



Republika e Kosovës
Republika Kosova - Republic of Kosovo
Qeveria - Vlada - Government
Ministria e Shëndëtesisë
Ministarstvo Zdravstva - Ministry of Health

HEALTH SECTOR STRATEGY

2025-2030

Pristina,
November, 2024

**HEALTH
SECTOR
STRATEGY
2025-2030**

Pristina, 2024

SPEECH OF THE MINISTER



The Ministry of Health approves the Health Sector Strategy 2025-2030, which establishes clear priorities and goals for the population's future health and well-being.

Leadership in a sector that affects our citizens' lives on a daily basis is a huge responsibility that motivates us to work tirelessly to achieve our goals of improving the quality and safety of health care services.

The Ministry's vision is to achieve a healthy population, high-quality and safe health services, and easy, equitable, and cost-effective access. The health sector strategy and action plan aim to provide health policymakers, health institutions, and all other sector participants with the opportunity to contribute and focus on the factors that have an impact on the population's health and well-being through a comprehensive approach.

The implementation of our goals defined by the Strategy will enable the transition of our health system from the level of maintenance to a developing health system, by changing the forms of financing through the operationalization of the mandatory health insurance scheme in health care, the integration of services and increasing transparency and accountability in order to increase citizens' trust in the health system.

A key role in achieving these goals will be the development and continuous support of primary health care, which represents the main link of our health system.

The strategy allows for the strengthening of health coordination, the planning of future investments based on real-world needs, the improvement of health services and the creation of new services that reduce citizens' expenses, the efficient distribution of resources, and the development of a health culture that encourages good health practices and safe eating and living.

The long transition in Kosovar healthcare, which was accompanied by a lack of health insurance, a fragmented and non-functional health information system, years of underfunding, inadequate quality, and a lack of certain services, has taught us lessons that will help us change the future of our health system.

As Minister, I have an obligation to make health a priority in our public policies. The strategy allows us to coordinate, monitor, and implement our activities in collaboration with the healthcare community, which includes doctors, patients, nurses, pharmacists, dentists, and other health professionals and experts.

Defining an effective and transparent management model is critical to the success of our strategy. As a result, we see every participant who has an impact on population health as part of the management structure, with the clear goal of changing health and ensuring that the population receives the health care it deserves.

This document will be made public so that citizens of the Republic of Kosovo can have a clear understanding of the Ministry of Health's main policies and how our health system is meeting their needs in pursuit of a single goal: *Health for all!*

The Strategy is based on the valuable contributions of many dedicated professionals from various fields, without which it would be impossible to develop and implement. The health system that we truly desire can be implemented by 2030, as defined by the National Development Strategy.

For Health. Together.

Prishtina, 2024

Dr Arben Vitia
Minister of Health

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GLOSSARY

HA	Horizontal Agenda
AIDS	Acquired immunodeficiency syndrome
KMA	Kosovo Medicines Agency
FMA	Family Medicine Ambulances
KMS	Kosovo Mosaic Survey
AQH	Accessible Quality Healthcare
KAS	Kosovo Statistics Agency
WB	World Bank
EU	European Union
BMI	Body Mass Index
GDP	Gross Domestic Product
CEB	Council of Europe Development Bank
ECDC	European Centre for Disease Prevention and Control
EEA	European Environment Agency
ESPAD	European School Study Project on Alcohol and Other Drugs
MAR	Medically Assisted Reproduction
HIF	Health Insurance Fund
GIZ	German Agency for International Cooperation
WG	Working Group
HIV/	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HTA	Health Technology Assessment
NIPHK	National Institute of Public Health of Kosovo
HCI	Health Central Inspectorate
STI	Sexually transmitted infections
HI	Health Institutions
MTEF	Medium-term Expenditures Framework
SHC	Secondary Health Care
EC	European Commission
LF	Legal framework
RCGP	Royal College of General Practitioners of United Kingdom
OGC	Obstetrics and Gynecology Clinic
KOSCO	Kosovo Non-Communicable Disease Cohort
PHC	Primary Health Care
THC	Tertiary Health Care
LEM	List of Essential Medicines
MCC	Millennium Challenge Corporation
LOS	Average Length of Stay
MFLT	Ministry of Finance, Labor and Transfers
MICS	Multiple Indicator Cluster Survey
MEI	Ministry of European Integration
MESP	Ministry of Environment and Spatial Planning
MIA	Ministry of Internal Affairs
SAA	Stabilization Association Agreement
MSM	Men Who Have Sex with Men
Ministry	Ministry of Health
ECI	Early Childhood Intervention
NTCP	National Tobacco Control Program
KAPB	Knowledge, Attitudes, Practices and Behaviours
WHO	World Health Organization
OECD	Organization for Economic Cooperation and Development

NGO	Non-governmental organization
CHP	Chambers of Health Professionals
KP	Kosovo Police
NDP	National Development Plan
PM2.5	Particles in the air that measure less than 2.5 micrometers in diameter
Mb	Morbidity
SOP	Standard Operating Procedures
SDOH	Social Determinants of Health
AP	Action Plan
HSAP	Health Security Action Plan 2024-2026
VAP	Vaccination Action Plan
EPI	Expanded Program on Immunization
IRCCPP	Integrative and Rehabilitation Center for Chronic and Psychiatric Patients
KNCBT	Kosovo National Center for Blood Transfusion
MFCM	Main Family Medicine Center
NCOM	National Center of Occupational Medicine
NCSM	National Center of Sports Medicine
UDCCK	University Dental Clinical Center of Kosovo
NTCK	National Telemedicine Center of Kosovo
UCCK	University Clinical Center of Kosovo
FMC	Family Medicine Center
GRK	Government of the Republic of Kosovo
MHC	Mental Health Center
RAE	Rome, Ashkali, Egyptian
AMR	Antimicrobial resistance
IHR	International Health Regulations
HIS	Health Information System
NCD	Non-communicable diseases
NDS	National Development Strategy
SMART	Indicators specific, measurable, achievable, relevant and timely
QMS	Quality Management System
GH	General Hospital
NDSP	National Development Strategy and Plan
COPD	Chronic obstructive pulmonary diseases
RD	Rare diseases
HSS	Health Sector Strategy
STEPs	Comprehensive research on noncommunicable disease risk factors
SWOT	Strengths, weaknesses, opportunities, risks
SDGs	Sustainable Development Goals
IH	Integration houses
HCI	House for Community Integration
MCH	Maternal and child health
PSMH	Professional Service of Mental Health
RHP	Reproductive Health Program
CUHSK	Clinical University Hospital Service of Kosovo
BUR	Bed utilization rate
TB	Tuberculosis
CGP	Clinical guidelines and protocols
WBIF	Western Balkans Investment Framework
OSP/OPM	Office for Strategic Planning within the Office of the Prime Minister

1. EXECUTIVE SUMMARY

The health sector strategy 2025-2030 (HSS) is a document that defines the context, priorities, goals, and measures that must be taken to further develop and advance the health system so that all citizens of the country can receive the highest quality and safest services possible. The Strategy, as the main document for directing developments in the health sector, provides a foundation for linking planned health policies with available budgets and forecasts for the next five years.

The Ministry of Health (Ministry) has begun the substantive reform of the existing health system as outlined in the 2030 National Development Strategy, which is reflected in this document. The health sector reform will ensure full access for all citizens to quality and safe health services without financial barriers, addressing the Millennium Development Goals, specifically the third goal "*Ensuring a healthy life and promoting well-being for all at all ages*" defined by the 2030 Agenda.

The available analytical data in the document have taken into account the demographic structure of the population, which is characterized by the youngest age in Europe, the population's health status, available resources, and lifestyle characteristics.

The strategy's content also advocates for the "*One Health*" approach, which is a collaborative cross-sectoral and multi-disciplinary approach at the local, regional, national, and global levels that aims to achieve optimal health outcomes by recognizing the relationship between people, animals, plants, and their shared environment.

To improve the quality and safety of health-care services, the Strategy calls for the implementation of a quality management system that ensures process and procedure standardization and continuous performance improvement. Furthermore, it is planned to strengthen the process of developing clinical guidelines and protocols, as well as monitoring their implementation through clinical audits, which serve as tools for improving the quality and safety of services, with the goal of increasing citizen satisfaction with the services provided.

The strategy foresees advancement and development of new health services to enable integrated care. This includes the coordination and integration of services and referral between levels of health care, ensuring that patients receive consistent, high-quality treatment tailored to their health needs. The strategy foresees investment in specific areas based on the needs of identified, with an emphasis on the creation of the necessary prerequisites for the provision of transplantation, initially through the creation of the legal framework (the drafting of the Law on organ transplantation planned for 2025), the establishment and operationalization of the competent authority for transplantation and the creation of the necessary infrastructure for providing these services.

In terms of services, the main focus is the implementation of the Strategic Feasibility Study Plan "Improving the physical infrastructure of secondary and tertiary health care 2023-2026", which foresees the reorganization of health services and the provision of equipment for secondary and tertiary level institutions for a long period. Mechanisms for the maintenance of equipment and health facilities will be developed in order to advance technology and medical equipment while also creating standards for their maintenance, with the goal of eliminating waiting lists through these measures.

The pharmaceutical sector will be reformed through effective market regulation and the development of capacities capable of carrying out contracts with the Fund for reimbursement of out-of-hospital drugs. The implementation of the Drug Price Regulation Law and the new list of essential drugs will have an impact on citizens' protection from high out-of-pocket costs, which will impoverish citizens. The increase in the budget for drugs on the essential list, which is around 60 million euros, also contributes to the achievement of this goal. The Ministry intends to expand the range of new products in use, including therapeutic coverage for patients with rare diseases.

The implementation of the Health Insurance Law, as well as the fair allocation of current resources, will improve financial protection and the possibility of access and inclusion for vulnerable groups through health-care coverage from the basic package. The basic package should include health services that address critical needs and will be available to all citizens, regardless of financial status. The strengthening of the health insurance fund is a critical component in the process of reorganizing health financing, specifically the provision of long-term and sufficient financial resources for the healthcare sector. It is critical that health reform policies be supported by government decisions in order to give them the right meaning in terms of finance, law, and timing.

The Government of the Republic of Kosovo (GRK) has identified digitization as a top priority for the country. The Ministry has developed a comprehensive assessment with the goal of strategically orienting the development, functionality, and integration of the SI, which is a necessary prerequisite for evidence-based policymaking. Based on this assessment, the government has approved the Strategic Plan for the Development of HIS 2024-2030, which includes a review of the current state of HIS developments, the restoration of the approach to the architecture of digital health, and the comprehensive development of HIS.

The Health Security Action Plan 2024-2026 will address aspects of health emergency prevention, preparedness, response, and recovery in order to achieve national, regional, and global health security goals.

The strategy prioritizes health promotion and education by establishing a health culture that, in collaboration with citizens and the community, promotes healthy lifestyles and the reduction of risk factors. It is also aimed at delaying the occurrence and reducing the prevalence of chronic non-communicable diseases, through specific programs such as the program for tobacco control, the program for chronic non-communicable diseases and the program for cancer control with special emphasis on fighting breast cancer, lung cancer cervical and colorectal cancer.

According to the European Center for Disease Control and Prevention (ECDC) recommendations, the Strategy includes measures for effective communicable disease prevention and control, with a focus on fully functionalizing the electronic module for communicable disease surveillance, as well as implementing the Plan for antimicrobial resistance and nosocomial infection prevention.

The expanded immunization program will be continuously strengthened by ensuring its long-term viability and increasing vaccination coverage for high-risk and vulnerable populations.

The health of the mother, child, and adolescents is a high priority, and in this direction, the development of early screening programs is foreseen to prevent congenital anomalies, as well as the implementation of programs for interventions in early childhood. Maternal health is an essential aspect of public health that

directly affects the well-being of mothers and children. Providing quality services before and during pregnancy, childbirth and postpartum is essential to ensure good health and favourable outcomes. The strategy aims to include maternal health services in the basic package of health services that is essential to ensure that mothers have access to quality care, health education, and comprehensive support during pregnancy, childbirth and postpartum, thus contributing to the improvement of their health and that of the children.

A key component in this regard is family planning, which, together with other services, contributes to improving maternal health. The Strategy will also pay special attention to people with disabilities, with a focus on implementing the Republic of Kosovo's Action Plan for the Rights of Persons with Disabilities 2025-2027, which aims to integrate people with limited disabilities.

The strategy addresses mental health issues by changing the legal framework, implementing institutional and professional mechanisms, and increasing financial support for services in this area.

As for environmental health, through the functionalization of the State Committee for Environmental Health and interventions to improve environmental indicators, the aim is to address challenges for the development of political dialogue to assess the impact of the environment on health with the involvement of other sectors.

The strategy envisions a proactive approach to membership, cooperation, and participation in relevant regional and international organizations, such as the World Health Organization (WHO) and the Southeast European Health Network, which is critical not only for the advancement of a health system comparable to other European countries, but also for the formation of partnerships that will allow Kosovo to participate in and benefit from regional and international initiatives.

Another goal of this Strategy is to strengthen monitoring and supervisory mechanisms, with the establishment of the Central Health Inspectorate (CHI), which will include health, pharmaceutical, and sanitary inspectorates, as well as the supervision of vitamin preparations and cosmetic products.

The legal and institutional framework will be completed and changed to reorganize health institutions at the secondary and tertiary levels, clearly defining their roles and responsibilities, as well as systematize the jobs of the central administration within the Ministry, including the reorganization of health inspections and the functionality of the Central Health Inspectorate.

The modernization of infrastructure and medical technology will be carried out in accordance with the assessments developed for infrastructure and equipment at the three levels of health care, which will serve as a guide in increasing the capacity of the health infrastructure and equipment for which funds have been allocated.

Human resource planning will be carried out by developing human resource assessments and analyses that will serve as the foundation for a comprehensive ten-year human resource strategy and action plan. These assessments and analyses will be funded through available funds and donor contributions.

The Ministry intends to contribute to the development of a professional and modernized administration in the function of implementing health policies in order to provide professional services to all citizens. Transparency and accountability will be promoted through the Integrity Plan, allowing the Ministry to fulfill its role in preserving and advancing the health of Republic of Kosovo citizens.

The Ministry welcomes the broad contribution of civil society, with a focus on those who protect the rights of patients and everyone in a mutually beneficial manner, to ensure that the challenges confronting citizens' needs for quality health care are met. To ensure that their voice and experience are genuine and valuable in the continuous improvement of health care, it is critical to establish and strengthen patient representation mechanisms, with a focus on the formation of patient councils, which directly involve them in decision-making processes and the development of health policies.

Because of limitations in scope and accuracy, many of the data used in the document were obtained from other sources, resulting in an ambiguous overview of Kosovo's health profile.

To ensure the Strategy's effective implementation, estimates have been made for the funds available in the Ministry's budget and other budgetary organizations in the health sector, in order to match the sector's needs to the financial resources available over the next five years. Financial estimates for implementation are prepared in a multidimensional approach using projections of the 2025-2027 medium-term spending framework, spending limits for budgetary organizations in the health sector, and assumptions for long-term projections.

Based on the facts stated above, a health-care reform has been designed with the goal of improving quality, safety, access to health services, and the preservation and advancement of the population's health.

In accordance with the objectives of NDS for the health sector, the Ministry for the period 2025-2030, has defined two strategic objectives:

OBJECTIVE I: Improving the quality and access to health services

OBJECTIVE II: Preservation and promotion of health

An integral part of this document is the Action Plan (PV 2025-2027), which reflects in detail the activities and measuring indicators that will be fulfilled during this period, and on which health institutions will draw up specific plans and programs for certain fields. AP includes specific activities for reorganization of health institutions, modernization of infrastructure and medical technology, implementation of the concept of family medicine, human resources planning, reorganization of financing, the implementation of the quality management system, the development of the health information system (HIS), the strengthening of institutional and clinical governance, the provision of good health for mothers and children, the strengthening of health promotion and education, the reduction of diseases and the functionalization of mechanisms for the prevention, supervision and control of communicable and non-communicable diseases as well as the strengthening of the concepts "Health in all policies" and "One health".

2. Foreword

The Health Sector Strategy 2025-2030 (HSS) reflects the priorities of the Government of the Republic of Kosovo for the health sector, defined in the National Development Strategy and Plan 2030 (NDSP) also reflected in the Medium-Term Expenditure Framework 2025-2027 (MTEF) as well as the Stabilization and Association Agreement (SAA). The connection with Government documents prevents the disconnection of development policies of the health sector at the country level in terms of the development of political frameworks, strategies for financing as well as ensuring the maintenance of the health system, in general.

With the new Strategic Planning and Management Framework, NDSP 2030 regulates aspects known as horizontal agenda (AH) which include issues or areas that require coordination across the Government or multiple sectors through common objectives and activities. As such, the horizontal agendas are an additional dimension to the usual sectoral planning and are not alternative planning documents but are an integral part of this Strategy depending on the prioritization according to the NDS. An important characteristic of horizontal agendas is that concrete actions are implemented and financed by different budget organizations in several sectors. Therefore, such actions must be planned and costed in the specific sector strategies and included in the budget requests from the organization responsible for the implementation of the actions.

HSS 2025-2030 defines strategic orientation, goals and results that will be achieved in the health sector until 2030 by the Ministry in cooperation with other sectors, interest groups and the population in general.

The main goal is the prevention and treatment of chronic non-communicable diseases and communicable diseases, including behavioural and neurological disorders, maintaining the health of the population, including the workplace, maintaining the workforce and preventing the shortage of professional health staff. aiming to ensure the good health and well-being of all citizens for a healthier life and the provision of quality and safe health care in all cases where it is necessary.

In the Strategy document, two strategic Objectives are defined, in full accordance with the priority goals of the Government of the Republic of Kosovo (GRK) for the health sector, defined in the NDSP 2030. Achieving the Strategic Objectives *Improving the quality and access to health services* such as and *Health maintenance and promotion* will contribute to preserving, maintaining and improving the health of the population by ensuring universal and equal access to quality and safe health services, accessible and affordable for all citizens of the country.

The strategic goal of the Ministry is to orient the reforms in the health system in accordance with the Sustainable Development Goals (SDGs) summarized in the 2030 Agenda, which aim at the sustainable development and well-being of the population at the global level, following taking into account economic, social and environmental aspects, in particular SDG3 with a focus on *ensuring healthy lives for all people, of all ages, and promoting their well-being*.

HSS as a political and professional guide for the development of the health sector, will enable the prioritization of efforts towards strengthening the health sector in terms of universal coverage and the implementation of the *health approach in all policies* through health policies, strategies and action plans which are real, comprehensive, coherent and well-coordinated among themselves, making patient-centred care an essential part of ensuring that health services meet the individual needs of patients and improve their experience of the health system.

The achievement of the objectives of this Strategy will be ensured through the division of responsibilities in a clear way for the implementers, the timing of the achievement of the objectives, coordination and cooperation with all stakeholders in the health sector, the provision of financing through sustainable sources, the continuous monitoring of progress, transparency and accountability.

VISION & MISSION

In the Republic of Kosovo, health-care reforms are aimed at achieving the Sustainable Development Goals (SDGs), which aim to contribute to global sustainable development and well-being by addressing economic, social, and environmental issues. SDG 3 focuses specifically on health and aims to *ensure a healthy life for all people, regardless of age, and promote their well-being*.



Vision

Healthy population



Mission

Providing quality and safe services to all citizens of the country.

GUIDING PRINCIPLES OF THE HEALTH SECTOR STRATEGY

The guiding principles demonstrate the Government's commitment to achieving health care based on Human Rights in health that treats health as a universal right of every individual, equitable, accessible, affordable and sustainable evidence-based health care. The guiding principles of the Strategy are:

Citizen-centered care: Prioritizing citizens' needs, preferences, and values across all health-care processes. To ensure that care is respectful and responsive to the individual needs of citizens by including them in decision-making and planning their care.

Equality and access: Creating equal opportunities for access to health care for all individuals, regardless of sex, nation, race, color, language, religion, political beliefs, social status, sexual orientation, degree of physical and mental abilities, family status and age or on any other basis.

Quality improvement: Implementation of continuous quality and safety improvement initiatives to increase the effectiveness and efficiency of health services.

Integration and coordination: Promoting the integration of services at all levels of health care and with other sectors (social services and community support), in coordination between partners operating within the health sector and different sectors to address fragmentation and to reduced duplication of activities.

Sustainability: Ensuring that initiatives in the health sector are financially sustainable, protect the environment and are acceptable to individuals and the community.

Capacity building: Investing in the development and training of human resources, strengthening professional skills and competencies to meet the needs in the provision of evidence-based health care.

Patient safety: Implementation of documents that ensure good medical practices to minimize risks and prevent harm to patients. Promoting a safety culture where errors and near-error events are reported, analyzed and used to improve practices.

Inclusion: Activating all relevant stakeholders, including patients, health care providers, policy makers and the community, in the development and implementation of health strategies by ensuring that their input and perspectives are taken into account.

Evidence-based decision-making: Using data and analysis to guide decision-making and strategy development. Monitoring and evaluating health outcomes, service performance and patient satisfaction to drive improvements and assess progress.

Evidence-based practice: Using the best available evidence from research and clinical practice to guide decision-making and policy development.

Innovation and technology: Incorporating innovative practices and technological advances to improve the efficient delivery of health care. Research and implementation of digital solutions, telemedicine and other technologies that improve access, quality and safety of care including the potential of artificial intelligence.

Mainstreaming a gender perspective: The planning and implementation of health policies and programs ensures that gender perspectives are integrated into all aspects of health care, from policy development to service delivery, in order to address and reduce gender disparities and promote equitable access to health services for all.

Transparency and accountability: Promoting transparency and accountability in decision-making processes in managing resources, providing services and achieving health outcomes.

PURPOSE & STRATEGIC OBJECTIVES

The purpose of the Strategy is to improve access, quality and safety of health services, promote healthy life, with the aim of increasing life expectancy and the quality of life of the population.

The strategic objectives for the health sector which are part of NDS and which are intended to be achieved through the implementation of HSS 2025-2030 are:

STRATEGIC OBJECTIVE I:

Improving the quality and access to health services

STRATEGIC OBJECTIVE II:

Preservation and promotion of health

The achievement of these two strategic objectives until 2030 is determined through the following impact indicators:

- 100% of the contribution collection for compulsory health insurance
- Reducing citizens' out-of-pocket expenses for health services to 30%
- Vaccination coverage 97%.
- Reduction of perinatal mortality to 8‰
- Reducing Tuberculosis (TB) for 28.5/100,000 inhabitants
- Health information system 80% functional
- Screening for breast cancer, cervical cancer and colorectal cancer covers 70% of the target population
- Life expectancy increase to 79 years;

3. METHODOLOGY

The strategy drafting methodology is based on the criteria defined in Regulation No. 17/2024 of the Government of the Republic of Kosovo's work, Chapter III - Strategic Documents. The main principle guiding the document's drafting was a comprehensive approach and ongoing consultations with health-care officials and experts. The Minister of Health's appointed working group gathered and processed available data, which was repeatedly confirmed by the Ministry's highest levels.

The analytical approach used throughout the strategy drafting process is based on the review and analysis of official data from documents prepared for the health sector as well as other reports made by the sector's strategic partners. The working group has analyzed and examined the annual monitoring and evaluation report of the National Health Service 2017-2021, the National Strategy and Plan for Development 2030, the Analysis of the health status of the population and the health system for 2022, NIPHK 2024, the situation with non-communicable diseases in Kosovo, World Bank 2023, Study of Knowledge, Attitudes, Practices and Behaviors in Kosovo, AQH 2020, Improving physical infrastructure in secondary and tertiary health care institutions, October 2022, Western Balkans Investment Framework (WBIF), 2019 as well as research and other reports.

The official data for the preparation of sector analyzes were provided by KAS, the Ministry and NIPHK. In order to compare the indicators with the countries of the European Union and the region, the data from the reports based on EUROSTAT publications were used.

In the drafting of the Strategy, representatives from the Ministry, the Office for Strategic Planning of the Office of the Prime Minister (OSP/OPM), the Ministry of Finance, Labor and Transfers (MFLT) as well as local and international advisors and experts who supported the drafting process were involved. the document.

After the analysis of the available data, a SWOT analysis was carried out, which was developed with all thematic groups led by the members of the key working group (WG), which were further reviewed in working meetings and conclusions were drawn based on in which the main challenges of the health system have been identified and, accordingly, specific objectives have been defined.

The consultation process and discussions have resulted in the identification of priorities which have been addressed through the drafting of the Action Plan for a period of three (3) years (2025-2027), clearly defining operational activities, implementation deadlines, responsible and supporting institutions as well as the cost of their implementation, always harmonizing planning in accordance with MTEF 2025-2027.

The preparation of the 2025-2030 Health Strategy is planned and carried out in five stages:

Preparatory phase - in order to determine the agenda and work dynamics for drafting the document, a meeting was first held with the key working group, where they agreed on the process and rules for drafting strategic documents.

Analysis of the situation - in order to provide detailed data, local official documents and other relevant documents from international organizations have been reviewed, which have helped to reflect as realistically as possible the state of the health system in Kosovo.

Determination of the vision, mission, strategic objectives and, specific objectives, activities and indicators - based on the intended reform and strategic objectives defined in NDSP as well as the identification of the challenges of the sector, the vision and mission of the Strategy, the specific objectives and is drawn up AP which includes all activities and indicators through which the implementation of the Strategy will be monitored for the given period.

Determining the cost of the Strategy - the policy costing group in the Ministry has assessed the financial impact for the implementation of all activities included in the plan based on MTEF 2025-2027.

Public consultation and finalization of the HSS document - after receiving the comments from the public consultations, they were addressed and the final draft of the document was prepared, which, according to the established procedures, was sent for approval.

4. Background

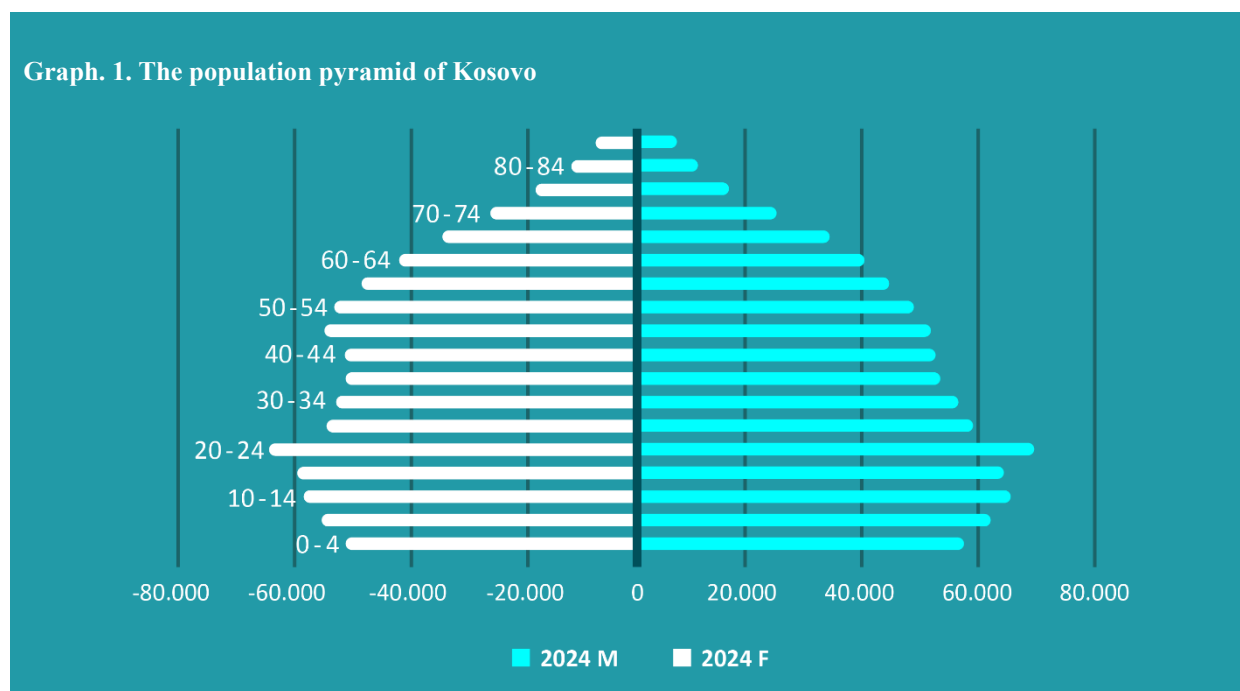
Due to limitations in the scope and accuracy of the data, an accurate overview of Kosovo's health profile cannot yet be presented. Due to political challenges, part of the health information system (HIS) remains unintegrated by municipalities inhabited by non-majority communities, implying that part of the health data is not reported to the institutions of the Republic of Kosovo. Furthermore, private health institutions demonstrate a lack of data reporting. Because the health information system is still in its early stages of operation, all data analysis results should be treated with caution. Despite this, the data presented in the document are based on reports, research, and official health system data.

In the 2017-2021 HSS Annual Monitoring and Evaluation Report ¹, published in 2020, a total of 50 indicators from all shareholder institutions included in the 2017-2021 HSS were analyzed. Of them, there were 12 indicators (24%) with expected performance, 8 indicators (16%) with undesirable performance and 30 indicators (60%) with critical performance, which results in a not so satisfactory performance in the context of achieving objectives set during the years 2017-2021.

4.1 Demographic characteristics and vital statistics of the population

4.1.1 Population in Kosovo

According to the preliminary results of the population census in 2024, the number of the resident population in Kosovo is **1,586,659** of them 795,046 men and 791,614 women.



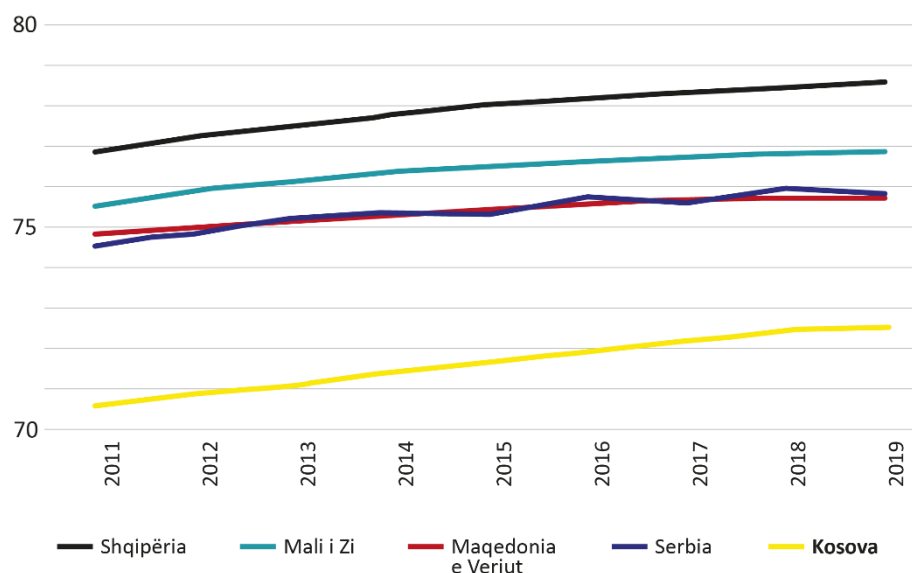
¹The annual monitoring and evaluation report of the Health Sector Strategy 2017-2021

The average age is 34.82 years (an increase of 4.85 years), compared to 2011, when the average age of the population was 29.97 years. The population density per 1 km is 145.5 inhabitants (2024), compared to 159.5 inhabitants (2011). The municipalities with the highest density are Fushë Kosova with 762 inhabitants, Mamusha with 513 inhabitants and Prishtina with 434 inhabitants per 1 km². The municipalities with the lowest density are Novobërda with 22 inhabitants, Ranillugu with 32 inhabitants and Shtërpca with 44 inhabitants per 1 km². From the total of 38 municipalities of Kosovo, 9 of them had an increase in the number of the population, while another 29 had a decrease in the number of the population. The number of family households at the country level was 353,702 in 2024, compared to 297,090 in 2011. The average number of members in a family household is 4.5 people in 2024, compared to 5.9 people in a family household in 2011. in 2011 (decrease of 1.4 inhabitants).

4.1.2. Life expectancy in Kosovo

Life expectancy at birth in Kosovo remains the lowest compared to similar countries in the Western Balkans, the difference being most visible among members of the Roma, Ashkali and Egyptian communities. Although life expectancy in the east increased from 70.44 in 2011 to 72.5 in 2019, citizens of Kosovo still live less than the rest of the Western Balkan countries (Graph. 2). The difference is greatest among RAE communities, whose average was 58.7 years, with women living 2.5 years longer than men (59.9 vs. 57.4). Compared to the national average in 2014, life expectancy among RAE communities is 12.54 years lower for both sexes, the gap being higher for women (13.7) than for men (11.6)².

Graph. 2. Life expectancy at birth in the countries of the Western Balkans



Source: World Development Indicators 2023

²The state of noncommunicable diseases in Kosovo, World Bank Group, May 2023



The goal of increasing life expectancy in Kosovo is being pursued not only through population health care, but also through collaboration and coordination of activities in the context of economic and social development.

4.1.3. Economic indicators

The year 2021 has been marked by a significant economic recovery following the relaxation of restrictive measures imposed during the COVID-19 pandemic. According to official data from the Kosovo Statistics Agency (ASK), the Gross Domestic Product (GDP) increased by 2.97% in 2023 compared to the same quarter the previous year, and by 5.62% in the first quarter of 2024. In 2023, Kosovo's budget reaches the figure of three (3) billion, while 296 million have been allocated to the health sector, this figure increased by 100 million from previous years, but approximately the same in percentages of previous years from the total budget, that is, it does not exceed 10% of the total budget of Kosovo³. A large number of categories of the population, in order to protect themselves from poverty, receive health services for free, while co-payments for other categories are symbolic.

4.2. Health status of the population

The structure of morbidity in Kosovo is relatively similar to that of Western European countries. The main causes of death are chronic non-communicable diseases 1) cardiovascular diseases (46.7%), 2) malignant tumors (28.0%) and 3) diseases of the respiratory system (11.3%), including acute and chronic diseases⁴.

4.2.1. Birth rate

Based on KAS data, 21,654 births were registered in Kosovo for 2023. The largest number of mothers who have given birth to children belongs to the age group of 25-29 years with 32.4%, 30-34 years with 31.2%, 20-24 years with 15.9% and other age groups make up 20% of the number of total number of births. The average age of women who gave birth to children in 2023 is 29 years old⁵. The birth rate during the years 2000-2022 shows a downward trend with variable movement with an average of 0.6‰. The birth rate per 1,000 inhabitants in 2000 was 19.3‰, while in 2022 it was 12.8‰⁶.

4.2.2. Mortality

According to the data from KAS reports, it can be observed that there is a downward trend in the main perinatal data in Kosovo for the period from 2000-2021⁷, while there is a trend of increasing mortality for

³The budget of the Republic of Kosovo; <https://mf.rks-gov.net/page.aspx?id=1,16>

⁴ Data Collection Survey on Health Sector to Build Resilient Health Systems towards Universal Health Coverage in the Republic of Kosovo, February 2022

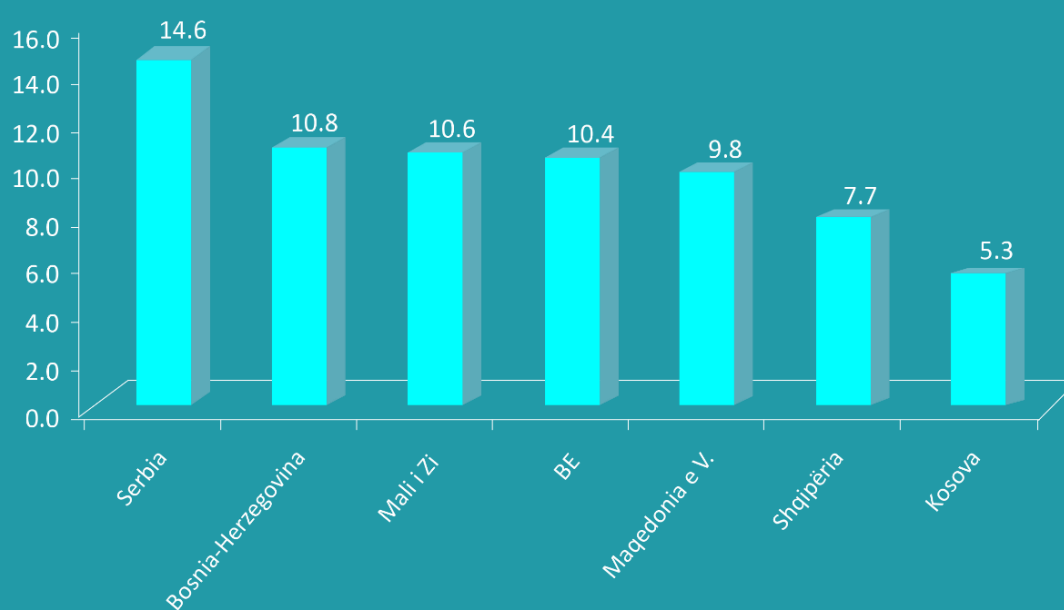
⁵ASK Birth statistics 2023

⁶NIPHK, Analysis of the health status of the population and health system for the year 2022

⁷Perinatal Status Report 2010; KAS: Statistics of births and deaths, 2011-2021; Birth statistics, Department of Health Statistics - NIPHK

the period from 2002-2020⁸. The mortality rate is 5.3 deaths per 1,000 inhabitants for 2019⁹. Compared to the countries of the region and the countries of the European Union, this number is the lowest. Among the countries of the region, Serbia has the highest mortality rate at 14.6‰, while the average for the EU is 10.4‰¹⁰(Graph. 3).

Graph. 3. Mortality rate per 1,000 inhabitants in the region and in the EU, 2019



The latest publication on the causes of death in Kosovo reflects the data for the period 2018-2019. In 2019, 73.2% of deaths are coded (with diagnosis), while 26.8% of deaths are uncoded (without diagnosis). The uncoded deaths for both years are a consequence of the lack of diagnosis by the medical personnel, competent for ascertaining the death and the cause of death¹¹. The total number of deaths in 2022 in Kosovo was 9,845, while the mortality rate was 5.6‰¹². This number is the lowest compared to the countries of the region and is lower than in the EU countries with an average of 12%¹³. The most frequent causes of death in Kosovo for 2021 are: Blood circulation diseases (I00-I99) with 36.7%, COVID-19 (U00-U99)

⁸Kosovo Statistics Agency, and ASK DATA, access 2.11.2022

⁹KAS, Death statistics, 2019

¹⁰Institute National D Etudes Demographiques, https://www.ined.fr/en/everything_about_population/data/épe-developed-countries/population-births-deaths

¹¹Causes of death in Kosovo 2018/2019, ASK

¹²KAS, Death statistics, 2022

¹³World Bank, 2021

with 18.9% and unclassified clinical and laboratory symptoms, signs and abnormal results elsewhere (R00-R99) with 17.5%¹⁴.

4.2.3. Maternal, child and adolescent health

According to the 2022 perinatal report, there were a total of 20,165 births, with the highest percentage occurring in general hospitals (10,500 or 52.1%), OGC/UCCK (8,808 births or 43.7%), maternity hospitals (82 births or 0.4%), and private hospitals (775 births or 3.8%). In total, 19,390 births occurred in public institutions, accounting for 96.2%. Kosovo's public health institutions reported 20,385 live births in 2022, with 9,967 (48.9%) women and 10,418 (51.1%) men. The masculinity coefficient at birth was 1,045.2‰. The trend of births for the time period 2000-2022 shows the trend of the decrease in the number of births with variable movement with an average of 0.9 ‰. According to data from KAS, during the year 2022 health institutions have reported a total of 117 dead babies, of them 82 or (70.1%) are dead babies from 0-6 days, 18 or (15.4%) are dead babies from 7- 27 days and 17 or so (14.5%) are dead babies aged 1-11 months, infant mortality in 2022 was 5.2‰, while in the previous year the value of this indicator was 4.4‰. Between 2002 and 2022, infant mortality rates decreased by an average of 0.6‰. In 2022, infant mortality rates by age are as follows: early neonatal mortality (3.6%), late neonatal mortality (0.8%), and postneonatal mortality (0.8%). In 2022, Kosovo had a perinatal mortality rate of 10.1‰ (6.5‰ for fetal mortality and 3.6‰ for early neonatal mortality), a significant 2.2‰ increase from the previous year. According to the 2020 results, due to the impact of the COVID-19 pandemic and the effects on data collection and recording, the infant mortality rate should be taken with a grain of salt. In 2020, Kosovo's infant mortality rate is 3.0 ‰, a 5.7 ‰ decrease from 8.7 ‰ in 2019. Neonatal mortality rates are 1.9‰ early, 0.5‰ late, and 0.5‰ postneonatal. International comparisons use the perinatal mortality rate for newborns weighing $\geq 1,000$ grams, which was 10.0‰ in 2019. This indicates a decreasing trend in perinatal mortality. Data reporting on maternal deaths is still a challenge. According to the MICS study, almost all pregnant women (98%) in the general population receive antenatal health care from doctors (96.5% in RAE communities). However, the recommended minimum number of antenatal visits (four) is lower among the most vulnerable groups of the population (23% in RAE communities). In the poorest households, 9% of women did not have any antenatal care visits during the first trimester, and 5% did not receive any antenatal care. The data show that the infant mortality rate varies significantly across Kosovo's various communities. According to MICS 2019-2020 data, 15 children out of every 1,000 live births die before their first year of life (70% of whom die within the first month). In contrast, 26 children from RAE communities per 1,000 live births (80% within the first month of life) die before the age of one year. The prevalence of contraception is decreasing (from 15% in 2009 to 14% in 2013 and 9% in 2019-2020)¹⁵. Women in general have a 9% unmet need for family planning, compared to 18% for women in RAE communities. The teenage birth rate and early childbearing rate are 15% and 1% in the general population, respectively 69% and 17% for women in RAE communities¹⁶.

¹⁴KAS, *Causes of death in Kosovo, 2021*

¹⁵Multiple Indicator Cluster Survey (MICS) 2019-2020, UNICEF-KAS

¹⁶KAS, 2014

In terms of adolescent health and reproductive health, data show that adolescents have a lack of knowledge about sexual health, which prevents them from developing skills, attitudes, and values for the protection of personal health and others, for healthy lifestyles¹⁷.

The Ministry intends to improve the health of vulnerable groups by conducting assessments, studies, and monitoring of reproductive health and nutrition for mothers and children. It is currently in the process of drafting the Plan for maternal and child health (MCH) and reproductive health (RH), which includes a full study of the legal framework in this field, the drafting of Clinical Guidelines and protocols, and the functionalization of the Department for Medically Assisted Reproduction (MAR) at the UCK. National screening programs and trainings will be designed to ensure the continuous professional development of health professionals in primary, secondary, and tertiary care. In addition, specific services for children with special needs (autism, Down syndrome) are planned to meet the needs of vulnerable groups. Priority will also be given to strengthening early childhood intervention services in order to monitor children's growth and development in accordance with established standards.

Early childhood intervention (ECI) is a comprehensive approach that recognizes the importance of early support for the development of infants and young children (0-6 years old) who have or are at risk for developmental delays or disabilities, and refers to a variety of services and supports designed to facilitate it. It is founded on the belief that timely interventions have a significant positive impact on the child's development and future well-being. The Ministry, through the Strategic Plan and the Action Plan for Early Childhood Intervention NFH (ECI), will strive for a comprehensive approach to ensuring the optimal development and well-being of children in general, with a focus on children with developmental delays or disabilities across the country. The implementation of these activities will be funded by the government grant for health and the WB loan.

¹⁷UNFPA, WHO, 2014

4.2.4. Communicable diseases

Aside from the COVID-19 pandemic, where 1,336 deaths were recorded with a fatality rate of 2.59%, all other infectious diseases in 2020 were reported in smaller numbers, with a morbidity of 8,638.70/100,000 inhabitants. The most frequent communicable diseases over the years are acute diarrhea and seasonal influenza/ILI, except for COVID-19 in 2020¹⁸. In 2022, the total number of cases of contagious diseases was 332 148 cases with Mb 18 637.85, of which without COVID-19 with 221 393 cases with Mb 12 423.05 while with COVID-19 with 110 755 cases with Mb 6 214.81. In 2023, the total was 246 339 cases with Mb 13 822.85, of which without COVID-19 with 244 186 cases with Mb 13 702.05 while with COVID-19 with 2 153 cases with Mb 120.81. The incidence of communicable diseases in 2023 was 18,637.85/100,000 inhabitants¹⁹. The total incidence of Tuberculosis (TB) for the year 2023 was 585 cases respectively 32.83 cases per 100,000 inhabitants. Kosovo has a low reported prevalence of HIV and AIDS, where 21 cases of HIV and AIDS were reported during 2022. Of the reported cases, one (1) case belongs to the female gender, 20 to the male gender. In the 16-24 age group there are 7 cases, 25-34 aged 7 cases, 35-44 aged 3 cases and in the age group 45-54 aged 4 cases. Out of a total of 21 reported cases, 9 cases (43%) belong to the community of men who have sex with men (MSM) and 12 cases (57%) are heterosexual. No deaths are due to AIDS. From 1986 - 2022, a total of 161 cases of HIV and AIDS were reported with 51 deaths as a result of AIDS. During the year 2022, 178 cases of STI were reported, where the largest number of reported cases is with ano-genital Condyloma 97, Chlamydia 52, Gonorrhea 16²⁰, etc.

In order to strengthen epidemiological surveillance for communicable diseases, the module of the communicable disease surveillance system is currently being operationalized, which will enable detection, reporting and response to reportable diseases and other health events, including the acceleration of development of programs to combat HIV, TB, hepatitis and other communicable diseases and eventual epidemics. The Ministry for the purpose of dealing with HIV and TB only allocated 127,866 euros for social contracts, while for the next three years, starting from 2025, the budget for social contracts will be 243,000 euros. For the period 2025-2027, Kosovo will receive a technical assistance grant in the amount of 3.18 from the Global Fund. million dollars in the fight against TB and HIV.²¹ However, raising the awareness of the population about communicable diseases and their prevention as well as ensuring the readiness of the institutions responsible for epidemics and eventual outbreaks of communicable diseases are considered a priority and their addressing has begun through the drafting of documents that offer solutions for management of these health events as efficiently as possible, with a focus on pandemics caused by respiratory pathogens (Action Plan for Prevention, Preparedness, Response and Recovery for Pandemic Respiratory Pathogens 2024-2026).

¹⁸ Data from NIPHK/2024

¹⁹ Data from NIPHK/2024

²⁰ Analysis of the health status of the population and the health system for 2022, NIPHK 2024

²¹ <https://data.theglobalfund.org/location/QNA/access-to-funding>

Table 1: Communicable diseases in Kosovo, 2021-2022

Sëmundja	Janar-Dhjetor 2021		Janar-Dhjetor 2022	
	N	Incidenca/100,000	N	Incidenca/100,000
ITPR-Pneumonia/ARI	8,897	499.2	16,179	907.9
SARI (formë e rëndë e pneumonisë)	108	6.1	280	15.7
Sëmundje e ngjashme me gripin (ILI)	55,720	3.126.6	100,478	5,638.1
Influenca A	361	20	58	3
Influenca A H3	6	0		
Influenca B				
RSV			68	4
Diarea akute	47,621	2,672	91,247	5,120
Variçella	2,494	140	10,972	616
COVID-19	110,029	6,174	110,755	6,215
Sindromi meningjeal	61	3	112	6
EHKK				
EHSV	2	0.1	1	0.1
Kampilobakter			1	0.1
Sindromi i diarese me gjak	4	0.2		
Intoksikacionet alimentare	189	10.6	504	28.3
Sallmoneloza	14	1.0	31	1.7
Shigelloza			1	0.1
Adenovirozis			32	1.8
Gastroenterokolitet	22	1.2	254	14.2
E. Coli patogjenë			1	0.1
Rotavirus			162	9.1
Hepatitit akut A	8	0.5	23	1.3
Hepatitit akut B	19	1.1	25	1.4
Hepatitit akut C			4	0.2
Sindromë me ethe ekzantematike				
Ethe tifoide				
Morbilli			1	0.1
Parotiti epidemik	16	0.9	25	1.4
Pertussis			1	0.1
TBC				
Tularemia	2	0.1	2	0.1
Brucelosis	6	0.3	22	1.2
Lymphadenitis acuta coli				
Leptospirosis	2	0.1	8	0.5
Toxoplasmosis	2	0.1	3	0.2
Ethet Q				
Echinococosis				
Leishmaniazë			1	0.1
Sëmundja Lyme			16	0.9
Malaria** e importuar			1	0.1
Legionella				
HIV			21	1.2
IST	419	23.5	178	10.0
Parazitozat	6	0.3	16	0.9
Konjuktiviti viral				
Status post ictus ixodes	3	0.2		
Status post morsum cani				
Status post morsum viperi	1	0.1		
*Sëmundje tjera ngjitëse	42	-	63	3.5
Gjithsej	226,054	12,684.6	331,545.0	18,604.0

*Sëmundjet tjera ngjitëse: Scarlatina, Herpes zoster, Erysipella, Mononucleoza

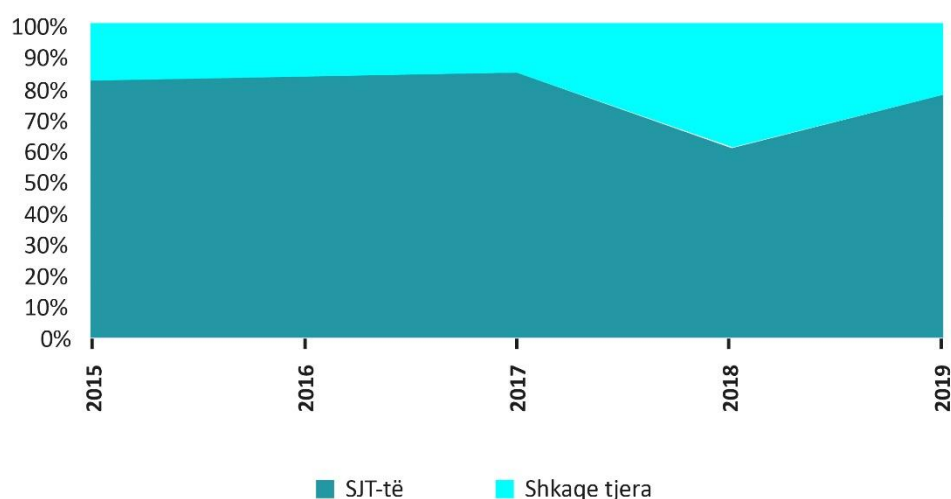
Burimi: IKShPK, Buletini vjetor i sëmundjeve ngjitëse, 2022

4.2.5. Non-communicable diseases

In the research carried out by the World Bank in 2023 "*Situation with non-communicable diseases in Kosovo*"²², the citizens of Kosovo are mainly affected by cardiovascular diseases, cancer and diabetes, while the country is still working on building a strong health system. The rising burden of noncommunicable diseases is already endangering the lives of young people, and there are few ways to reduce risk factors. Chronic disease management fails to meet the population's health needs, particularly the most vulnerable. As a result, the burden of these diseases and their economic impact necessitate immediate action to protect the human capital of present and future generations.

Noncommunicable diseases are the leading causes of death in Kosovo. Since 2015, NCDs, including circulatory system diseases and tumors, have accounted for approximately 80% of all coded causes of death in the country (Graph 4). In 2019, men had a higher mortality rate from cardiovascular diseases (233 per 100,000 inhabitants) than women (210.8 per 100,000 inhabitants). Similarly, the mortality rate due to neoplasms was 105.8 per 100,000 population in males and 63.7 per 100,000 population in females. The decrease observed in 2018 is attributed to the fact that almost one-third (28 percent) of coded deaths were associated with abnormal clinical or laboratory results not identified elsewhere, but more likely due to NCDs.

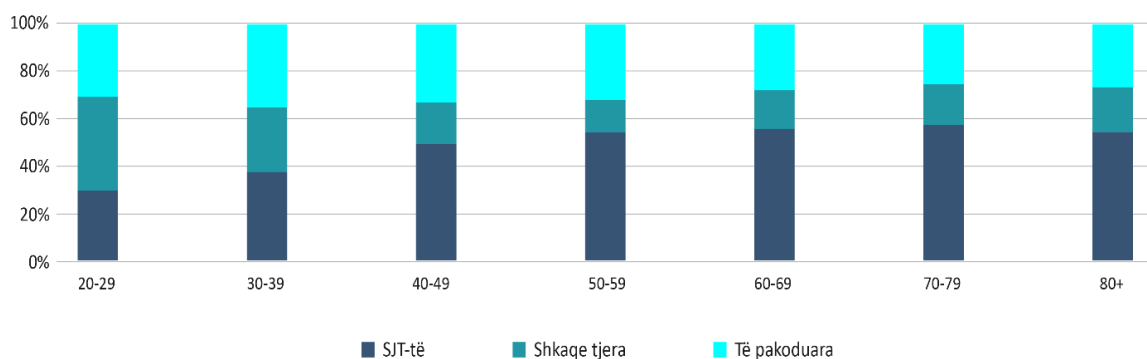
Graph. 4. Main causes of deaths



Source: KAS

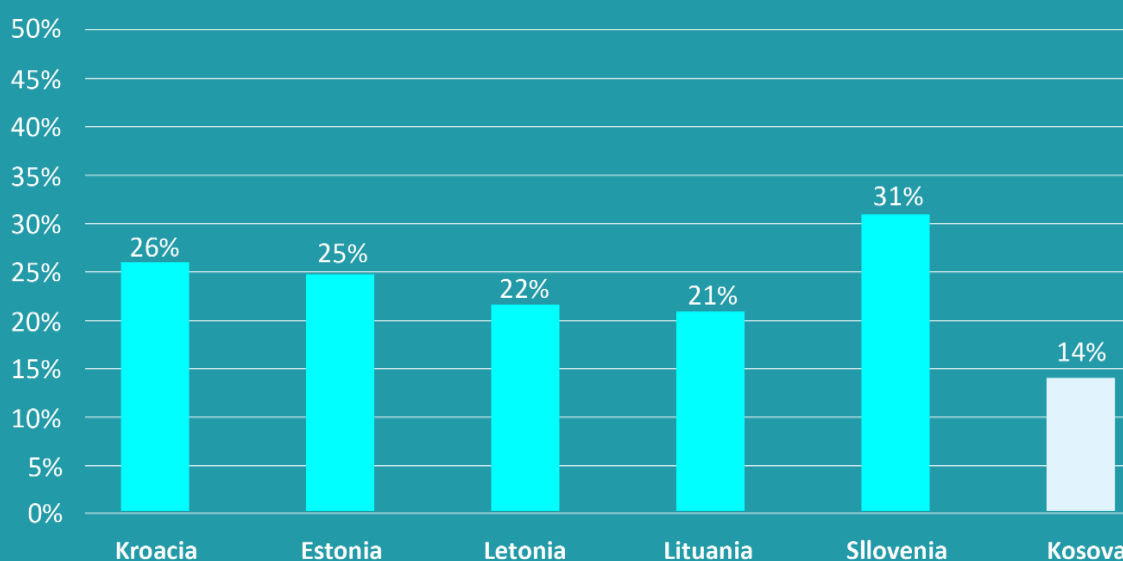
In 2019, NCDs were responsible for more than one-third (1/3) of all deaths among young adults, while the percentage in the population over the age of 40 is double. In 2019, the percentage of deaths from NCDs increased with age (Graph 5). However, the younger age group has already been hard hit by NCDs, with chronic diseases accounting for 40% of deaths even among those aged 20 to 29. On the other hand, NCDs account for more than 70% of deaths among people aged 40 and up.

²²The state of noncommunicable diseases in Kosovo, World Bank Group, May 2023

Graph.5 .: Causes of death as part of total deaths by age group in 2019

Source: KAS

Mortality from malignant neoplasms is lower than the value of similar target sites. In 2019, less than one fifth (1/5) or (14%) of deaths in Kosovo were due to malignant neoplasms as part of all deaths. On the other hand, similar targeted countries reported higher rates, with Estonia (25%), Croatia (26%) and Slovenia (31%) reporting almost twice as many as Kosovo, while Latvia (22%) and Lithuania (21%) have reported proportions closer to Kosovo in the same year (Graph. 6). The low proportion of deaths due to malignant neoplasms in the country may be explained by the quality of the data, such as the high proportion of uncoded deaths mentioned above.

Graph. 6. Deaths due to malignant neoplasms as a share of total deaths in 2019

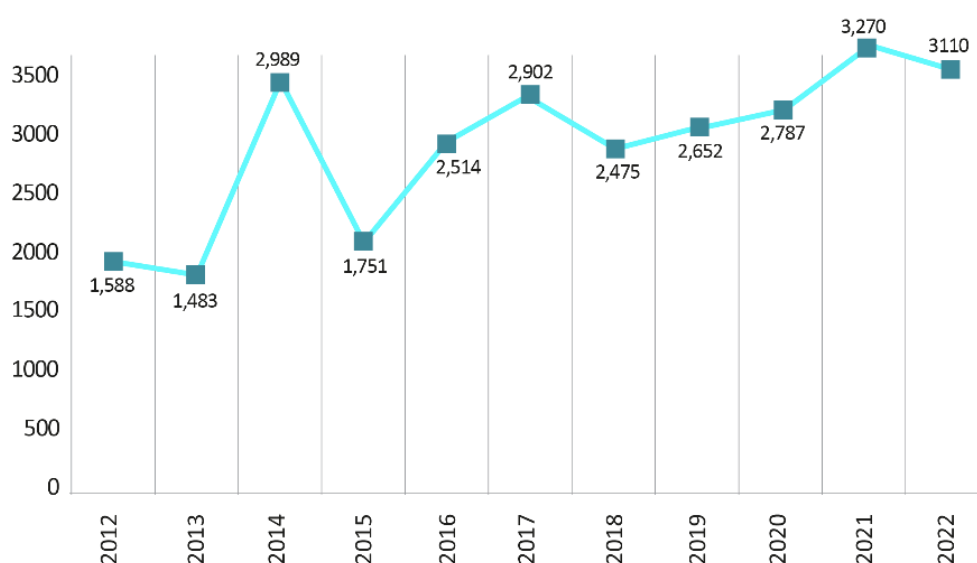
Source: EUROSTAT 2019, KAS

According to the study's findings (Knowledge, attitudes, practices, and behaviors, AQH/2020), 22% of adults (18+ years old) use tobacco products such as cigarettes, cigars, or pipes (31% men, 13% women). In terms of alcohol consumption, 10% of the sample said they drank beer, wine, or strong alcoholic beverages. Regarding fruit and vegetable consumption, the average number of days in a typical week for fruit consumption is 5.6 days per week, while for vegetables it is 6 days per week. The findings of the study show that almost one third (1/3) or (31%) of the study sample does not meet WHO recommendations for physical activity for health (25% of men & 37% of women)²³.

Data from *the Cohort Study of non-communicable diseases in Kosovo* (KOSCO), carried out by the AQH project in 2020, show that poor nutrition (85%), physical inactivity (70%), obesity (53%) and smoking (21%) were frequent risk factors for NCDs. Many cases of hypertension (19%), diabetes (16%) and chronic obstructive pulmonary disease (COPD) (45%) were reported. Uncontrolled hypertension (28%), diabetes (79%) and COPD (76%) were also common²⁴. Regarding obesity, more than 50% of study participants had $IMT \geq 30 \text{ kg/m}^2$ ²⁵.

As for malignant diseases, the registration of new cases over the years has shown a variable movement with an increasing trend, from 1,588 cases in 2012 to 3,110 cases in 2022 (Graph. 3).

Graph. 7. New cases of malignant diseases, 2012-2022



Data source: NIPHK, Report of malignant diseases in Kosovo, 2022

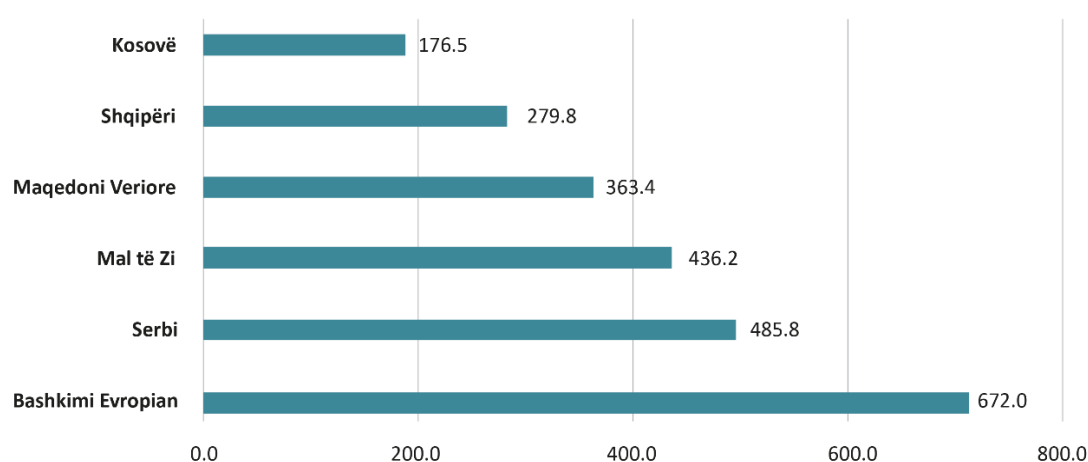
²³ Knowledge, Attitudes, Practices and Behaviour: Non-Communicable Diseases, Child Health and Citizens' Right to Health in Kosovo, AQH Project. November 2020

²⁴ Bytyci-Katanolli A, Merten S, Kwiatkowski M, Obas K, Gerold J, Zahorka M, Jerliu N, Ramadani Q, Fota N, Probst-Hensch N. Non-communicable disease prevention in Kosovo: quantitative and qualitative assessment of uptake and barriers of an intervention for healthier lifestyles in primary healthcare. *BMC Health Services Research*. 2022 May 14;22(1):647.

²⁵ Obas KA, Bytyci-Katanolli A, Kwiatkowski M, Ramadani Q, Fota N, Jerliu N, Statovci S, Gerold J, Zahorka M, Probst-Hensch N. Strengthening primary healthcare in Kosovo requires tailoring primary, secondary and tertiary prevention interventions and consideration of mental health. *Frontiers in Public Health*. 2022 Apr 5;10:630

The incidence of all types of malignant diseases in Kosovo is lower than the countries of the region and in the EU, with 176.5 cases per 100,000 inhabitants (Graph. 4).

Graph. 8. Incidence rate of malignant diseases per 100,000 population, 2022



Data source: International Agency for Research on Cancer, 2022

The awareness of the population about the risk factors and the prevention of chronic diseases depends on several factors, including the intensity and effectiveness of the awareness campaign, access to information as well as the willingness of the population to accept and change their behaviors. In order to achieve this, it is necessary to carry out the organization of information campaigns through the mass, health and educational media, the awareness of the population through educational and informative materials, training for health professionals and educators, the development of health education programs in schools and communities, the promotion of the lifestyle through practical activities and positive examples, continuous support for behavior change through counseling and support programs, monitoring and evaluation of campaign results and awareness programs, integration of public health programs into permanent policies and practices, and improvement and adapting strategies based on feedback and evaluation results. This process requires continuous commitment and effort from all parties involved, including government, non-governmental organizations, the community and individuals ²⁶.

Also, taking into account the aging of the population, globalization and urbanization everywhere, the socio-economic situation as well as the high prevalence of risk factors, it is expected that the burden of these diseases will increase even further, especially if comprehensive disease prevention measures are not taken. For this purpose, the main factors that should be further strengthened are the healthy way of life in a safe environment as well as the reduction of other risk factors. In this context, the activities planned for the prevention of disabilities and premature deaths caused by chronic non-communicable diseases will focus on prevention, early detection and adequate treatment of cardiovascular diseases, malignant tumors,

²⁶AQH/ Study of Knowledge, attitudes, practices and behaviors in Kosovo 2020

diabetes and other chronic non-communicable diseases. It will also strengthen the promotion of good nutritional habits, reducing the use of alcohol and smoking, as well as the promotion of physical activity with priority in the implementation of programs for chronic diseases, in particular the provision of continuous and comprehensive care in the best possible management of diseases. All these activities are addressed in the action plan for chronic non-communicable diseases 2023-2025²⁷, which will be continuously updated.

4.2.6. Rare diseases

Rare diseases pose a unique challenge for public health systems due to their distinct characteristics, large number, diversity, low patient density, limited resources, limited access to experts, and difficulties in effective treatment. According to data provided by the relevant UCCK clinics (year 2022), out of a total of 84 rare diseases diagnosed in Kosovo, 70 can be treated with drugs. At least ten of these diseases must be treated with drugs that are not covered by the LEM and thus must be paid for by the patient. In terms of rehabilitation, there is a lack of multidisciplinary patient care, as well as infrastructure for RD diagnosis and treatment. There are no comprehensive country-level data available for RD.

To address the identified challenges, the Ministry has approved the Concept document for rare diseases (2022), which aims to provide drugs for the treatment of these diseases while also taking into account donor support, the very high cost, and the impossibility of including all in the LEM. In addition, the Health Law will include a special chapter on rare diseases.

4.2.7. Oral health

The assessment of oral health is based on some non-volumetric research conducted in 2011 among preschool (2-6 years) and school-age (7-14) children, which showed a high rate of caries prevalence, from 91.2% in preschool children and up to 94.4% in school-age children. A high rate of dental caries index was found in these children, where an average of 5.9 teeth with caries, fillings or extracted due to caries were found in preschool children. The same condition was also found in twelve-year-old children, with an average of 5.8.²⁸ Even adults have not resulted in a better state of oral health, based on research conducted on nearly 10,000 adult patients. The age group that encountered the highest prevalence of caries was the 18-34 year old with 54%, while on average 12.5 teeth were carious, filled or extracted from caries²⁹. In order to preserve and improve oral health, the action plan for the prevention of oral diseases will be drawn up.

²⁷ Action plan for chronic non-communicable diseases (NCDs) 2023-2025

²⁸ Agim Begzati et al.. Dental Health Evaluation of Children in Kosovo. *Eur J Dent* 2011;5:32-39

²⁹ Blerim Kamberi et al. Prevalence of Dental Caries in Kosovar Adult Population. *International Journal of Dentistry* Volume 2016, 1

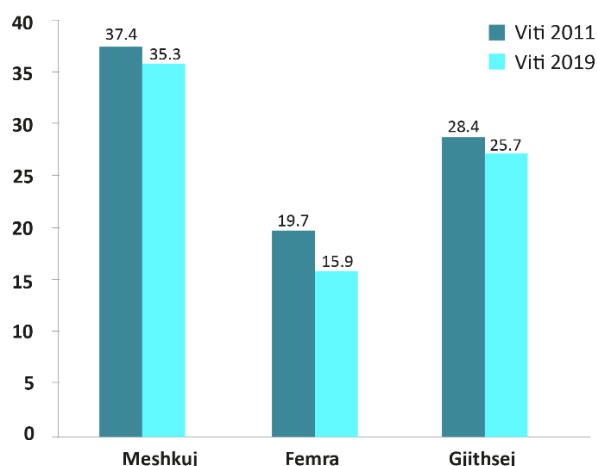
4.2.8. Mental health

Mental disorders represent one of the public health challenges, assessed by the prevalence, burden and disability they cause in individuals, therefore, investments in mental health are essential for health sustainability. According to the report of the European Commission for Kosovo 2023 "Mental health services continue to be integrated services"³⁰, the burden of mental health disorders continues to grow, with a significant impact on health, basic human and social rights, as well as with economic consequences in all countries of the world. Professional mental health services in Kosovo are organized at three levels of health care (primary, secondary and tertiary). Despite significant progress in the field of mental health, particularly in document drafting, some challenges remain. According to the report of the Assembly of Kosovo, despite the achievements with the adoption of the Mental Health Law in 2015, there were problems in its implementation. One of the main obstacles in the process of implementing the law is the non-issue of by-laws by the Ministry as the law provides. Also, the mental health strategic plan has not yet been drawn up. In order to address the challenges in mental health, the Ministry has operationalized the Division of Mental Health and has drawn up one-year action plans to manage the situation of COVID-19 during and after the pandemic. Seven clinical guidelines and three mental health guidelines have been approved so far. In order to meet the needs of people with addiction diseases, the spaces in the department of addiction diseases within the Clinic of Psychiatry have been increased, the use of existing capacities has been reorganized based on current needs, as well as investments have been made in the Department of Child Psychiatry and Adolescents, where the capacities for providing services in this ward have increased. The clinical guideline "Suicide Prevention Measures - Use of restraints" is also in the process of being drafted. The Ministry through social contracting since last year has financially supported NGOs for the development of activities to promote mental health, to promote and prevent HIV/TB infectious diseases, and from this year, the public call for NGOs has been completed with the development of activities to empower young people for healthy living. In order to address mental health issues, the Ministry, with the support of international expertise, in 2022/23 has carried out an assessment of mental health needs, this report in which recommendations are offered for improving the current situation on the basis of which activities are coordinated. According to the assessment, with an investment of €44.5 million, modern psychiatric infrastructure and equipment will be created in harmony with European standards and will meet the needs of the population for adequate mental health services. Regarding the legal framework, the Ministry will provide international expertise to improve the legal framework for mental health in accordance with EU legislation and standards with emphasis on the development of the institutional approach to mental health and the reform of mental health care as a whole.

³⁰ Progress Report/Kosovo 2023

4.2.9. Risk factors

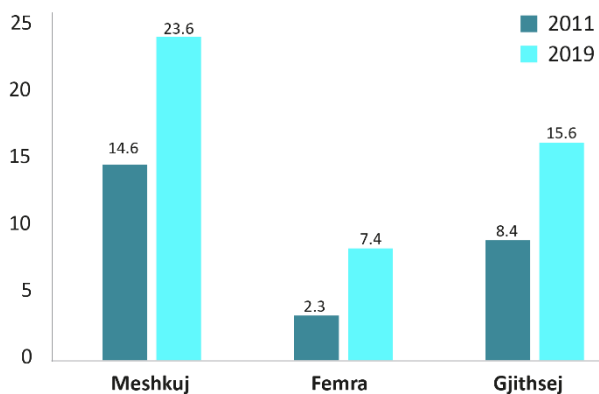
Graph. 9. Percentage of respondents who are current smokers, by gender and years



Source: Steps Fact sheet - Slsh Department

Tobacco - results of the STEPs survey showed that in 2011, 28.4% of respondents smoke (37.4% men and 19.7% women), 25.6% of them smoke on a daily basis (men 35.2% against 16.3% women). According to the years, in 2019 compared to 2011, there is a decrease in current smokers for both men and women (Graph. 5). Compared to EU countries and the European Region, Kosovo has an alarmingly high number of smokers. Considering the emergence of a portfolio of new electronic devices that differ from smoking by not burning tobacco in that they do not create smoke, it would be important to monitor the population of users of these devices separately from cigarette smokers. combustible.

Graph. 10. Percentage of alcohol users in the last 30 days, by gender and years



Source: Steps Fact sheet - HIS Department

Alcohol - based on the data of the STEPs 2019 research, the percentage of alcohol use is not high in Kosovo, 70.6% of respondents declared that they have never consumed alcohol in their life (60.4% men and 80.9% women), while in 2011 84.4% did not consume alcohol (75.5% men and 93.1% women). From these data, there is an increase in the number of alcohol users compared to 2011. The percentage of respondents in STEPs 2019, who have consumed alcohol in the last 30 days, was 15.6% (23.6% men and 7.4% women), while in 2011, 8.4% stated that they had consumed alcohol in the last 30 days, men 14.6% and women 2.3%. From the comparative results, it can be seen that in 2019 there is generally an increase in the use of alcohol, with special emphasis on women (Graph. 6).

Drugs - approximately 10% of boys and 4% of girls have tried drugs at least once in their lives. According to the European School Survey Project on Alcohol and Other Drugs (ESPAD), illegal drug use among students in Kosovo is 7%, which is lower than the average ESPAD of 20%³¹.

Environment – the population of the Western Balkans and Eastern European region is exposed to some of the highest concentrations of air pollution in Europe, up to five times higher than national and EU guideline levels³². Energy, industry, transport, agriculture, waste and consumption of solid fuels together with unfavorable meteorological conditions for the distribution of pollutants emitted into the ambient air, especially during the winter period (November to January), and the frequent creation of smog in that period, have been identified as the main factors of ambient air pollution in the country³³. According to the assessment by the European Environment Agency (EEA), exposure to the concentration of PM_{2.5} was related to 359 premature deaths, to the concentration of NO₂ to 264 premature deaths, while exposure to the concentration of O₃ was related to 135 deaths premature³⁴. Moreover, the behavior and awareness of people in the country regarding air pollution is not satisfactory enough, as stated in the European Quality of Life Survey and the Kosovo Mosaic Survey (KMS). Less than 23% of the population of Kosovo perceive the quality of the ambient air³⁵ as poor^{36,37}.

Based on the findings of the MCC project in Kosovo 2017-2021 where the main focus of the study was the health impact of ambient air quality in Kosovo, estimates have been provided on attributable deaths in the population of Kosovo due to long-term exposures to PM_{2.5} and Years of life lost (YLL), due to premature mortality attributable to those exposures, especially the impact on some vulnerable population groups. About 16% of total (natural) mortality in Kosovo, from specific causes (three-year average) are ischemic heart diseases and strokes. In terms of chronic obstructive pulmonary diseases, the most affected is the age group of 70 years and older, while in terms of lung cancer, the highest burden is reported in the age group of 50-69 years, especially after the age of 60³⁸.

Water - according to EMA 2012,³⁹ 91% of households have access to safe drinking water, and the rest (7%) use water from wells. However, the initiatives that must be taken to protect the health of the population by ensuring the quality of drinking water are the strengthening of human and laboratory capacities for research and risk assessment, monitoring of small supply areas that will ensure the reduction of epidemics from water diseases, the identification and management of risks through water security plans, the management of water resources in an efficient and effective manner (addressing both quantitative and qualitative aspects) as well as awareness to implement the necessary reforms to result in improvement of water quality by controlling water availability among users (hydropower plants, households, industry).

³¹European School Survey Project on Alcohol and Other Drugs, ESPAD, 2019; <http://www.espad.org/country/kosovo>

³²World Bank Regional Report on MCA of the Western Balkans - MCA in Kosovo. 2019 1

³³Ministry of Environment and Spatial Planning. Air Quality Report for November-December 2022 and January 2023.

³⁴EEA/ Annual State of the Air Report 2022

³⁵WHO, UNDP, Joint UN Volunteer Programme. Healthier Kosovo Project (2017-2020).

³⁶UNDP Kosovo. Kosovo Mosaic 2015. <http://assemblio.github.io/kosovo-mosaic-visualizer/en/index.html>

³⁷European Quality of Life Survey. <https://www.found.wpa.eu/data/European-quality-of-life-survey>

³⁸Data provided by NIPHK 2024

³⁹Data provided by NIPHK 2024

Obesity - based on the STEPs 2019 research data on the weight of the respondents, it is observed that of the total number of respondents, 57.2% were overweight (BMI \geq 25 kg/m²), men 60.7%, women 53.5%. The percentage of respondents who are obese (BMI \geq 30 kg/m²) in both genders is 20.0%, men 15.2% and women 25.2%. Compared to STEPs 2011, where obesity in both sexes was 19.2%, it turns out that we have a slight increase in 2019 (20.0%).

Management of medical waste - according to the GIZ report "Management of Healthcare Waste in Kosovo, 2022"⁴⁰, there are numerous deficiencies in waste management within health institutions but also in their treatment outside institutions. In the "Green Agenda" field, HSS aims to ensure a clean environment, including the disposal of medical waste, through funding already provided by the Government of the Republic of Kosovo. Also, the Ministry will strengthen the mechanisms for monitoring the implementation of the approved PV and PSO in all institutions where medical waste is generated.

Microplastics are everywhere in the environment we live in and their impact on human health, as well as animal health and ecosystems, is still the subject of ongoing research. However, research has found that microplastics can affect the human body by stimulating the release of endocrine disruptors and can carry other toxic chemicals, such as heavy metals and organic pollutants, which can negatively affect the human body. The European Union aims to reduce microplastic pollution by 30% by 2030, through several proposals aimed at reducing human exposure to microplastics. The Council of Europe and the European Parliament reached an interim political agreement on a proposal to remove microplastics and other micropollutants from urban wastewater. According to this proposal, at least 80% of the costs necessary to remove pollutants in the wastewater treatment process will be covered by pharmaceutical and cosmetic manufacturers, in accordance with the "polluter pays" principle. By 2045, the interim agreement would require EU member states to remove a broad spectrum of micropollutants from urban wastewater before releasing it into the environment. The Republic of Kosovo, within the framework of completing the legal framework and aligning the legislation with the European Union, must create the necessary administrative and institutional capacities to integrate these EU goals into practice. The Action Plan of the Health Sector Strategy 2025-2030 will provide for the development of an assessment of the capacities for the reduction of microplastics in our country, so that based on the available resources, activities can be developed to address this public health challenge.

The strategy also considers the social determinants of health (SDH) which represent the conditions in the environment where people are born, live, learn, work, play, worship and age that affect a wide range of health outcomes and risks, functioning and quality of life. SDHs have a major impact on people's health, well-being and quality of life which also contribute to health inequalities, so promoting healthy choices alone will not eliminate these and other health inequalities without the involvement of other sectors such as education, transport and infrastructure.

The Agency for Radiation Protection and Nuclear Safety (ARPNS) is responsible for the supervision and monitoring of the situation for activities related to ionizing radiation sources and nuclear safety. Currently, there is no systematic research on the impact of ionizing radiation on the health of people in Kosovo. There are no available data on how many people are poisoned as a result of exposure to chemicals, by type, causes

⁴⁰GIZ, *Healthcare Waste Management in Kosovo, 2022*

and circumstances of poisoning, as well as the results of potential poisonings. Also, there is still no satisfactory inter-sectoral cooperation that would enable systematic treatment of the impact of climate and climate change on the health of the population in the country.

Given the impact of these factors on the health and well-being of the population, the Ministry will address these issues through the initiation of research in these areas, strengthening cooperation with other sectors and utilizing opportunities for cooperation with relevant organizations in the country and abroad.

4.2.10. Protective factors

Vaccination - as the most effective way to prevent communicable diseases has a fairly high coverage rate across the country (92% in 2023). In order to ensure the maintenance of the desired level and coverage as much as possible and at the right time, the Vaccination Action Plan (PVV) 2024-2026 was approved with the inclusion of three new vaccines in the regular calendar (vaccine against pneumococcus, rotaviruses and HPV), for which the Ministry has secured a budget of €4.8 million. The Expanded Program of Immunization (EPI) is a financially sustainable program where all vaccines are provided on time and are offered free of charge to the entire population of the country. Vaccination of vulnerable groups remains a challenge, despite the institutions' commitments over the years to ensure the increase of vaccination through mobile teams. To address this issue, specific activities are planned in the 2024-2026 Vaccination Action Plan so that the rate of coverage and all inclusion is as high as possible throughout the country.

Breastfeeding – 32.1% of newborns are breastfed within the first hour of birth, close to 29.2% of infants are breastfed only up to six months, while 39.2% of Roma children, 55.1% of Ashkali children and 70.8% of Egyptian children up to 1 year, 43.8% of children were breastfed, while 33.5% up to two years ⁴¹.

Fruit consumption - the average number of days of fruit consumption in a week is 5, for women 5.1 and for men 4.9 days. The average number of fruit portions per day is 1.3 for both sexes of respondents. This number is lower compared to the results of STEPs 2011, where the average fruit consumption per day was 1.6% for both sexes. The average number of days of vegetable consumption in a typical week is 6.2, also the same for both sexes ⁴².

Physical activity - 14.0% of respondents do insufficient physical activity, men 11.5%, women 16.5%. From the data presented, it can be seen that there is a need to strengthen services focused on health promotion and preventive services as an integral part of health care by strengthening the skills of professionals, especially in the Public Health Service, but also by intensifying cooperation with other sectors regarding the issues that have to do with disease prevention, such as the education sector ⁴³, etc. The Ministry has approved the action plan for health promotion and education 2023-2025, which foresees the development of promotional and educational activities aimed at preserving and improving the health of the population, including cooperation with the media and civil society to ensure the distribution more extensive health information. In this direction, the national program for healthy aging, the program for public awareness on the consequences of exposure to heat due to climate change, will also be drawn up the national program for the protection and promotion of health in the workplace, as well as the awareness of citizens about road safety.

⁴¹MICS 2019-2020

⁴²STEPS 2019

⁴³STEPS 2019

4.3. The health system

Law on Health 04/L-125 provides the legal basis for maintaining and improving the health of citizens of the Republic of Kosovo through health promotion, preventive activities, and the provision of comprehensive and qualitative health care services. The Ministry undertakes all measures defined by law for the implementation of appropriate actions in order to implement and protect the rights of citizens, residents and other users of health services, in health care. Likewise, the Health Law has determined that the Ministry regulates, supervises and controls the implementation of health care in public and private institutions at all three levels of health care.

Health services in Kosovo are offered through a network of health institutions organized at three levels: primary (PHC with 458 institutions), secondary (SHC with 17 institutions) and tertiary (THC with 19 institutions). Health care services are organized as hospital, out-of-hospital, home and emergency services and are provided in public and private health institutions. In total, there are 2.6 PHC units per 10,000 inhabitants and 0.45 public hospital institutions (secondary and tertiary) per 100,000 inhabitants. Together with private hospitals, there are a total of 2.2 hospitals per 100,000 inhabitants, which is a higher value than in Serbia 1.4, Albania 1.5 and Montenegro 1.8 but lower than North Macedonia 3.2 and EU countries 2.9 per 100 000 inhabitants⁴⁴.

4.3.1. Legal framework

The instruments defined by laws and the institutions responsible for their implementation are essential to ensure universal health coverage and to achieve the Sustainable Development Goals. Such a legislative framework in the health sector has been developed since the time of the temporary administration of the United Nations where initially, immediately after the war, by-laws tried to cover the legal gap. With the declaration of independence, the issuance of new laws has begun, which have continuously been supplemented and changed to adapt to the needs of real regulation of the sector, and currently most areas are regulated. The new phase of completing the legal framework in health was the period after 2012, when the basic laws were completed and approved, new laws were issued which were missing until then. In this context, special importance has been given to the Law on Health Insurance, the Law on Chambers of Health Professionals, the Law on Transplantation of Tissues and Cells, the Law on Tobacco Control, there were also important changes in the Law on Health, as well as the Law for medical products and devices. However, the legal framework in health continues to not provide the necessary provisions to clearly define the roles and responsibilities for all stakeholders, and as a result we have an unsatisfactory level of transparency and accountability that must be addressed. The Ministry aims to regulate the legal fields of health, such as the field of organ transplantation, alternative medicine, deontology, occupational medicine, cosmetics with therapeutic action and the aspect of storing patient data, which in many analyzes and evaluations is considered that confidentiality remains a challenge. The alignment of legislation with the EU remains very low with a number of laws that are partially aligned due to the lack of necessary resources and capacities. All EC reports for Kosovo continue to identify a low level of approximation, but also non-implementation of the legislation in force. HSS aims for the legal framework in health to regulate unregulated areas by 2030 through a comprehensive approach focusing first on amending and

⁴⁴WHO European Data Warehouse

supplementing the Law on Health and the Law on Health Insurance that will define the institutional structure, powers, rights and institutional responsibilities. A large number of current laws will be integrated into the basic law on health, other legal and sublegal acts will be drawn up and approved that will be harmonized with the basic law, while the implementing mechanisms will have a clear role and their powers to enable a more efficient implementation of responsible mechanisms. This whole process will be harmonized with EU legislation.

4.3.2. Network of health institutions

Services are provided through a wide network of public and private institutions spread across the country. According to studies, it has been estimated that the general health care network is suitable for the size of the population and the short distance of transportation in Kosovo⁴⁵. However, the criteria for the establishment of public health institutions are not clearly defined and it is necessary to re-evaluate and reorganize the network of health institutions in order to use them as rationally as possible.

4.3.3. Primary health care (PHC)

PHC represents the entry gate of citizens to the health system and at the same time the coordination point for all other health services. The activity of PHC includes health promotion, prevention, early detection, diagnosis, treatment and rehabilitation related to diseases, disorders and injuries, including dental care, palliative care, home visits for maternal and child care and minor surgical interventions. based on the concept of family medicine. Primary health care is widely regarded as the most comprehensive, equitable and cost-effective way to achieve universal health coverage.

The public network of PHC consists of a total of 458 units, of which each municipality has the Main Family Medicine Center (MFMC/38) as the main unit, with its component units: Family Medicine Centers (FMC/164) and Family Medicine Ambulances (FMA/256).

The Mother and Child Home Visiting Program provides health and counseling services for pregnant women, pregnant women, newborns (from the third day after birth) and children up to three years of age. The program has been expanded to 30 municipalities where during 2023 40,200 visits for mother and child care have been offered and these services are part of the specific Grant for primary health in the amount of €3,400,000.00 for each year⁴⁶.

Within the PHC, challenges regarding capital investments have been addressed through assessments of infrastructure and equipment needs. The Ministry, in cooperation with the AQH project, has created the mechanism based on *'on demand' requirements*, which is responsible for assessing the needs of the municipalities and supports the implementation of good practices in PHC in all municipalities. Through the implementation of the established mechanisms, the rational use of available resources and their fair distribution is possible.

As for the financing in PHC, the budget from the specific grant for health has marked an increase of 11.92% in 2023, compared to 2022. With this increase in the budget, the increase of human resources for 299 new

⁴⁵Master plan, World Bank, 2008

⁴⁶MoH Specific grant for municipalities 2022

positions has been made possible, while with the new formula for the specific grant, €3.4 million have been budgeted for maternal and child health and €2.2 million for palliative care. The Ministry aims to increase the number of home visits to 100,000 visits per year. To achieve this goal, 23 vehicles have been provided for home visits, palliative care, and cold chain provision.

In order to implement the concept of family medicine, the Ministry is in the process of zoning and selecting a family doctor for citizens in the nearest centers, where at the same time the lists of patients who will receive services in those centers will be created.

4.3.4. Secondary and tertiary health care (SHC and THC)

Health services in SHC and THC are offered through institutions within UCCK as a unique way of integrated health services. It includes in-hospital, out-of-hospital, diagnostic, therapeutic, rehabilitative, emergency transport, dental care, as well as public health services in the region. Comprehensive health care includes advanced health care, hospital, out-of-hospital and public health care, dental services, transfusion medicine - transfusion activity, occupational medicine, as well as consular services at the tertiary level of health care. For the region of Prishtina, tertiary level health institutions also serve as secondary level health institutions. Public health institutions, in addition to providing health services, also offer basic, post-graduate education as well as participation in relevant scientific research in cooperation with the Faculty of Medicine of the University of Prishtina and other Higher Education Institutions. The financial means for hospitals are allocated from the budget of the UCCK, and the allocation of the budget is based on allocations or assumptions from previous years, rather than on an assessment of needs or the volume of services. In order to improve the budget efficiency of the three levels of the health system, it will start with the application of performance indicators.

The Ministry is in the process of evaluating the connection of warm corridors in UCCK, the access of persons with disabilities to health institutions, as well as the evaluation of the provision of palliative care at three levels of health care, including *Hospice*, with the support of funds from financial institutions. international.

4.3.5. Health services in prisons

The main focus in improving the health services offered to prison inmates is the advancement of services in order to prevent self-harm and suicide in prisons, which will be done through the implementation of standard practice practices. The Ministry will also address the needs for ensuring the sustainability of professional human resources in these institutions.

4.3.6. Private sector

In addition to public health institutions, health care in Kosovo is also provided by 2,245 licensed private health institutions, of which 29 are hospital institutions, while 2,216 provide out-of-hospital services⁴⁷. Private activity in the health sector is exercised based on the principle of full equality with the public health

⁴⁷MSh, PHI licensed as of March 2023

sector.⁴⁸ In the private health sector, there are 9.2 non-hospital private health institutions per 10,000 inhabitants⁴⁹. Most of the non-hospital licensed private health institutions are dental clinics (626 or 37.8%), while the least are clinics of psychiatry, nuclear medicine, clinical psychiatry and sexology (from 1 or 0.1%)⁵⁰, while there are 1.6 PHI hospital per 100,000 inhabitants in Kosovo. Of the 28 hospitals, 4 are general hospitals and 24 are special hospitals - of which the most (8) are gynecology profile⁵¹. As for the private sector, the Ministry will create mechanisms for the establishment of private health institutions in relation to the needs and demands of the population for those services.

4.3.7. Public health emergencies

The recent COVID-19 pandemic has challenged health systems and other related sectors to mobilize and manage the pandemic in the best possible way. The lessons learned from this pandemic have prompted states to prepare state plans in order to better manage other eventual pandemics caused by respiratory pathogens. In this context, the Ministry has drawn up the action plan for prevention, preparedness, response and recovery for pandemics with respiratory pathogens 2024-2026 as well as the action plan for health security 2024-2026.

plan for prevention, preparedness, response and recovery for pandemics with respiratory pathogens is an intersectoral document which is intended to be used by all intersectoral interest groups, both at the country level and at the regional or international level with purpose of prevention and response planning of countries where there is a pandemic with respiratory pathogens.

Also, based on Law no. 08/L-200 on the Prevention and Control of Communicable Diseases, the implementation of the International Health Regulations (IHR) is in progress, through the implementation of the Health Security Action Plan 2024-2026 (HSAP), this document in which the strategic orientations are defined and the main activities that must be implemented by the line Ministries and other stakeholder institutions/agencies in the three-year mid-term period.

4.3.8. Pharmaceutical sector

As for the pharmaceutical sector, in the EC Reports for Kosovo (2022 and 2023), it is established that the legislation for medical devices and products for human use is partially aligned with the EU legislation. The need for completing and changing the list of essential medicines (LEM) has also been emphasized⁵². The high cost of out-of-pocket expenses for citizens (about 38.47% of total medical costs) limits access for vulnerable groups to health care, and only about 65% of annual health care needs are covered by public expenditures, mainly with fixed costs⁵³. The report states that the supply of drugs from LEM to PHC (procured by the Ministry) has improved in the years 2021-2022. Currently, the level of coverage for drugs from LBE is 75%, according to the institutions' planning. In order to address the challenges in the pharmaceutical sector, the Ministry intends to reform the pharmaceutical sector through an effective

⁴⁸Health Law, No. 04/L-125

⁴⁹Health status analysis 2020, NIPHK

⁵⁰MOH, PHI licensed, March 2023

⁵¹Health status analysis 2022, NIPHK

⁵²Reports of the European Commission for the year 2022/2023

⁵³Reports of the European Commission for the year 2022/2023

regulation of the pharmaceutical market and the building of administrative capacities, initially with the contracting of pharmacies through the Insurance Fund for reimbursement of the list of out-of-hospital drugs. Also, through the amendment of the LBE, the creation of mechanisms for the implementation of the law on the regulation of the price of drugs, the sustainable provision of drugs at all levels of health care, including drugs for malignant diseases, serious diseases and rare diseases, will be aimed at the implementation of the Law on the regulation of the price of drugs and the new List of essential drugs will give impetus to the protection of citizens from impoverishment as a result of high costs for drugs and consumables and will expand the range of new products in use, including therapy coverage of patients with rare diseases.

4.3.9. Medical service of paramedics

According to the reports of the Ministry of Internal Affairs and the KP, the mortality rate as a result of traffic accidents during the last years has seen an increase in victims of all ages and genders. One of the measures to address this challenge is to cover the regular provision of emergency services and increase the knowledge/competence of nurses through the creation of a medical service of paramedics. This is one of the key emergency/pre-hospital services for the protection of the population from unexpected serious diseases, traffic accidents, natural disasters as well as various incidents caused by the human factor that endanger the life and health of the citizens of our country. By providing the medical service of paramedics to the population, the aim is to reduce the mortality rate in traffic accidents, respectively to achieve the coverage of emergency medical service provision. The action plan for paramedics aims to achieve coverage of the regular provision of emergency services in the country, based on the fact that in recent years, there has been an increase in the mortality rate of citizens due to numerous traffic accidents and the increase in risk from natural disasters.

4.3.10. Human resources

Professional human resources in health institutions are overloaded in some specialized fields, while in some other fields there is a lack of staff. This, along with the need to introduce more modern treatment methods, requires immediate action for long-term planning and reorganization of human resources in health. As for the health profiles that are lacking, according to the reports of the health institutions, they are the profile of anesthesiologists and the profile in public health. Occupational medicine in recent years has lost almost all occupational medicine specialists who have retired or died and this requires immediate addressing to cover the needs of the labor market, therefore the Ministry until the creation of human resources with specialist training, this responsibility will be transferred to family medicine specialists (taking into account that the family medicine specialist education program also includes occupational medicine).

The institutions responsible for reporting do not have data on the emigration of health professionals. In order to obtain an approximate estimate of the departure of health professionals from Kosovo, the Ministry, in the absence of data, based on the reports provided by the Chambers of Health Professionals (CHP) on the number of certificates issued to health professionals, in the last five years has observed a trend of increasing requests for ethical certification that can serve as an assumption for this trend. From 2020, 75 certificates were issued, of which 39 men and 36 women, in 2021, with 124 certificates of which 63 women and 61 men, in 2022 with 163 certificates of which 83 men and 80 women, in 2023, 167 certificates of

them 85 men and 82 women. While until August 2024 there are 63 requests for certificates for the ethical past, which should be taken with caution since this number may change by the end of the year. A characteristic of these requirements is that the average age of professionals who requested these certificates during 2020-2022 is 31 years old, while in 2023 it is 28 years old.

The evaluation *"Improvement of physical infrastructure in secondary and tertiary care"* has evidenced the low performance of health professionals in the provision of health services. Despite the fact that the country has a lower number of health professionals per 1,000 inhabitants compared to EU countries, this number is above current needs.⁵⁴

As for the continuous development of human resources in family medicine, the achievements are evident. In this aspect, there is an increase in the development of professional human resources and the quality of postgraduate specialist education, which is a program accredited by the Royal College of General Practitioners of Great Britain (RCGP).

12,390 workers work in public health care institutions, who are presented according to the level of health care and their profile (Table 4). The majority of employees in the public health sector belongs to the primary level of health care 5 532 or 44.5% of them followed by UCCK, 3 581 or 29.1% of them while the secondary level of health care has a small number of employees of public sector 3 277 or 26.4% of them.

Table 2. Profile of employees in the public health care system, 2022

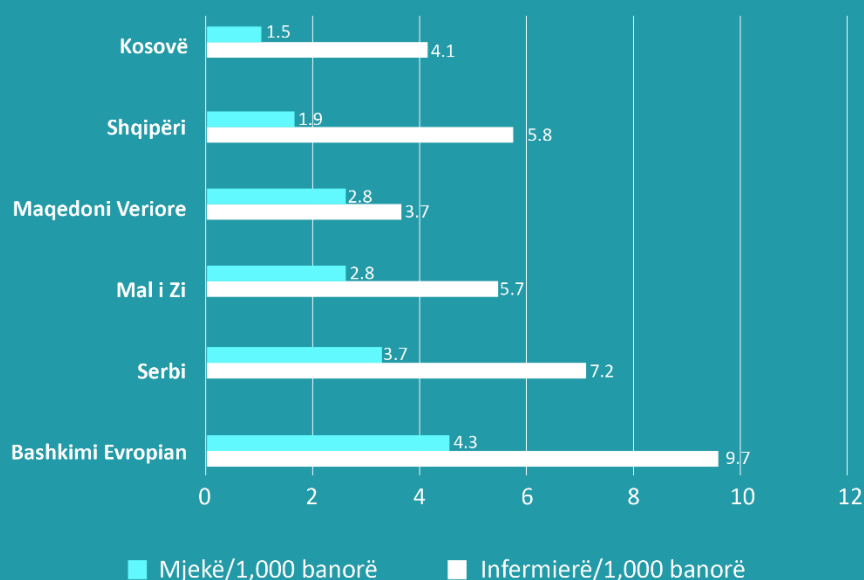
Profili i të punësuarit	Niveli parësor		Niveli		QKUK		Gjithsej	
	N	%	N	%	N	%	N	%
Mjek	1,173	21.2	701	21.4	811	22.6	2,685	21.7
Stomatolog	272	4.9	1	0.0	79	2.2	352	2.8
Farmacist	22	0.4	9	0.3	21	0.6	52	0.4
Infermier	3,220	58.2	1,884	57.5	2,130	59.5	7,234	58.4
Bashkëpunëtor shëndetësor	20	0.4	11	0.3	59	1.6	90	0.7
Bashkëpunëtor jomedicinal	825	14.9	641	19.6	469	13.1	1,935	15.6
Bachelor i fizioterapisë			30	0.9	12	0.3	42	0.3
Gjithsej (N)	5,532	100.0	3,277	100.0	3,581	100.0	12,390	100
%	44.6		26.4		28.9		100	

Mr.

In the public health care system in Kosovo, there are 1.5 doctors and 4.1 nurses per 1,000 inhabitants, where the nurse/doctor ratio is 2.7. For 1,000 inhabitants, there are 0.2 dentists and 0.03 pharmacists. The number of doctors in Kosovo is lower than in the EU countries (4.3/1 000 inhabitants) and the countries of the region. The number of nurses in Kosovo is lower than in the EU countries (9.7/1 000 inhabitants) and all the countries of the region with the exception of Macedonia (3.7/1 000 inhabitants).

⁵⁴Report, Update of the Feasibility Study regarding "Upgrading the Physical Infrastructure of Secondary and Tertiary Healthcare Institutions", October 2022

Graph . 11. Doctors and Nurses per 1,000 inhabitants in Kosovo, the region and the EU



Data source: World Bank, d, 2021 and World Bank, e, 2021
Note: Latest data available

During the years 2015-2022, the number of employees in public institutions of PHC has increased by only 84 employees. According to the profiles, the greatest increase in the number of employees in 2022 compared to 2015 was experienced by technicians/nurses 99. The decrease in the number of employees in 2022 compared to 2015 was experienced by non-medical staff -32 and health associates -26. The number of employees in the public institutions of SHC has increased by 112 employees in 2022 compared to 2015 and all profiles have had an increase in the number of employees, where the most pronounced was the increase for doctors 106 and bachelors of physiotherapy 15. While, the number of employees in the public institutions of THC has increased by 486 employees, or an average of 61 employees per year. The profiles that had an increase in the number of employees in 2022 compared to 2015, were technicians/nurses 294 and doctors 214, while in this year there was a decrease in non-medical staff employees by -106 employees.

From the data provided in CHP, the number of licensed professionals is 5,421 doctors, 35,217 nurses and other health professionals, 1,606 pharmacists, 2,391 dentists and 1,142 physiotherapists, which in total are 45,777 licensed health professionals in the country.

In order to strengthen and secure human resources, the Ministry envisages the drafting of a long-term strategic document for the development of human resources in health care. The document will include the assessment of the current status of available personnel, the existing systematization of jobs and the identification of needs for additional resources at all levels of health care, the creation of mechanisms and tools for monitoring and performance evaluation, the determination of concrete ways of the proper allocation of existing human resources in order to increase their efficiency and availability as well as the creation of economically sustainable mechanisms for rewarding and encouraging health care workers for their work. Also, the aim is to strengthen relations with the diaspora in health through networking of health professionals in diaspora and exchange programs.

4.3.11. Hospital beds

The total number of hospital beds in UCCK and SP as of 2017 is 4,005 (2.2/1,000 inhabitants compared to the OECD where the average was 5.3/1,000 inhabitants in 2017). If there is no large increase in the number of hospital patients, the number of sufficient beds in UCCK and SP would be 2 589 instead of 4 005. The need for beds is 35% less compared to the current number of beds. Despite the low number of hospital capacities compared to countries in the region, the utilization rate in most hospitals and clinics was around 50%⁵⁵. In order to increase the utilization rate of hospital beds, the reorganization of services, the optimization of services through the determination of the appropriate balance between available resources, by applying performance indicators, as well as the periodic training of health personnel for the application of methods of new treatments in addition to the supply of necessary equipment and material for the application of new treatment methods. Through these measures, it is intended to increase the utilization rate of hospital beds to 80% by 2030.

4.3.12. Medical devices

Based on the findings of the 2018 Feasibility Study (updated in 2022)⁵⁶, in UCCK and SP, medical equipment is outdated and some of it needs to be replaced. 60% of the total number of devices are functional (but older than 10 years), less than 10% of devices are younger than 5 years and about 30% of devices are out of order. Despite waiting lists, utilization of equipment is low. Therefore, considering the investments in equipment between the years 2018-2022, it is estimated that €41,067,355 is currently needed for the provision of medical equipment for the secondary and tertiary level, which includes costs for equipment, their maintenance, spare parts, training and infrastructure. The Ministry has drawn up the Strategic Plan for the improvement of physical infrastructure in secondary and tertiary care health institutions 2023-2026, where all the details of potential investments are specified, for which the budget has already been secured.

Table 3. Cost of medical equipment in SHC and THC

Cost 2022	Value in €
Equipment	25,851,830
Mirëmbajtja, pjesët rezervë, trajnimi	3,887,525
Infrastructure	11,328,000
Total	41,067,355

⁵⁵Western Balkans Investment Framework (WBIF), 2019

⁵⁶Report, Update of the Feasibility Study regarding "Upgrading the Physical Infrastructure of Secondary and Tertiary Healthcare Institutions", October 2022

4.3.13. Health activity

In 2022, 11 131 239 visits, 3 234 815 visits to the doctor, 2 946 73 to the dentist and 7 601 751 to other health workers were carried out in PHC. The average daily burden of visits to the doctor is 9.8 visits, to the dentist 3.9 visits, to the nurse 8.4 daily visits. The number of doctor visits/residents is 2.0 visits, while the number of nurse visits/residents is 4.6 visits. In secondary health care, in 2022 there were a total of 299,804 days of treatment, 69,619 inpatients, 17,113 operations and 1,240 dead patients. The indicators of the volume of work and quality in hospitals are as follows: the average treatment is 4.3 days, the utilization of the hospital capacity is 48.4%, beds/doctors (daily load) is 1.5, beds/nurses (daily load) is 0.8, surgeries/doctor is 29.6 and hospital mortality is 17.8%. In UCCK, in 2022 the average treatment was 4.9 days. According to the clinics, the greatest average treatment was in the Institute of Forensics with 75.6 and in the Clinic of Psychiatry with 18.7 days of average treatment, while the smallest number was in Children's Surgery with 2.2 days of average treatment ⁵⁷.

During the period January-December 2023, 8 046 049 different services were offered in UCCK. Within the services provided, 776 185 are recovery days at the country level with a total of 149 148 patients lying down. From the total number of services provided, there are 41,158 surgical interventions, 1,442,984 outpatient visits, 738,527 other diagnostic visits, 4,221,986 laboratory services, 417,644 radiological services, 1,045,336 other or special services, 120,704 medical services. dialysis and 17 710 births. The average days of stay (ADS) per patient in the UCCK was 5.2 days, while the utilization rate of beds was around 58%.

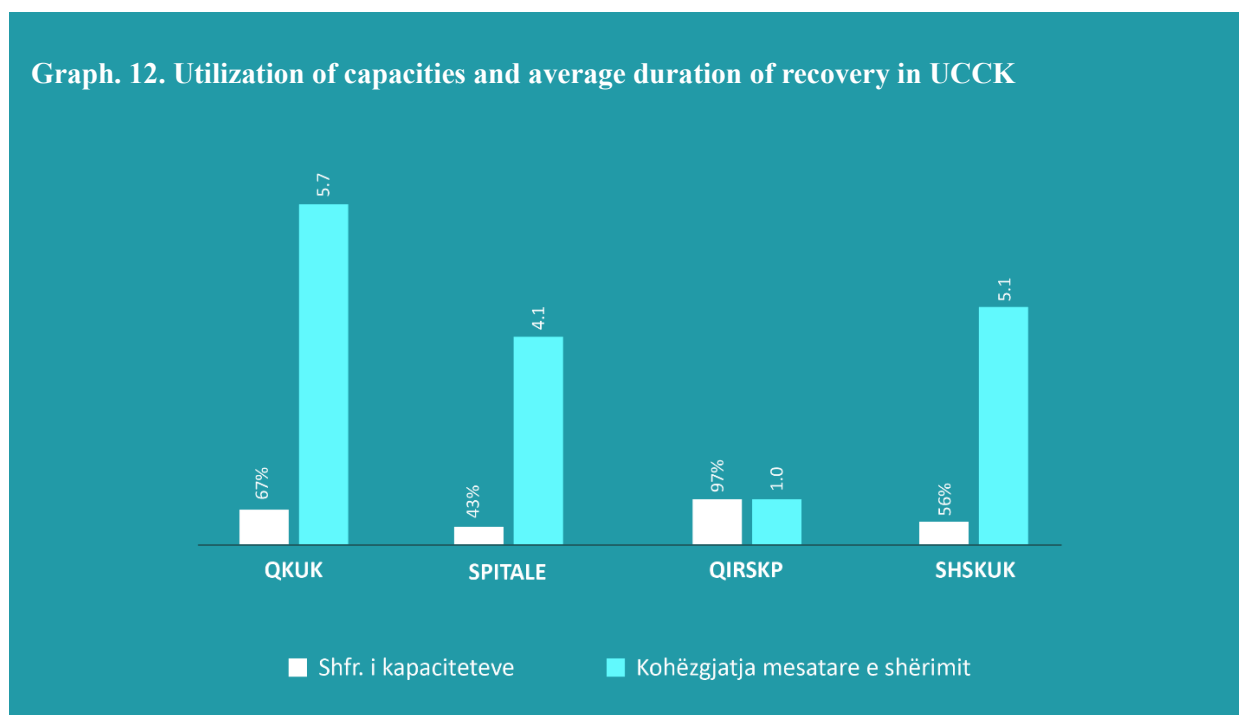
441,759 services were provided at the University Dental Clinical Center of Kosovo (UDCCK), 174,713 services at the National Occupational Medicine Center (NOMC) in Gjakova, 18,457 services at the National Sports Medicine Center (NSMC), and at the Mental Health Centers with Homes for Community Integration, with 8 units across the country, there were 62 bedridden patients with 11,340 days of recovery (only in QIRSKP in Shtime), while in general in QSHM-SHIB, the services performed by units and the year 2022/2023 have reduction of services in general of -19 425 less services or - 16%. According to the units, we have a marked difference in QIRSKP Shtime. In QSHM/SHIB in Prizren we have an increase of 1,216 more services or 8%, in QSHM/SHIB in Gjakova we also have an increase in services for 1,230 services or 6%. Also in QSHM/SHIB in Peja, we have an increase of 1,312 more services or 8%. In QSHM/SHIB in Gjilan we also have a more pronounced increase of 4,174 more services or 21%, also in QSHM/SHIB in Mitrovica we have an increase of 2,636 more services or 13% and QSHM/SHIB in Ferizaj has had an increase of services with 136 services or 2%.

While in QSHM/SHIB in Pristina we have fewer services for 5 590 services or -28% compared to last year. In the National Telemedicine Center of Kosovo (NTCC), professional training and teleconferences were offered to 9,752 health professionals (doctors, nurses, specialists and others) ⁵⁸.

⁵⁷ Analysis of the health status of the population and the health system for 2022, NIPHK 2024

⁵⁸ Annual report, January-December 2022, UCCK

Graph. 12. Utilization of capacities and average duration of recovery in UCCK



However, in all the health institutions of SHC and THC in Kosovo, the utilization rate of beds is below the recommended rate in terms of providing effective and efficient health care. This fact should be considered very important since all health service providers are paid based on historical services/beds and not based on performance. The Ministry will define performance-based payment mechanisms for health institutions and health professionals. The analysis of the performance of health institutions has shown an irrational use of available resources as well as a low level of productivity of health institutions as a result of the lack of infrastructure, equipment and continuous professional training. The lack of taking concrete actions and maintaining the existing situation will affect the continuation of the non-rational use of the current budget, a continuous decrease in the efficiency of health institutions, which would result in the continuous dissatisfaction of patients with the services offered to them.⁵⁹

In order to address the identified challenges, the main focus of the Ministry is the implementation of the Strategic Plan of the feasibility study "Improving the physical infrastructure of secondary and tertiary health care". This plan has a cost of €41,423,675, which will be provided through international financial mechanisms.

With the implementation of this plan, it is intended to reduce the waiting lists and gradually remove the waiting of patients for these health services.

⁵⁹WB17-KOS-SOC-02 Upgrading the Physical Infrastructure of Secondary and Tertiary Healthcare Institutions: Feasibility Study

4.3.14. Emergency services

Currently, emergency services in the UCKK are offered in a space of 507 m², with 22 beds for daily stay (1.23 beds/100,000 inhabitants). This situation causes daily difficulties in providing necessary health services to citizens in need. Emergency services still do not have a consolidated and integrated network, although they are considered very important and affect the quality of life and rehabilitation of a patient whose life is at risk. The emergency services referral system is still stuck and contributes to the inefficiency of the use of available resources, but also to the bypassing of this institution and the request for emergency assistance in other institutions. A challenge in itself is the lack of protocols that would enable treatment in both diagnosis and treatment based on selection techniques according to international standards.

Based on the assessment of the emergency capacities of 2023⁶⁰, the lack of advanced equipment for saving and monitoring life, especially in the Emergency Department, has been identified. Many buildings that provide emergency health services are old and do not meet up-to-date infrastructure standards. There is no dedicated triage area to receive the patient and assess their condition by a qualified team. There is no national Call Center, so without information it may not reach the designated department to respond in real time and efficiently. There is no well-established emergency management system at the national level. Although services are available 24/7, patients may need to wait a long time due to the lack of ambulances. Based on the assessment findings, the Ministry intends to update the infrastructure to enable conditions for the provision of emergency health services, with an emphasis on the construction of the Emergency Center in UCKK which is expected to be completed by 2027. The first step in this process is the establishment of the national emergency system and the national emergency register. In any institution, it is essential to define the emergency team and base their work on the concept of triage where patients will be categorized based on the severity of their injuries and, therefore, the order in which multiple patients require care and monitoring.

In order to strengthen human capacities, the Ministry will develop a training program (training of trainers) which will be led by international experts to support them in starting their work as trainers. Law No. 05/L-024 on emergency medical service has not been implemented since 2016 due to the unaffordable cost for the budget of the health sector, therefore its amendment is foreseen.

4.3.15. Financing the health system

Health financing is mainly realized from the Budget of the Republic of Kosovo, own revenues and borrowings. Own revenues in primary health care are used to partially finance the implementation of capital projects for municipal health.

Based on the data of the 2021 National Health Accounts Report, the percentage (%) of GDP for public health, including donations, was 3.69%, while the percentage (%) of GDP for private spending was 2.48%. The percentage of GDP for private insurance expenses was 0.28%. In total, the percentage (%) of GDP for total health expenses was 6.44%.

Based on the GDP data for health, 38.47% of the expenses are from the citizen's pocket, of which 68% are for drugs, therefore one of the main elements for reducing the citizen's expenses for health is the increase in the financing of the public sector for health, with emphasis on increasing the budget for drugs.

⁶⁰National Emergency capacity assessment in Kosovo Health Systems, November 2022

Table.4. Health expenditure

(private expenditure, private insurance expenditure and public health expenditure)

The description	2021	2020	2019	2018	2017	2016	2015	Source
Nominal GDP, million Euros	7,957.90	6,771.60	7,056.20	6,671.50	6,356.50	6,037.30	5,674.40	Source: years 2015-2022: KAS
Final consumption of households, mln Euro	6,572.50	5,718.00	5,621.20	5,296.10	5,009.00	4,910.50	4,803.70	Source: years 2015-2021: KAS
Private expenditure on health (% of final consumption of households)	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	Source: ASK
Private expenses	197.17	171.54	168.64	158.88	150.27	147.31	144.11	Calculation = Final consumption of households x Private expenditure (% of final consumption of households)
Private insurance costs	21.99	16.72	19.61	18.04	17.00	16.29	13.38	Source: ASK
Public expenditure, including donations	293.34	272.79	221.29	202.08	180.38	170.41	169.11	Source: Treasury and MOH
Total expenses	512.50	461.05	09.54	379.00	347.65	334.01	326.60	Calculation= Public expenditure (including donations) Private expenditure + Private insurance expenditure
% of GDP for public health, including donations	3.686%	4.0%	3.1%	3.0%	2.8%	2.8%	3.0%	Calculation = Total Public Expenditure on Health / Nominal GDP
% of GDP for private spending	2.5%	2.5%	2.4%	2.4%	2.4%	2.4%	2.5%	Calculation = Total Private Health Expenditure / Nominal GDP
% of GDP for private insurance costs	0.3%	0.2%	0.3%	0.3%	0.3%	0.3%	0.2%	Calculation = Total Private Insurance Expenditure/ Nominal GDP
% of GDP for total health expenditure	6.4%	6.8%	5.8%	5.7%	5.5%	5.5%	5.8%	Calculation = (Total Public Expenditure + Total Private Health Expenditure) / Nominal GDP
% of out-of-pocket expenditure of the citizen of (Out-	38.47	37.21	41.18	41.92	43.22	44.10	44.12	Calculation = Private expenditure / Total expenditure

For out-of-pocket payments, the data based on the Household Budget Survey were used and are the only expenses for which assumptions were used to estimate them. Unlike out-of-pocket costs, all other costs are actual, and therefore no assumptions are used to estimate them; and Development of regular surveys and studies by KAS as a reliable official source of information on the level of private spending on health!⁶¹

In 2023, the budget for the specific health grant for primary health care has been significantly increased, where for example the budget for 2022 was €62,595,332, while the budget for 2023 will be €70,058,077.

⁶¹Ministry of Health: National Health Accounts Report 2021

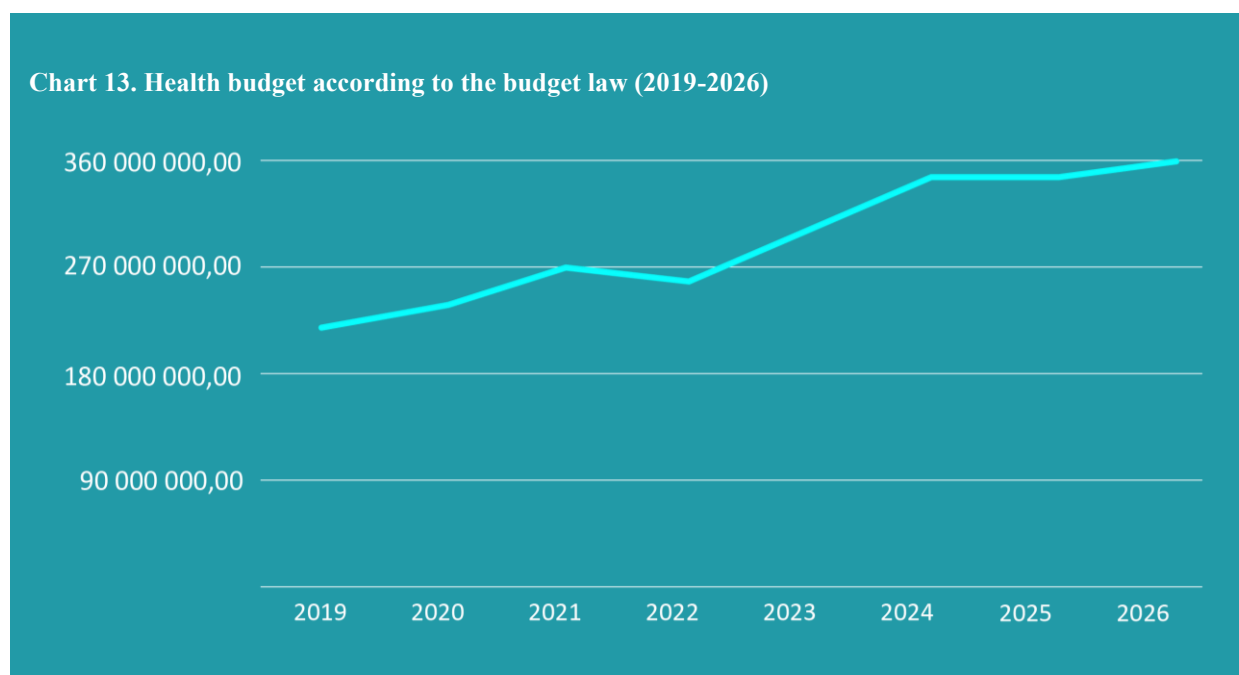
The budget increase for 2023 compared to 2022 is 11.92%. The budget for essential drugs has been raised for €25 million in 2023. The budget for 2024 according to the budget law for three budgetary organizations is €263,660,768, while the specific grant for health is €81,965,832. The budget allocated by the state for health for the year 2024 is €345,626,600.

Table 5. Health budget according to the budget law (2019-2026)

Vitet	Përshkrimi	Vlera
2019	The 2019 budget according to the budget law	222,214,876.00
2020	The 2020 budget according to the budget law	241,864,242.00
2021	The 2021 budget according to the budget law	271,008,356.00
2022	The 2022 budget according to the budget law	260,778,173.00
2023	The 2023 budget according to the budget law	300,143,094.00
2024	The 2024 budget according to the budget law	345,626,600.00
2025	Estimates of the 2025 Budget according to the law of B.2024	345,236,506.21
2026	Estimates of the 2026 Budget according to the law of B.2024	358,922,533.53

The limited budget of the public health sector, causing a serious discrepancy between the needs of the citizen/patient, forces families to bear the cost, primarily for medications and consumables (out-of-hospital drugs), as well as for health services, in cases where these services are not provided in the public sector.

Chart 13. Health budget according to the budget law (2019-2026)



The treatment program outside of public health institutions (at home or abroad), which is funded by the Health Insurance Fund, continues to provide financial assistance to citizens for services not covered by the public health system. Despite the state's support, the funds allocated for this purpose are insufficient to meet citizens' needs for health care.

Reforming the way health is financed is one of the biggest challenges because it has not been possible to implement the compulsory health insurance scheme in health care. The lack of taking concrete actions and maintaining the existing situation would affect the continuation of the non-rational use of the current budget, continuous decrease in the efficiency of health institutions, which would result in the continuous dissatisfaction of patients with the services offered to them.

Analyzes of the health sector have shown that 18% of the population does not have the opportunity to receive health services as they live in poverty. With the current way of financing health, the problem of access for these categories of the population cannot be addressed. The Ministry intends to address this challenge in terms of sustainable financing through the implementation of the Law on compulsory health insurance in health care. In addition to ensuring sustainable funding, the aim is to raise the performance of health professionals in providing health services at the optimal time for citizens, which will also affect the increase in the quality and safety of health services at all three levels of health care. During this period, it is planned to determine the list and prices of basic package health services, the regulation on the methodology of payment for health services of the basic package, determining the list for supplying citizens with reimbursed medical products, drawing up the list of out-of-hospital drugs that are reimbursed by the FSSh, drawing up contracts for levels of health care and pharmacies, design of the plan for the volume and type of health services.

The health budget will also be supported with two loans which are in the approval phase and for the next 4 years will support the reforms in the health sector with about €62 million.

4.3.16. Health information system

The Government of the Republic of Kosovo (GRK) has defined digitization as one of the main priorities of the country, therefore the four pillars of NDS have identified objectives and indicators through which the planning of concrete interventions in different sectors is aimed. In order to coordinate efforts in all sectors of public policies, the GRK as part of its strategic framework has drawn up a special document called the Digital Agenda of Kosovo 2030. The digital agenda is a cross-sectoral document, which defines the policies and priorities in the context of the continuous digital transformation of the economy and society influenced by innovative technologies and global digital trends. Through the 2030 Digital Agenda, Kosovo will use the development of advanced information and communication technologies to become a digital economy and society and to support economic growth and competitiveness. The digital agenda addresses many sectors of public policies and covers objectives, which are included or should be included in sectoral strategies. Given the challenges in the development of SIS in the health sector, the Ministry has developed a comprehensive assessment with the aim of strategic orientation of the development, functionality and integration of SIS, which represents the essential prerequisite for evidence-based policy making. On the basis of this assessment, the GRK has approved the Strategic Plan for the development of HIS 2024-2030. Through this plan, the Ministry will review the current status of SIS developments, to restore the approach for the national digital health architecture and plans for the comprehensive development of HIS. The action plan for the implementation of the Strategic Plan for the development of SIS 2024-2030 will create additional budget costs in the amount of 54 million. € on the budget allocations foreseen by Law No. 08/L-193 on budget allocations for the budget of the Republic of Kosovo for the year 2023 and estimates for the years 2025-2026. Funding sources for the implementation of this Plan will be provided through the state budget and the World Bank (WB) loan covering the first 4 years of implementation. The Strategic Plan for the development of HIS 2024-2030, as an integral part of HSS 2025-2030, is in full compliance with NDS 2030, which aims to keep pace with technological developments and the opportunities offered by digitalization.

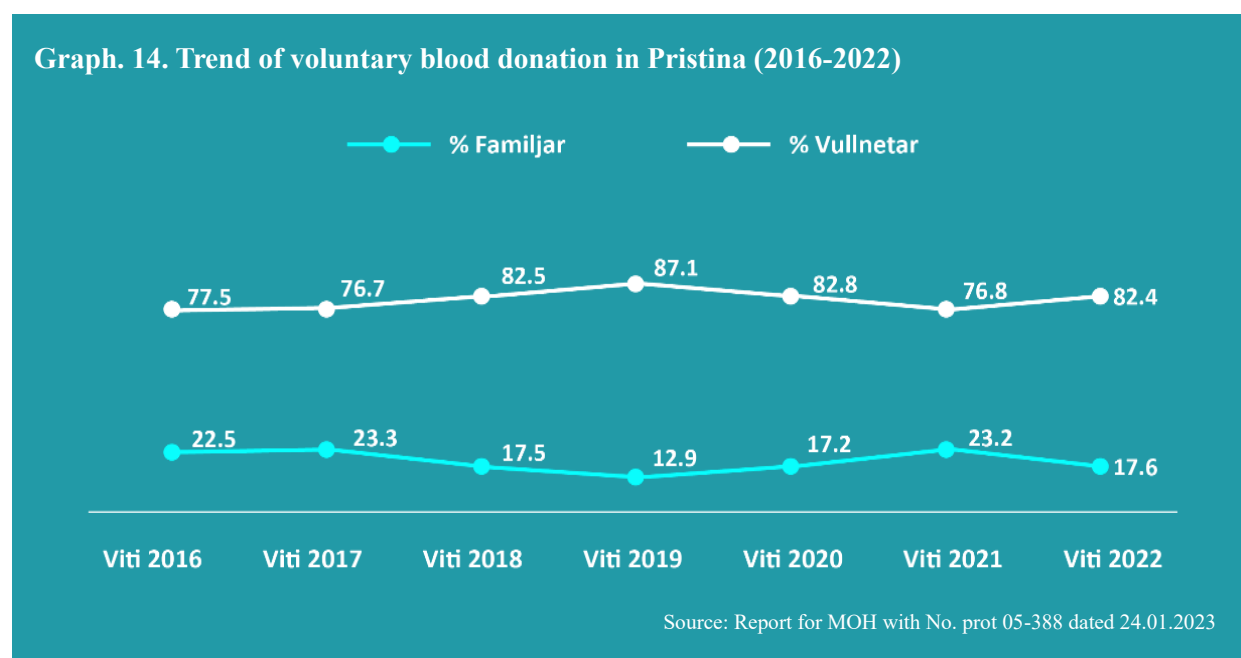
4.3.17. Supervision of the implementation of the legislation

Health inspections are currently implemented through health, pharmaceutical and sanitary inspections by the respective inspectorates based on the legal framework in force. The current organization of inspectorates includes the central level of the state administration (such as the Health and Pharmaceutical Inspectorate) and the central and local level of the Sanitary Inspectorate. Health inspectorates are characterized by a lack of human resources that present a challenge for monitoring and supervising the implementation of legislation. Inspections for products of vitamin, dietary and cosmetic preparations with therapeutic action are not yet regulated and covered by an inspection body. There is also no electronic inspection mechanism or platform such as E-inspection. The sectoral strategy in order to address the challenges in the supervisory/inspector mechanisms provides for the completion and change of the legal framework, respectively the law for the Central Inspectorate of Health. Through the change in the legal framework, the unification of inspection procedures is expected, which includes the external supervision of health services, health professionals, medical products and equipment, food quality control, hygienic and sanitary conditions of industrial-food and health facilities, as well as products and vitamin, dietary and cosmetic preparations with therapeutic action.

The Ministry will continue building human and administrative capacities through recruitment and creation of working conditions for the inspectorates, including training and licensing of the necessary staff. The aim of the health sector strategy is the institutional functionality and stability of the supervisory mechanisms, raising the level of transparency, accountability in order to implement the legality that ensures that all involved parties orient their commitments towards increasing the quality and safety of health services for citizens. of the Republic of Kosovo.

4.3.18. Blood transfusion

According to the work report of the Kosovo National Blood Transfusion Center (KNBTC) for the year 2022 we see an increase in the number of blood donations in Kosovo. Special importance is given to voluntary blood donation, giving priority to raising the awareness of citizens for the best response. This can be seen in the following graph where the trend of voluntary blood donation between 2016-2022 in KNBTC/Prishtina is presented with an increase of up to 82.4% (Graph 8).⁶²



However, the performance analysis has shown that there are many challenges related to blood transfusions in Kosovo, which through the completion of the framework will be addressed.

⁶²Report for MOH with No. prot 05-388 dated 24.01.2023

4.3.19. Quality and safety of health care

In order to evaluate the quality and safety of health services, two main elements should be considered, the clinical part, the satisfaction and the experience of the patients. In addition, the implementation of the QMS is essential to strengthen the quality of care through standardization of clinical practices, improvement of processes and ensures that health services are compatible with certain standards and the needs of patients. This will contribute to the continuous improvement of quality and safety in health care.

In the latest research on the prevalence of infections acquired during health care carried out in 2022, the prevalence of infections at the country level was 4.6%, while the highest was recorded in the UCCK (5.8%). The most affected department was intensive care (30%), while gram negative bacteria were predominant etiological causes of infections in 25.7% of cases. Another study of the incidence of nosocomial infections conducted in the neonatal intensive care unit at UCCK showed that a total of 65 infants had acquired at least one healthcare-associated infection with a cumulative incidence rate of 18.6%. The mortality rate was 15.5%. The total number of recorded infections was 75. The most common type of healthcare-associated infection was sepsis⁶³ with 79.7%.

In order to improve these indicators, the Ministry aims to implement QMS at all levels of health care, improve governance in the prevention and control of infections, public awareness and increase the professional competences of health workers and auxiliary personnel for prevention and control of infections, the strengthening of hospital infection surveillance systems, the advancement of clinical microbiology laboratory capacities as well as the promotion of the "Patient Safety" doctrine.

Regarding antimicrobial resistance (AMR), the latest ECDC data (May 2024) show that Kosovo leads in Europe with the duration of antibiotic use as prophylaxis before surgical interventions and that it has the lowest utilization rate of blood cultures for the diagnosis of sepsis (< 5 blood cultures/ 1,000 days of hospital stay of patients).

Considering the fact that AMR is a global public health challenge with significant socio-economic implications as well as the unsatisfactory indicators from the research carried out in our country, the Ministry is in the process of updating the AP for AMR with the "One Health" approach. which will be realized in cooperation with ECDC.

In general, the quality and safety of health services needs continuous improvement, especially regarding hospital-acquired infections as well as evidence-based clinical management through the design and implementation of guidelines and clinical protocols for the most common diseases. Even despite the existence of the legal basis for CGP and a number of these documents drafted in recent years, the challenge still remains the drafting of the largest number of CGP including their implementation in daily practice, the training of professionals for the drafting methodology, the dedication theirs as well as ensuring financial stability for professionals engaged in the process. The Ministry has planned to increase human capacities through the training of trainers and, consequently, the realization of ongoing training for other professionals, but the challenge that must be addressed remains ensuring the commitment of professionals to be part of the drafting of these documents. An important step is to strengthen the mechanisms for monitoring and evaluating the implementation of CGPs, to identify and address the challenges that may arise in their implementation.

⁶³ SEPSA is a life-threatening condition that occurs when the body's immune system has an extreme response to an infection, causing organ dysfunction.

4.4. Patient satisfaction

Based on the research carried out by the AQH Project in 2023⁶⁴, regarding the quality of health care in PHC institutions, patients report a decrease in satisfaction with the services provided compared to previous years (2016-2018). The areas where patients have expressed their dissatisfaction the most are related to patient-centered communication, such as the lack of explanations from doctors about taking prescribed drugs, procedures and examinations, as well as general courtesy. Within the mechanisms created by the Ministry for the rights of patients, the telephone line accepts complaints from citizens and patients who are addressed to the institutions to which the complaint is submitted. In every complaint addressed to public health institutions, the Health Inspectorate is also involved, while complaints to private health institutions are addressed directly to the Health Inspectorate. The largest number of complaints is directed to secondary health care, followed by primary care, private health care institutions and tertiary health care. Complaints are mainly related to the lack of personnel in the workplace, unethical professional behavior of the health personnel and lack of medicines.

According to the 2014 UNDP assessment of the risk of corruption in the health sector in Kosovo, the perception of 70% of the surveyed citizens was that there is corruption from health service providers. The strategy aims to address this high perception of corruption through the strengthening of institutional integrity mechanisms that will influence the increase of transparency and accountability. Since 2015, the Ministry has approved the institutional integrity plan, which has been continuously updated, and will apply the same approach to health service providers in order to better communicate with the patient, increase transparency and accountability in relation to citizens.

4.5. European integration and membership in international organizations

In the process of comprehensive reforms of the health sector, the Ministry intends to implement the obligations arising from the SAA. This represents a priority for the Republic of Kosovo in the European integration process, where currently the level of implementation of the obligations arising from the European agenda is at a very low level. It should be noted that in the last five years, the level of implementation of these obligations has never exceeded 40%. In 2023, the Ministry increased its efforts to implement the priority obligations arising from the European agenda, which compared to other years, for the first time resulted in a higher percentage of the implementation of activities from the National Plan for European integration.

Kosovo continues not to be part of important regional and international mechanisms in the field of health, despite the constant efforts of the Ministry for membership. Involvement in regional initiatives and regional cooperation is a prerequisite for membership in the European integration process. The priority for the Ministry will be membership in the WHO and the Health Network of Southeast Europe.

⁶⁴ AQH 2023, *Patient satisfaction with health services in KPSH institutions*

5. STRATEGIC OBJECTIVES

The strategic objectives for the health sector which are part of NDS and which are intended to be achieved through the implementation of HSS 2025-2030 are:

STRATEGIC OBJECTIVE I: *Improving the quality and access to health services*

The recommended approach for the implementation of the strategic objective "*Improving the quality and access to health services*" will be broken down at the level of specific objectives, determining the modalities of implementation and financing.

I. 1. Specific objectives - *The reorganization of health institutions and the modernization of infrastructure and medical technology* will be implemented through the completion and change of the legal and institutional framework, respectively with the adoption of statutes for all institutions at the secondary and tertiary level, clearly defining roles and responsibilities theirs as well as the approval of by-laws for the reorganization and systematization of central administration workplaces within the Ministry, including the reorganization of health inspections and the functionality of the Central Health Inspectorate. In addition, the integration of health services at all levels of care will be promoted to ensure coordinated and continuous access to patients, improving their experience and optimizing resource management and service delivery. Aspects of the modernization of infrastructure and medical technology will be implemented based on the assessments developed for infrastructure and equipment at the three levels of health care, as well as the assessment of equipment and infrastructure in PHC carried out with the support of the AQH project and the assessment "Elevation of infrastructure and equipment in secondary and tertiary level" financed by the Western Balkans Investment Framework (WBIF). These assessments, already integrated into concrete plans, will serve as a guide in raising the capacities of the infrastructure and equipment in health for which funds have been committed by the Development Bank of the Council of Europe and the European Investment Bank. In addition, plans will be developed for training human resources in the use and management of medical technology, ensuring that investments in infrastructure and equipment are used efficiently and provide sustainable results for improving the quality of health care.

I. 2. Specific objectives – *Implementation of the concept of family medicine* will be implemented mainly on the basis of the specific grant for health in KPS, where the new funding formula will offer additional opportunities for the development of the concept of family medicine and the priorities defined in primary care. Project support from strategic partners will play an important role in the implementation of this specific objective. In the framework of this objective, the activities of the Strategic Plan for Early Childhood Interventions, for which funding has been provided, will be integrated. To ensure the effectiveness of implementation, clear mechanisms will be established to monitor and evaluate progress, ensuring that activities and investments are consistent with local needs and achieve the desired results in improving health care for the entire population.

I. 3. Specific objectives – *Human resource planning* will be implemented through the development of human resources assessments and analyzes that will precede a comprehensive ten-year human

resources strategy and action plan. These assessments and analyzes will be supported by available funds and donor contributions.

I. 4. Specific objectives – *The functionalization of the mandatory health insurance scheme* will be implemented mainly through changing the legal framework and completing it to create the necessary prerequisites for the start of the implementation of mandatory health insurance. However, alongside the legal framework, activities will be developed to strengthen human and administrative capacities to ensure the full institutionalization of mechanisms for the new health insurance scheme. This specific objective will be financed through the current available funds considering that we are mainly dealing with completing the legal framework and administrative capacities that do not present additional costs in the first phase of implementation. The second phase of implementation will include the beginning of the collection of contributions for the health insurance scheme where the financing will be done according to the division of 3.5% of the worker and 3.5% of the employer. It remains to determine the modality of financing for the social categories that are exempted from the contribution that will be covered by the state. Also, a communication plan should be developed to inform the public and ensure broad support for the new health insurance scheme. This plan should include strategies for engaging citizens and providing the necessary information to all interested parties, including information on the benefits, procedures and assistance that can be provided in relation to the new scheme.

I. 5. Specific objectives - *The functional and integrated health information system (HIS)* will be implemented on the basis of the feasibility study for the health information system that has created the possibility to draw up the strategic plan for the HIS 2024-2030 based on evidence. approved in the Government. The first phase of the implementation of this specific objective will include the creation of the institutional structure responsible for supervision and implementation, followed by the other phases of the development of the HIS. The financing of this objective within four years is provided by the budget of the Ministry and the loan of the World Bank already approved, which has a value of €12 million.

I. 6. Specific objective - *Strengthening of institutional and clinical governance*, within this objective, the activities related to the development and updating of the legal framework, the development of strategic policies and action plans, as well as documents that ensure the implementation will be carried out of good medical practices, in particular clinical guidelines and protocols based on the latest scientific evidence. The financial means for implementation are included in the current budget lines and in the eventual support of the projects. As part of strengthening clinical governance, the pillars of clinical governance will be implemented, including quality and safety of care, risk management and patient safety, performance audit and assessment, staff training and education, and patient engagement and community.

STRATEGIC OBJECTIVE II: *Preservation and promotion of health*

The recommended approach for the implementation of the second strategic objective " *Improving the quality and access to health services* " will be broken down at the level of specific objectives, determining the modalities of implementation and financing.

II.1. Specific objectives – *Ensuring good health for mothers, children and adolescents* will be implemented through approved policies and standards for maternal, child and reproductive health, with programs for neonatal screening, early childhood intervention, development of capacities for medically assisted reproductive services, cytogenetic and fetal diagnostics. Continuous improvement of the quality of health services for mother, child and reproductive health at all levels of health care, through the implementation of the Action Plan for Early Childhood Interventions 2024-2030 which will integrate home visits for mothers and children in all municipalities will give a boost to the implementation of the specific objective. The financial means for implementation are included in the current budget lines and in the eventual support of the projects.

II.2. Specific objectives – *Strengthening health promotion and education* will be implemented through the development of promotional and educational activities that aim to preserve and improve the health of the population by developing inter-sectoral cooperation, the involvement of citizens and the community in health promotion and education, the training of health and non-health professionals, health education for patients and family and the development of appropriate media platforms for health promotion and education. The financial support of these activities will be provided mainly from the current budget and no additional budget costs will be created.

II.3. Specific objectives – *Reduction of morbidity and functionalization of mechanisms for the prevention, surveillance and control of communicable diseases* it will be implemented on the basis of the communicable diseases strategic plan and the law for the prevention and control of communicable diseases which is partially aligned with the EU legislation. Practical national case definitions in line with EU case definitions, including clinical (suspected) and confirmed definitions, remain to be developed. Since the Ministry has provided the electronic module for the surveillance of communicable diseases in implementation of this objective, the commitment of the responsible institutions is needed to operationalize the mechanisms for the prevention, supervision and control of communicable diseases. The financial means for the maintenance of the system and other mechanisms are part of the regular budget.

II.4. Specific objectives - *Reduction of morbidity and functionalization of mechanisms for the prevention, surveillance and control of non-communicable diseases* will focus on activities in prevention, early detection and adequate treatment of cardiovascular diseases, malignant tumors, diabetes and other chronic non-communicable diseases, including rare diseases. Focus will be placed on the National Cancer Control Program to be implemented through screening plans. The financial means for the implementation of this objective will be mainly provided by the regular budget and the support of strategic partners.

II.5. Specific objectives – *Strengthening the concept of health in all policies* for the preservation and advancement of the health of the population, intersectoral coordination will be strengthened in order to ensure health for all and health in all policies, where the role of the Ministry will be leading in the political dialogue with other sectors. Raising the awareness of all stakeholders, including individuals and the community, about the importance of maintaining and improving the health of the

population and the rational use of health care in all preventive measures and throughout the life cycle is of particular importance.

Specific activities will address issues related to environmental health with an emphasis on environmental health impact assessment, medical waste disposal, and ecosystem monitoring to assess linkages in disease outbreaks. The implementation of this objective will mainly depend on coordination and advocacy activities that do not have additional financial costs and activities supported by World Bank loan financing.

6. ENFORCEMENT, MONITORING AND REPORTING ARRANGEMENTS

This chapter includes details on managing the implementation of the strategic document, structures, monitoring and reporting arrangements, interim reviews and final evaluation of the strategic document. The action plan (AP) of the HSS is a tool for monitoring the implementation of the HSS.

6.1. Implementation arrangements

HSS 2025-2030 has clearly defined the aspects of arrangement and implementation at the level of each specific objective. The reform of the health sector in Kosovo is a comprehensive process of reorganization and institutionalization of new roles of actors in the health sector, for an efficient and sustainable health care system. The Ministry is the bearer of health system reform activities and is responsible for the implementation of health reforms, including and ensuring the participation of all decision makers and interest groups that are particularly related to the safety and quality of health services.

In this direction, HSS 2025-2030 within the activities foreseen by the action plan gives priority to the implementation of the goals of the National Development Strategy 2030, the National Development Program and the National Program for European Integration.

HSS 2025-2030 should be the main strategic document of the health sector which will provide the vision for the sustainable development of the health system, the approach to addressing challenges and the orientation of strategic and budgetary policies in health for a long-term period, based on the resources in availability and international financial support.

The Ministry will continue cooperation with the donor community and further advance this important cooperation in support of the health sector. Within the time period 2025-2030, continuous support is expected from the donor community, either through projects in various areas of the health sector or other support, such as supplies of medicines and the like.

The Ministry has also signed Health Cooperation Agreements with several countries as well as well-known health institutions abroad, which envisage various modalities of cooperation from the provision of health

services to the training of health professionals. Appreciating the role of civil society, the Ministry aims to continue cooperation with non-governmental organizations that have the health sector within their scope.

The Action Plan includes the three-year time period 2025-2027, with the possibility of annual review depending on the fulfillment of activities planned for different time periods. The plan presents a document summarizing all the activities from the existing approved plans that provides details about the activities for achieving specific and strategic objectives, the time frame for achieving these objectives, the institutions responsible for implementation, the indicators for their monitoring and evaluation, the cost and cost bearers for the realization of the activities that are planned in the 2025-2027 MTEF.

6.2. Monitoring the implementation of the Strategy

The monitoring of the implementation of the HSS is done through monitoring mechanisms that follow the model of logical framework (LF) or management based on results. KL defines the specific, measurable, achievable, relevant and time (SMART) indicators. For these indicators, data have been collected on the current state of the indicator, in order to precisely measure the level of progress after the intervention according to the logic defined in the LF. In addition, each indicator will have the identification form, which precisely defines the details of the indicator, the degree of inclusion, the spectrum, the method of measurement, the institutions responsible for implementation, for the collection, aggregation, and analysis of data, as well as the deadlines. of their implementation. Based on the key indicators defined in the HSS and AP, the Ministry will continuously monitor the achievement of results and activities related to the strategic and specific objectives, ensuring that the responsible institutions and departments provide accountability in case of non-implementation of planned tasks and activities.

Monitoring will be done at two levels:

Monitoring of activities to determine whether activities are performed at the right time and with the right quality. The main tool for monitoring activities is the AP, which defines the implementation calendar for each activity. Whenever the various activities deviate from their schedule, it should be seen whether there are consequences for other activities and resources. The reasons for such deviations should be analyzed, while the implementation plan should be corrected in terms of time. If the delay of the activities affects the implementation schedule of other activities, then the Ministry must react by adapting the plans and redistributing the existing resources. Resources must be available at the right time, with the right quality and quantity. The time required to secure resources is often underestimated. This concerns human and physical resources. In order to ensure the liquidity of the implementation, the amount of funds that are available, including the situation in the public budget, etc. must be constantly monitored.

The monitoring of the objectives is based on their indicators which have the basic value, the intermediate goal and the goal of the last year in accordance with the period of the strategic document. For monitoring to be effective, intermediate goals should be set on an annual basis, becoming part of the annual work plan. Then, the conclusion is drawn by comparing the actual value with the defined target. For the evaluation of the achieved results, the eventual challenges in the implementation and adoption with the budget planning

process will be done through the annual update of the AP and regular reporting regarding the progress of the implementation.

The six-monthly report is prepared by the end of the month following the reporting period. The first semi-annual report covers the first 6 months of the year, while the second semi-annual report covers the period of 12 months. The report focuses on the completion of the actions as foreseen in the action plan, the reasons for delays, the risks associated with the implementation of the actions and the next steps.

The annual report is prepared by the end of the first quarter of the following year. The focus of the annual report is the description of the achievement of the objectives compared to the objectives and indicators (at least for the last two years), the timely completion of the actions undertaken, the use of financial resources, the main obstacles in implementation as well as the corrective measures.

6.3. Evaluation of the implementation of the Strategy

Evaluation is the most detailed process for analyzing the success of strategy implementation, identifying what went well, examining the reasons behind what did not go well, and then re-adjusting strategic direction accordingly. The design and execution of the evaluation phase is usually independent of the regular monitoring and reporting framework. Evaluation involves formulating evaluation questions, collecting and analyzing data to obtain answers to these questions, and gathering evidence to formulate conclusions and recommendations.

The dimensions of the assessments will be as follows:

Relevance - the compatibility of the goals and objectives of the program with the needs of the citizens and the priorities of the Government;

Effectiveness - matching the achieved results of the strategy with the planned results as well as the needs of direct and indirect beneficiaries;

Efficiency - achieving the results with the lowest costs (the ratio of the results with the costs (resources) required or used for their achievement should be determined);

Application - the quality of the implementation process and structures;

Impact - intentional and unintentional impacts;

Endurance - long-term results and impacts on strategy.

7. BUDGET IMPACT AND IMPLEMENTATION OF THE STRATEGY

For the efficient and effective implementation of the Strategy, estimates have been made for the funds available in the budget of the Ministry and other budgetary organizations in the health sector, to adapt the needs of the sector to the financial resources available for the five-year period and reflected in the three-year action plan. The financial estimates for the implementation of the HSS have been prepared in a multi-dimensional approach using the projections of the 2025-2027 MTEF, spending limits for budgetary organizations in the health sector and assumptions for long-term projections. Despite the fact that health expenditures in the financial year 2023 were only 3.2% of GDP, important components of the financial assessment for the implementation of the strategy are alternative funds that originate from agreements for health projects from donors and donations in general. The encouraging fact is that even in health cooperation agreements with some countries, they enable the building of administrative and human capacities that do not have additional financial costs for the Ministry. It should be emphasized that the long-term forecasts until 2030 are prepared on the basis of uncertainty related to economic developments, political developments and other possible fiscal measures in the future. The general estimates for budget expenditures for the period 2025-2030 are based on the latest forecasts in the 2025-2027 MTEF. The medium-term spending framework for the health sector financially covers a large number of areas included in the approved policies. Health financing for the three-year period includes the following areas:

- Development of the legal framework for the reorganization of the health sector;
- Functionalization of mechanisms for the prevention, supervision and control of communicable diseases;
- Functionalization of mechanisms for the prevention, supervision and control of non-communicable diseases;
- Reorganization of health services;
- functional and integrated health information system (HIS);
- Advancing and increasing the implementation of the concept of family medicine;
- Reorganization of health financing to ensure universal access;
- Planning, management and development of human resources;
- Improving vaccination services for the population with an emphasis on vulnerable groups of society and increasing the range of vaccines;
- Improving maternal, child and adolescent health;
- Reducing hospital waste.

Table 6. Budget in the health sector

Years	Description	Value
2019	The 2019 budget according to the law on budget appropriations for the 2019 budget	222,214,876.00
2020	The 2020 budget according to the law on budget appropriations for the 2020 budget	241,864,242.00
2021	The 2021 budget according to the law on budget appropriations for the 2021 budget	271,008,356.00
2022	The 2022 budget according to the law on budget appropriations for the 2022 budget	260,778,173.00
2023	The 2023 budget according to the law on budget appropriations for the 2023 budget	300,143,094.00
2024	The 2024 budget according to the law on budget appropriations for the 2024 budget	345,626,600.00
2025	Estimates of the 2025 Budget according to the Law on Budget Appropriations for the 2024 Budget	345,236,506.21
2026	Estimates of the 2026 Budget according to the Law on Budget Appropriations for the 2024 Budget	358,922,533.53

The Health Sector Strategy 2025-2030 (HSS) reflects the priorities of the Government of the Republic of Kosovo for the health sector, defined in the National Development Strategy and Plan for 2030 (NDSP) also reflected in the Medium-term Expenditure Framework 2025-2027 (MTEF) as well as the Stabilization and Association Agreement (SAA).

Graph 15. Budget in the health sector 2025-2027