands and needs of the citizens of Kosovo.

Key words: *Health management, reform, health care, impact, transition.*

УПРАВЛЕНИЕ НА ЗДРАВНАТА СИСТЕМА В СТРАНИТЕ В ПРЕХОД – СЛУЧАЯТ С КОСОВО

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Абстракт: *Въздействието на прехода в постконфликтните страни върху здравето на населението и здравната инфраструктура е добре документирано; обаче усилията на международната общност за възстановяване на здравните системи в следконфликтния период не са били систематично преразглеждани. Въз основа на преглед на съответната литература, този документ разработва рамка за анализ на управлението на здравната система в страни в дълбок политически, социално-икономически преход и възможността за прилагане на реформа на здравната система в постконфликтното Косово.*

Документът очертава текущия процес на реформа в сектора на здравеопазването в Косово и предизвикателствата пред неговото прилагане. Реформата се опитва да въведе модерни принципи на публично управление в сектора на здравеопазването на Косово, включително разделяне купувач-доставчик, стимули за изпълнение и договаряне, базирано на изпълнението, както и реорганизация на предоставянето на здравни услуги с оглед подобряване на ефективността и ефикасността.

Целта на този документ е да направи структуриран анализ на управлението на здравеопазването в Косово и да оцени възможните творчески алтернативи за устойчива здравна система, която отговаря на изискванията и нуждите на гражданите на Косово.

Ключови думи: *Здравен мениджмънт, реформа, здравеопазване, въздействие, преход.*

Introduction

Kosovo is located in the Western Balkans in south-eastern Europe It has a land area of 10 908 km2 and a population density of 177 habitants/km2 It is administratively divided into 38 municipalities according to the Kosovo Agency of Statistics (KAS) estimations, the resident population is approximately 1.79[1] million, 28% of the population is under 14 years old and 7% are over 65 Life expectancy at birth in 2011 was 74.1 years for males and 79.4 years for females.

Kosovo has a GDP (Gross Domestic Product) per capita of €3,084 (in 2014); one of the lowest levels in Europe. A World Bank poverty assessment report[2] indicates that 45% of Kosovo's population lives below the poverty line, with another 15% living in extreme poverty. The organizational structure of the health care system is composed of the public health care network and facilities in private ownership. Public health institutions are organized into three levels: primary, secondary and tertiary. The current health care reforms started in 2010 and consist of four pillars. The first introduces

[1] Kosovo Agency of Statistics , available at: https://ask.rks-gov.net/media/5537/vlersimi-i-popullsise-2019-angisht.pdf .

[2] World Bank. Report No. 39737-XK Kosovo Poverty Assessment Volume II: Estimating Trends from Non comparable Data. Washington D.C., World Bank, 2007. Available at: http://siteresources.worldbank.org/INTKOSOVO/Country%20Home/21541688/KosovoPAvol2.pdf .

universal health insurance with all the necessary organizational structures. The second pillar introduces the Kosovo Hospital and University Clinical Services (KHUCS) as a coordinating body for the delivery of health care in health care institutions. The last two pillars change the administrative role of the Ministry of Health (MoH) to a strategic one and establish chambers (or associations) for key groups of health professionals to develop their practice.

Kosovo's health sector reform must be analyzed in view of the historical background that led to the re-establishment of the health sector following the armed conflict in 1998–99, NATO's military intervention, and the establishment of a United Nations (UN) interim administration in Kosovo in 1999. Although the UN re-established Kosovo's healthcare system, subsequent efforts to reform the system and improve its performance failed. The Kosovo Government has initiated a new and ambitious healthcare reform building on the existing healthcare system, which was initially established by the UN. However, this reform faces serious challenges[3].

Most importantly, it is an effort to introduce public management principles into the healthcare sector, while the overall administrative system follows traditional administration principles. While the policy design of the reform is sound, the implementation is the weak part of the reform process and likely to lead to another reform failure. A first step towards the reform of the healthcare sector was the introduction in 2000 of a patient co-payment system to supplement budget financing[4]. Although a legislative, organizational reform has been made, an improvement in sustainable health financing, management, planning and

[3] Robert Muharremi, "The Challenge of Introducing New Public Management to Kosovo's Healthcare Sector", available at: https://hrcak.srce.hr/file/263452 .
[4] Valerie Percival, Egbert Sondorp, "A case study of health sector reform in Kosovo", available at: https://www.researchgate.net/publication/43181022_A_case_study_of_health_sector_reform_in_Kosovo .

quality of health services in the health system of Kosovo, it does not even close to meet the needs of the population's health care.

A new reform was attempted in 2009. This time, the key difference was that the reform had local ownership as it was driven by the Ministry of Health and not by the UN. This was because in 2008 Kosovo had declared independence and the UN had since then ceased to exercise administrative functions in Kosovo.

Methodology

During the work process of this seminar, quantitative and qualitative methods of research in the health sector were used, including the review of experiences of implementation of the Sector Strategy 2010-2014 and 2017-2021, legislative framework in the health sector, official statistics from the Agency Statistics of Kosovo and other relevant institutions, analysis and reports from the National Institute of Public Health, Chambers of Health Professionals as well as monitoring reports on the implementation of legislation by the Parliamentary Committee on Occupational Health and Social Welfare of the Assembly of Kosovo.

Through statistical, analytical and descriptive methods we have used relevant local and international research documentation in the health sector, scientific publications, analysis, recommendations and periodical bulletins from WHO, ECDC and other relevant mechanisms that continuously address important aspects of Kosovo's healthcare system.

Health Sector Organization

Financing the Health System in Kosovo - Kosovo’s circumstances differ from those of some other countries of former Yugoslavia, such as Macedonia, Montenegro or Croatia, where a continuation of the social insurance system after the dissolution of Yugoslavia was maintained. Due to various circumstances in Kosovo,

such continuity has been more difficult. Kosovo, not only endured a devastating war in 1998 and 1999, but for a decade prior to that, medical structures, including the medical education system functioned in a parallel existence to the social insurance system that had existed in Yugoslavia, thus leaving health personnel completely isolated.

Government health spending is about 3% of the GDP and 8% of general government expenditure [3]. Only 60% of overall health spending is covered by the government budget. The other 40% is private spending, resulting in significant inequalities in access, and out-of-pocket payments which themselves contribute to increased poverty. Financial barriers in the form of out-of-pocket payments reduce considerable access to health services for lower income individuals and people who cannot afford to pay. A comparative analysis of the budget spent on health in Kosovo for the years 2015 - 2019 gives us this overview:

Economic category	**2019**	**2018**	**2017**	**2016**	**2015**
Salary and wages	7,463,859	8,050,649	8,313,972	7,940,750	7,652,757
Goods and services	10,435,377	34,337,304	29,507,959	24,676,108	9,166,585
Utility cost	159,173	155,408	183,802	183,845	196,571
Subsidies and transfers	2,570,849	11,016,744	14,364,873	9,935,261	9,716,570
Non-financial assets	6,454,579	4,999,345	5,213,494	7,146,481	4,990,190
Total	**27,083,838**	**58,559,449**	**57,584,100**	**49,882,445**	**31,722,673**

Table 1. Budget spent - Ministry of Health, 2015 - 2019, by economic categories.

Patient cost sharing for public services (co-payment for publicly insured services) in general constitutes a relatively small component of financing for health-care, but out-of-pocket payments are substantial in Kosovos's healthcare system[5]. Out-of-pocket payments sharply increased in the late 1990s, reaching share of total spending on health-care almost three times higher than the European average. In Kosovo, considerable investments have been made since 1999 for rehabilitating primary health-care centers and hospitals. This has contributed to improvement in human resources, better conditions for provision of services, and management of health-care facilities. Nonetheless, the current Kosovo health sector is characterized by a low quality of health services, a lack of pharmaceuticals, related supplies, and consumable materials. Table nr.2 represents Percentage of GDP for health 2015 -2019.

Years	**2019**	**2018**	**2017**	**2016**	**2015**
Nominal GDP	7,110.5	6,726.0	6,413.9	6,070.1	5,807.5
% of GDP for Public Health	3.1%	3.0%	2.8%	2.8%	2.9%
% of GDP for private spending on health	2.5%	2.6%	2.5%	2.6%	2.6%
% of GDP for Health	5.7%	5.6%	5.3%	5.4%	5.5%

Table 2. Percentage of GDP for health 2015 -2019.

Inpatient treatment at public hospitals necessitates that patients' families bring their own supplies, such as drugs and their meals before undergoing surgical interventions. Low salaries and poor working conditions in the public sector leave staff

[5] WHO definition: Includes non-reimbursable cost sharing, deductibles, co-payments and fee-for service. Excludes payments made by enterprises which deliver medical and paramedical benefits, mandated by law or not, to their employees. Excludes payments for overseas treatment.

highly discouraged. There is a rapidly growing private sector but considering the high level of poverty in Kosovo, it is not surprising that there are not many such patients in Kosovo who can afford to pay cash up-front, immediately following treatment[6]. Kosovo is among the countries in the region / Europe with the lowest percentage of GDP spent on health compared to other countries, but that tends improvement in public sector spending on population health.[7]

Human resource - The total number of staff in the PHC is 5,453 of which medical staff are 4,579 and non-medical staff 842 employed in the public health sector; of medical staff, doctors are 1,326 of which 476 are family medicine specialists and 3,050 are nurses, of which 2,118 are trained family nurses. Number of doctors in 2013 in institutions secondary and tertiary level health was 1,441, while the number of nurses is 3.96635. So, in 2013 Kosovo had 2,767 doctors and 7,016 nurses employed in public sector. Private health institutions have a total of 3,472 employees, of whom 1,806 are doctors and 1,666 nurses. Compared to the EU or the European Region, Kosovo has a small number of doctors and nurses[8].

High-tech medical equipment - New medical technologies improve diagnosis and treatment capacities, but also increase health costs. In Kosovo, no investment has been made in renovation and purchase of medical equipment, especially high-tech equipment. Number of devices total is: 4 magnetic resonance apparatus - RM (3 in the private sector); 17 apparatus of computed tomography CT (7 in the private sector) and 8 mammography apparatus (2 in private sector). UCCK in 2009, performed 226

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[6] Right there.
[7] Raporti i llogarive nacionale të shëndetësisë për vitin 2017 [In Albanian], available at: https://msh.rks-gov.net/wp-content/uploads/2019/10/Raporti-p%C3%ABr-NHA-SHQIP-2.pdf .
[8] Strategjia-sektoriale-e-shendetesise 2017-2021, [In Albanian], available at: https://msh.rks-gov.net/wp-content/uploads/2013/11/MSH_STRATEGJIA_raport_alb-web.pdf .

procedures of the Republic of Macedonia, increasing to 2,213 per year 2011 and 2,902 in 2012. The international comparison with some EU countries proves that Kosovo has not invested in the purchase of RM and CT devices, but also other technology needed for the three levels of organization of the health system.[9]

Organizing health care - Levels of health care in the Republic of Kosovo based on Law no. 04 / L-125 on health[10], have this organizational structure:

1. Health care is organized and implemented at three (3) levels: primary, secondary and tertiary.

2. Health care services are provided by public, private and public-private health institutions.

3. Health care is provided at the level: state, municipality, employer, individually and at the level of professional service.

Primary Health Care

Primary health care is provided in accordance with the policies, plans, and standards set out in the sub-legal act issued by the Ministry. Primary health care includes: Health promotion, prevention, early detection, diagnosis, treatment, and rehabilitation, related to diseases, disorders, and injuries, including minor surgical interventions; Preventive protection through health promotion programs and systematic visits of children and young people to primary, secondary and tertiary schools in the territory of the Municipality; Maintaining and promoting public health, including sero-prophylaxis, vaccine-prophylaxis, and chemo-prophylaxis in accordance with the law, as well as systematic education and health education of the population;

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[9] Right there.

[10] Ligji.Nr.04/L-125, [In Albanian], available at: https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=8666 .

Promoting oral health and dental health care, early diagnosis and treatment of tuberculosis, organization of emergency and medical emergency services as part of a unique system of services at all three levels of health care; Maternal and child health care services and family planning services as well as mental health services.

Municipalities are responsible for primary public health care and for assessing the health status of citizens in their territory. Municipalities are obliged to implement with priority the measures of promotion and prevention in health care. Primary health care is provided and implemented within the framework of family medicine services, in accordance with the sub-legal act issued by the Ministry[11].

Network of PHC facilities and licensing - PHC in Kosovo is organized through a network of family medicine centers owned by local municipalities. Kosovo has 430 family medicine centers – 20–22 in three northern Kosovo municipalities and 408 in the remaining 35 municipalities. Each municipality has a network of family medicine centers – one main family medicine center and several affiliated centers (with family doctors and nurses) or medical posts (only nurses).

An increasing network of private outpatient practices also provides first-contact care. The number of licensed private institutions reached 1307 in 2015 (1069 in 2014), of which 549 are dental clinics, 126 laboratories, 95 gynecological ambulatories, 79 polyclinics, 67 internal medicine clinics and 49 pediatric ambulatories. No private practices of family doctors were reported. Private PHC providers need to get a license. The division of accreditation of the Central Health Authorities are responsible for assessing and licensing private facilities. The Central Health Authorities have recently discussed whether public health institutions should also be accredited. The initial

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consideration is to have public health institutions accredited on a voluntary basis. None of the 38 main family medicine centers has initiated an accreditation process so far.[12] PHC in Kosovo is based on family medicine, and family doctors are the main PHC professionals. Family doctors evaluate the care provided by the family medicine team, identify problems and lead the team members in resolving them. Kosovo has 379 family doctors trained through three years of residency. Incentives for specializing in family medicine are low since physicians can work as general practitioners without any specialization. The only requirement to be employed as a general practitioner is six months of practice: four months in a hospital and two months in a family medicine center.[13]

Kosovo has 552 general practitioners and thus 931 PHC physicians, both family doctors and general practitioners, for 1.9 million inhabitants. This averages 2040 inhabitants per PHC physician versus 1612 in the WHO European Region[14]. The strategy target of 1540 people per physician by 2020 would require employing additional 300 physicians. This is difficult for many reasons. Currently, the law on health is in the process of being amended, which regulates the activity of PHC in Kosovo, where new changes and orientations are expected for the development and reform of PHC in Kosovo in accordance with the requirements of the time and contemporary trends of overall social development.

[12] WHO European Framework for Action on Integrated Health Services Delivery, available at: https://www.euro.who.int/__data/assets/pdf_file/0013/402250/KOS-PHC-Report-WEB-090519.pdf .
[13] Informative Circular No. 02/2017, Pristina, 19/07/2017 (Protocol number 05-5608, 24/07/2017).
[14] Farnsworth N, Goebbels K, Ajeti R for the Kosovo Women's Network. Access to health care in Kosovo. Pristina: Kosovo Women's Network; 2016.

Secondary health care

Secondary health care includes: hospital services, outpatient services: diagnostic; therapeutic, rehabilitation, emergency transportation, and public health services. The procedures for the implementation of the competencies of the secondary health care are regulated by the law on Law no. 04 / L-125 on health[15] and other by-laws, unless otherwise provided by the relevant legislation on local self-government. Secondary health care is provided through regional hospitals as well as city hospitals. Regional Hospitals (Mitrovica, Peja, Gjakova, Prizren, Gjilan) have been institutionalized in larger municipalities, as well as in two smaller municipalities, Ferizaj and Vushtrri. These institutions offer inpatient treatment (inpatient placement) as well as specialist services including oral health services. Specialist services are also provided in some Polyclinics in the private sector.

Within the SHC is also organized the Professional Mental Health Service through the institutions of Community Mental Health Centers (CMHC) organized in the largest centers of Kosovo, Homes for Community Integration (HCI) and the Center for Integration and Rehabilitation of chronically psychiatric patients in Shtime. Other hospitals which are foreseen based on the Ahtisaari package as well as the Law on the Capital are expected to be managed by the municipality itself. Hospitals are planned to be established in the following municipalities: Gracanica, Strpce and North Mitrovica, as well as the hospital of Prishtina based on the Law on the Capital.[16]

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[15] Ligji.Nr.04/L-125, [In Albanian], available at: https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=8666 .

[16] Strategjia-sektoriale-e-shendetesise-2010-2014, [In Albanian] available at: http://meiks.net/repository/docs/Aneksi_10_-_Shendetesia_V.pdf.

Tertiary health care

Based on the Law on Health of Kosovo,[17] tertiary health care is organized and provided in institutions licensed by the Ministry where, in addition to health activities, university education, specialist and sub-specialist education, as well as scientific research work are provided.

Tertiary health care includes: advanced health care: inpatient, outpatient, and public health; consulting services; and emergency transportation. THC institutions, based on the Law on Health of Kosovo[18], should have a Director of Education and Science, proposed by the relevant faculty of medical sciences. In the institutions from paragraph 1. of article 23 of the Law on Health of Kosovo[19], the heads of the professional health units, in addition to the specialist qualification, must have academic vocation of professor, or in the absence of professor, vocation of doctor of science or preparation senior professional, and must be employed full-time in these institutions. The organization and implementation of the educational process in the institutions from paragraph 1 of Article 23 is determined by a sub-legal act proposed by the Ministry of Health, the relevant Ministry of Education, and the University of Prishtina, approved by the Government.[20] Tertiary health care includes specialized medical services provided by health institutions, where the function of the latter includes lecturing at the Faculty of Medicine for basic medical students and postgraduate studies as well as relevant scientific research. The level of THC is covered by the University Clinical Center of Kosovo (UCCK) within which operate many clinics and institutes and the

[17] Ligji.Nr.04/L-125, [In Albanian], available at: https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=8666 .
[18] Right there.
[19] Right there.
[20] Right there.

University Dental Clinical Center of Kosovo (UCCK). Within this level there are several important national institutes such as the National Blood Transfusion Center (NBTC) which manages the blood collection center, the National Institute of Occupational Medicine (NIOM) which covers health care for employees, the Center Medical Center for Sports and Recreation (CMCSR) as well as the National Institute of Public Health of Kosovo (NIPHK) which offers continuous and sustainable programs for the preservation and promotion of health, reduction of environmental risks, early detection and monitoring of diseases, conditions and problems and is the main source for collecting and analyzing medical data. For the Prishtina region, these tertiary level health institutions also serve as secondary level health institutions.[21]

Private health activity

Private activity in the health sector is regulated by this law, and is exercised on the basis of the principle of full equality with the public health sector, unless otherwise provided by this law. In the private health sector, health activity is not allowed in the following areas:

a) collection of blood and its derivatives; b) forensic medicine and autopsy services; c) epidemiology (except disinfection, disinsectization, and preventive deratization), human ecology, and environmental microbiology.

The organization and functioning of specific health activities in the private sector is regulated by sub-legal acts, issued by the Ministry[22].

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[21]Strategjia-sektoriale-e-shendetesise-2010-2014, [In Albanian] available at: http://meiks.net/repository/docs/Aneksi_10_-_Shendetesia_V.pdf.

[22] Ligji.Nr.04/L-125, [In Albanian], available at: https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=8666 .

Pharmaceutical sector

Based on the Law on Health of Kosovo [6], drugs at every level of health care should be described with unprotected international designations; Exceptions are combined preparations and preparations with slow release of the active substance, which are described by names protected by the pharmaceutical company. Medicines prescribed by your doctor or dentist can only be given by or in the presence of a licensed pharmacist. The pharmaceutical sector is regulated by special laws.

Inspectorates

1. The Health Inspectorate is an administrative body of the Ministry.

The work, organization, authorizations, duties, and competencies of the Health Inspectorate are defined by special law; 2. The Pharmaceutical Inspectorate is an administrative body of the Ministry. The work, organization, authorizations, duties, and competencies of the Pharmaceutical Inspectorate are defined by special law; 3. Sanitary Inspectorates. The work, organization, authorizations, duties, and competencies of the Sanitary Inspectorate are determined by a special law.[23]

Conclusions

- Despite international recognition of the importance of healthcare management in the development of high-performing systems, the path by which countries may develop and sustain a professional healthcare management workforce has not been articulated. Accordingly, we sought to identify a set of common themes in the establishment of a professional workforce of healthcare managers in low- and middle-income country (LMIC) settings using a descriptive case study approach like Kosovo.

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- I consider very important the focus of the authorities that manage the health system of Kosovo to achieve the following objectives: Promoting healthy living, Improving the health of mother and child, Reducing the incidence of infectious diseases, Measures to prevent nosocomial infections implemented, Drafting the Strategy for prevention and control of chronic non-communicable diseases, Health policies for all, Mental health strategy implemented, Reorganization of health financing, Involvement of the population in compulsory health insurance, Basic package of health services realized, Providing accessible and equal health services, Contracts with three levels of health institutions signed, Functionalization of Chambers of Health Professionals, Comprehensive strengthening of Primary Health Care and implementation of contemporary programs and methods of Public Health according to WHO principles and principles of ECDC which would significantly enhance and develop Kosovo's health system.

- From the material we have elaborated we can conclude that countries in deep political and socio-economic transition face great challenges in reforming, organizing, sustainable financing and adequate management of the health system as is the case of Kosovo.

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