

KOSOVO/A CIVIL SOCIETY PROJECT

**KOSOVO/A STANDING TECHNICAL
WORKING GROUP: NINTH MEETING
HEALTH AND SOCIAL WELFARE**

Robert Curis

UN Headquarters, Pristina, 6 July 2002

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I. Introduction

The Standing Technical Working Group was established in March 2001 to address important issues of public policy in Kosovo/a at a technical level. It is composed of experts from Kosovo/a NGOs, the political parties and other civil society representatives. Its membership is fully interethnic and it prides itself on being able to conduct debate in Kosovo/a in an interethnic way. The Group reviews technical aspects of current policy and formulates proposals and critical questions in relation to them. It then seeks to engage the relevant appointed local and international representatives on these issues. In response to the changed political environment in Kosovo/a following the Assembly elections in November 2001, the Group sought to enhance its role in public policy analysis and development through the establishment of four expert working groups. These Expert Committees (ECs) would devote their activities in 2002 to monitoring policy developments in four areas considered most relevant to the needs of all communities in Kosovo/a. One of these is the Expert Committee on Health and Social Welfare.

II. The ECMI Expert Committee on Health and Social Welfare

The ECMI Expert Committee (EC) on Health and Social Welfare commenced its activities in April 2002 by seeking to provide a forum for fostering dialogue between the evolving ministerial authorities in Kosovo/a and local and international experts engaged in health care and social welfare. This process aimed to parallel the transference of competencies from UNMIK's Department of Health to the newly established permanent institutions of the Ministry of Health, and assist policymakers in identifying issues of common concern to all communities of Kosovo/a. Through a series of regular meetings with the relevant policymakers and practitioners, the EC further sought to broaden the consultative process of decision-making on matters of health care and social welfare, and promote an exchange of ideas on ways of improving the provision of these services 'on the ground'. These meetings and interviews also enabled the EC to gain a better understanding of the policy priorities and main issues that confronted the newly established Ministry of Health, as well as

provide access to pertinent information and data on health care provision in Kosovo/a. In its consultations, the EC on Health and Social Welfare took as a starting point UNMIK's White Paper 'Health Strategy (Policy) for Kosovo' which had been published in February 2001. The EC also sought the advice of external expertise on how to provide a more up-to-date analysis of the state of health care provision in Kosovo/a and undertook to analyze the wider political circumstances in which health care reform needed to progress.

III. Situation Analysis: What Shapes and Has Been Shaping the Delivery of Health Care Provision in Kosovo/a?

In institutional terms, Kosovo/a currently spends a meagre 6.37 per cent of its GDP on health care. By way of public expenditure, this represents a figure of \$50 per capita, which is wholly inadequate to provide a comprehensive health care system to cover the approximately 2 million inhabitants of Kosovo/a. Even given this expenditure, over half of this amount is obtained through private sources, usually via the (unregulated) private sector. Health care eligibility in Kosovo/a is also based on ability to pay, which makes the current system not only inequitable but also disadvantageous to the poor. At its current level of expenditure, therefore, the Kosovo/a health system would be able to sustain itself at the current level of functioning only if major shifts in allocative and technical efficiency are made in three main spending areas: manpower, hospital efficiency, and pharmaceutical procurement, distribution and utilization.¹

Ongoing international and domestic confusion on health care administration and relative competences also hinders the implementation of any effective strategy for constructing a fully-functioning health care sector. This can be attested to by an incident in April 2002 when the newly appointed Minister of Health, Numan Balic, was denied access to a predominantly Serb community health clinic in a mixed (Albanian, Serb, Roma) suburb of Pristina. The Minister, a Bosniac (Muslim Slav),

¹ Data from "Health Financing Kosovo", presentation delivered by George Boulton to the STWG on 6 July 2002.

was unable to persuade the Russian KFOR troops guarding the clinic to allow him to survey the premises, although he was allowed to do so in his official capacity.

A similar incident in September also demonstrates the level of suspicion prevalent between the majority and minority communities. In this case, hardline Serbs threw eggs and other projectiles at an international civilian administrator as he entered a clinic in the ethnic Serbian village of Gracanica (a suburb of Pristina). The fears and reactions appeared to have been encouraged by misinformation from the Serbian media, which had reported that the clinic and its employees were at risk of being taken over by the majority Albanian-led hospital system of the municipality of Pristina. The international municipal administrator subsequently resigned his position a week after this incident, citing the seemingly insurmountable difficulties of trying to satisfy international and simultaneously local interests.

In the same month, the Union of Health care workers in Kosovo/a went on strike, highlighting indigenous frustration at the current state of the health care sector. The aim of the strike was ostensibly to bring about better working conditions and higher wages for health care professionals, although the organizers within the union reported that they did not expect any positive response to their concerns. It was later conceded that a further aim of the strikers had been to send an important message to the new ministry.²

This level of frustration is compounded by the inadequate provision of service in Kosovo/a, and the lack of accountability currently in operation. Apart from the Pristina University Hospital Centre for tertiary medical services – the only tertiary care centre in Kosovo/a – there are limited regional provisions, such as hospitals for secondary health services, located in Peje, Gjakove, Prizren, Gjilan and Mitrovica; the family medical centre for primary health services; the public health institute; and various dentistry services. From September 1999 through June 2002, there have been more than five directors to the Pristina University Hospital Centre. In September 2002, the civil courts of Pristina began hearing four separate lawsuits filed against either medical staff and/or the Pristina University Hospital Centre itself.

² September 2002, ECMI Expert Committee discussions with a Kosovo/a Health Care Union official.

In late summer 2002, the US non-governmental organization Mental Disability Rights International released a report citing physical violence, sexual abuse and unsanitary and humiliating conditions in the mental hospital in Shtime.

This situation outlined above should highlight the urgency of the need for greater partnership and measurable progress in rebuilding Kosovo/a's faltering health services. The facts also call for more serious consultation and coordination between the local actors and international community representatives (WHO, UNMIK, EU, World Bank, relevant NGOs, and others) that are engaged in Kosovo/a's health care reform. With this in mind, ECMI's multiethnic EC on Health and Social Welfare sought to initiate a collaborative process for achieving sustainable improvements in Kosovo/a's health care system, to identify areas in need of urgent improvement, and to develop concrete recommendations for contributing to the process of reform.

On 6 July 2002 the Expert Committee on Health and Social Welfare hosted a workshop to address its concerns and outline its recommendations for implementing much needed improvements in all aspects of Kosovo/a's health care system. The ongoing forum of the Standing Technical Working Group (STWG) was convened, and relevant local and international policymakers and practitioners from the fields of health and social welfare were invited. A summary of the debate is outlined below.

IV. The Ninth Meeting of the Standing Technical Working Group: Reforming an Ailing Health Sector

The ninth session of the STWG took place at the UN Headquarters, Pristina, on 6 July 2002.³ In preparation for the meeting, the Expert Committee on Health and Social Welfare had met over nine times and established a number of key objectives. These were:

³ The facilities and translation equipment for the meeting were generously provided by UNMIK, the translators were provided by ECMI.

- To reinforce key issues raised in UNMIK's White Paper 'Health Strategy (Policy) for Kosovo', published in February 2001;
- To provide a forum for the majority and minority communities in Kosovo/a to discuss critical issues in health sector reform;
- To critically examine and, if necessary, challenge the new Ministry of Health representatives in respect to their obligations to identify and implement systemic reforms in a timely manner;
- To increase awareness of the dismal state of Kosovo/a's health care system;
- To guide the debate and collaboratively formulate constructive policy recommendations, with the input and assistance of external experts, and with a view towards translating these recommendations into operational terms.

The workshop took the form of three interrelated sessions of joint dialogue so as to facilitate collaboration and constructive debate. Each session was chaired by a member of the Expert Committee, Dr Adem Limani, Dr Izet Sadiku, and Dr Luan Jaha respectively. The programme of the workshop is appended to this report.

A. Summary of the Proceedings⁴

Starting from an overview of the present state of the Kosovo/a health care system, the first part of the discussion addressed key questions concerning primary, secondary and tertiary health care provision in Kosovo/a as well as touching on related issues in social welfare provision. The debate then proceeded to examine questions relating to the viability of funding a sustainable and comprehensive health care system, given the limited resources available under the constraints of present public expenditure. Here, the debate touched on issues ranging from the provision of affordable and equitable health care insurance to questions of balancing public and private health care provisions. Topics such as regulation of the private health care sector and the need for adequate provision of funding to finance the public sector were also addressed.

⁴ The account that follows summarizes the discussion and debate of the proceedings. This account has not been reviewed by any of the participants and does not claim to reproduce the views of invited experts or each member of the Group.

In general, there was strong consensus among the participants that the focus of the actors in health care reform should aim to do just that: reform rather than ‘reinvent the wheel’. With this in mind, the Expert Committee and the STWG embarked on a discussion of the positive and negative developments that had so far come about in the attempt to reconstruct Kosovo/a’s health system, and tried to evaluate where reform had proved valuable. Perhaps the most destabilizing factor, it was highlighted, had been the frequent changes made at senior level within the University Hospital Centre in Pristina. Although it was conceded that these changes were perhaps unavoidable, it was noted that the five local directors who had held the post in a period of less than three years had been subject to minimal accountability – both bureaucratic and political. It was further stressed that the frequent turnover in this most visible of positions had also hampered the efforts of internationals and locals to establish an effective working agenda to implement reforms.

Although it was conceded that there had been and will continue to be ample discussion regarding the size of the workforce employed in Kosovo/a’s health sector and the number of hospital beds available, it was questioned who had the practical as well as theoretical competence and responsibility to actually implement reform. Despite receiving the second largest portion from the Kosovo/a Consolidated Budget, it was highlighted that several serious and painful cost cutting measures still needed to be implemented. Even though there was general agreement that the current levels of staffing and bedding were unsustainable, it was generally felt that neither the international nor local leadership had been willing to take responsibility for implementing cuts.

On the question of basic provisions, it was widely agreed that the Ministry of Health needed to find a more suitable method of distribution, production and regulation of pharmaceuticals and medical supplies. Despite supposed investments and donations in this sector, it was stressed that in practice there had been a gross failure in the supply of pharmaceuticals and basic equipment. By way of example, it was noted that Pristina’s main hospital lacked basic serums and even such basic equipment as tongue depressors. It was also observed that patients were required to ‘pay as they go’, in other words, in-patient medication would only be administered to a patient once payment had been made.

On questions of health care strategy, it was noted that the Minister of Health needed to define a clear policy. It was generally observed that after three months in office, health sector employees had received no new information nor been consulted on policy and objectives. Owing to a lack of direction and transparency within the Ministry, there had also been heightened fears amongst health care providers about their future. Concern was also expressed about the nature of the new post. It was noted that the incoming Minister had been politically appointed and would therefore face the challenge of working within a more open and less politicized environment. It was further noted that the vision for the health care system in Kosovo/a that had been set out by the international administration had consistently been to establish a non-politicized health care bureaucracy, beginning with the Permanent Secretary working directly under the Minister. The need to establish such a non-politicized bureaucracy was strongly endorsed by the health care providers.

The human factor in health care delivery in Kosovo/a was also highlighted as a serious issue worthy of attention. It was observed that current service levels were less than adequate. In addition, there were serious lapses in discipline and little opportunity for either user or provider of health care services to redress these shortcomings. It was noted that the denial of services in order to promote personal gain was a frequent problem; for example, patients were often refused tests in state run clinics in order to artificially inflate demand for these tests privately. A further problem outlined was the widespread inability to tackle basic problems. It was noted that the Ministry, directors, providers, patients and even international donors had continuously ignored fundamentals like cleanliness, and that this inability to establish basic minimal service standards reflected poorly on all involved.

On the issue of finding a practical balance between private and public health care provision, it was noted that the private delivery of health care services in Kosovo/a was now a reality. As a consequence, it was highlighted that patients were seeking care in private clinics that were not regulated, licensed, or even legal. It was therefore stressed that the Ministry should work closely together with international advisors to initiate drafting of private health care legislation, which can subsequently be put before the Assembly for debate. It was observed that private sector health care would stimulate competition, leading to immediate improvements in the level of services

offered by the state managed system. Moreover, it was noted that tax revenues could be gained by regulating the business of private health services.

V. Conclusions with Recommendations

At the conclusion of the session, the Chair put the recommendations of the Expert Committee on Health and Social Welfare before the entire STWG. These recommendations had been generated through a process of consultation and discussion among members of the Expert Committee, local and international experts, and members of the STWG plenary. The plenary examined these recommendations and offered criticism and suggestions that were generated during the debate and hence incorporated in the final text. The recommendations outlined below were approved unanimously by the STWG. The Health and Social Welfare Expert Committee was then charged to proactively engage the relevant policy- and decision-makers in health and social welfare to take account of these recommendations when addressing questions of implementing health sector reform.

General Recommendations on the Organization of the Kosovo/a Health Service

1. The Kosovo/a Health System should be developed as a unified system for the entire territory and all of its residents. The Group considers that parallel systems that have developed in the enclaves are damaging and counterproductive for minority integration into Kosovo/a society. The Expert Committee on Health would like to encourage any of the special examples of multiethnic functioning of the health system.
2. Free and equal access for all the residents of Kosovo/a should be the basis of the health system in Kosovo/a.
3. The building and the functioning of the Kosovo/a health system should reflect the interests of its three constitutive parts – the patient, the employees of the Health Services and the state. The dynamic between these three parties should guarantee a better protection for the health of the citizen (person), high working standards for the

employees of the health industry and at the same time it should minimize the expenses of the state budget.

4. In order to develop the above-described health system, the active participation of all of its components is necessary.

5. The Group considers that the current practice of supporting the health system directly and only through the state budget should be changed and health institutions should find alternative financial means. The Group proposes that the government urgently enables the existence of a Health Security Fund and legislation that would provide the necessary conditions for the health institutions to generate funding for themselves.

6. The health system of Kosovo/a should be based on positive practices from the past by also being self-critical of the weaknesses that characterize it today. Moreover, it should be led by clear visions for the future and it cannot afford to be an open field of improvisations and experiments. Considering that in 2001 UNMIK's Department of Health, in cooperation with some local expertise, produced a strategy for the Health Sector, ECMI's Expert Committee proposes that the new competent institution (i.e. the Ministry) reaffirm the previous strategy or develop their own medium- and long-term strategy. This new strategy would ensure local ownership of the necessary reforms in health services. Such a strategy should consider the needs of all the residents of Kosovo/a and it should be based on the existing national potentials and abilities.

7. Kosovo/a has a dual form of leadership (local and international). In order for this duality to produce positive outcomes in the health sector, all activities and initiatives for this sector should be well coordinated and pre-planned.

8. The health system of Kosovo/a should guarantee health services of the highest quality and to realize this, the health system should reorganize its existing resources as well as attempt to assure the development of new ones. The Group strongly encourages any steps toward building management skills among the Kosovars but expressed itself strongly against the current practice of political nomination and employment of health sector employees. The Minister's role and the chain of responsibility within the Ministry must be clarified to optimize positive outcomes. Furthermore, the Group expects for the relevant local and international authorities to publish within their strategy a clear list of relevant benchmarks with which progress can be measured.

9. A necessary condition to guarantee better health is a higher quality of health services. This higher quality should be attained first through an increase in the quality of studies offered at the Faculty of Medicine and secondly through the application of the same standards in all of the institutions of Kosovo/a that provide health services.

10. The Group expects relevant authorities to recognize and formally implement the private health sector in Kosovo/a. The first step would be to provide the necessary legislation to regulate, but not inhibit, the private sector. This legislation should guarantee the equality of the development of both public and private sectors as well as incorporate the private sector in the overall strategy for the development of the health system in Kosovo/a.

11. The Ministry should give special importance to the renewal of the local institutions of pharmaceutical production – this would lower the cost of medicines, improve supply, and simultaneously increase employment.

12. The Ministry must find a more suitable method of distribution, production and regulation of pharmaceuticals and medical supplies. Despite supposed investment and donations in this sector, in practice there has been a gross failure in the supply of pharmaceuticals and basic equipment. Pristina's main hospital lacks basic serums and even tongue depressors.

13. The Health System of Kosovo/a must have locally based rehabilitation centres. These would assist a broad range of patients: individuals recovering from injuries, and those with disabilities.

14. The Group recommends the immediate incorporation of legislation required for appropriate penal measures and rehabilitation for individuals with clinical psychiatric problems – establishing separate punishments and treatment for the psychotic as opposed to common criminals.

On Primary Health Services

1. A well-functioning primary health care sector in Kosovo/a needs to be an integrated system that would serve all ethnic groups without discrimination.

2. In order to incorporate the many new primary health care centres and clinics, the Department of Health Services within the Ministry should urgently provide direction standardizing the practice of medical record keeping.

3. The Ministry should direct investments to improve the capacities of the current polyclinic in Pristina and other large primary care clinics in Kosovo/a. This could be coordinated by a more active (i.e. visible and transparent) role of the Department of Investment Coordination within the new Ministry's Department of Strategic Management.

Recommendations for Secondary and Tertiary Health Services

1. Regulations for hospital management: choosing the right hospital managing staff, monitoring their work and establishing a reporting system for their work. Formally the necessary requirements for 'choosing', 'monitoring', and 'reporting' exist but the current implementation is faulty. Main standards that need to be considered are: professional qualifications, professional experience, accomplishments and the support from the rest of the staff.

2. Rational use of the existing capacities of the staff. Kosovo/a has limited space capacity where the secondary and tertiary services are concerned and this limited space is inadequate. Even with the most limited but targeted investments, secondary and tertiary capacities could become more functional. In terms of human capital in the secondary and tertiary services sector, Kosovo/a has a limited but effective cadre of professionals that were educated outside Kosovo/a, mainly in other ex-Yugoslavia centres. The rational and effective use of existing human capacities would also make future health care better than the current system.

3. Secondary and Tertiary Staff: the greatest proportion of health staff in Kosovo/a is employed in the secondary and tertiary health services. The staff for the secondary health care services is sufficient. It is not used in the best way, however, because the professional level and their activities are beyond the control of the Ministry. Adequate staff for the tertiary health services exists in most parts of Kosovo/a. However, in this sector the capacities of the staff are not being maximized in the way they should be.

4. Training for Health Staff: for most of the current professional staff, training can occur internally with current local experts. Targeted trainings, which 'train the trainers' within the current tertiary structure would provide for an effective modality to build long-term capacity (See Recommendation 6 below).

5. Hospital equipment: Kosovo/a has urgent need of better equipment, instruments, and medicines within the secondary and tertiary health services. Adequate,

appropriate, and available (i.e. a consistent supply) of equipment and supplies would enable faster and better levels of health services.

6. Cooperation with other health centres: for certain illnesses and indeed current specializations, Kosovo/a practitioners must have access to regional and worldwide best practices. In order to achieve this, the Ministry and University Medical Faculty should continue building upon their current low level of cooperation to organize trainings for targeted staff. The competitive selection of current staff professionals to participate in short-term trainings with emphasis on knowledge transfer upon return would benefit other staff in Kosovo/a. For long-term needs, other education possibilities from within the Faculty of Medicine must be pursued.

7. Providing sources for financial means for normal functioning of the secondary and tertiary health services. Establishing a fund for health care and insurance can be one of the sources to provide means for a better functioning health service. The members of the Expert Committee call upon all interested parties within the Ministry of Finance and the international donor community to re-examine current budget funding options. Without significant changes in the current funding mechanisms, the entire health care system will continue hurtling toward obsolescence.

8. Establishing and putting into practice emergency services for secondary and tertiary health services in Kosovo/a: there is a real need in Kosovo/a to establish an oncological centre as well as appropriate centres for radiotherapy. Other necessary services would be a poison centre and a cardio-surgery centre. Their functioning in Kosovo/a would not only enable health training but would also save many means (funds) that currently accumulate outside Kosovo/a. If the current budget deficiencies are such that it is impossible or imprudent to pursue these goals, then the Expert Committee urges all relevant parties to consider promoting the private development (through appropriate laws, tax credits, and regulation) of these necessary services.

9. Urgently open a hospital for secondary health services in Pristina. The staff for this hospital could be provided partially from the staff that currently work in the University Clinical Centre, and partially from Pristina's other main clinics. In this case, the Ministry should seriously consider building a new hospital. This would free tertiary health services from the cases that could be treated in the secondary services, and it would allow for more efficient use of current facilities.

10. For equal and all-inclusive access to the secondary and tertiary health institutions of Kosovo/a, it is necessary that the administration of all the hospitals in Kosovo/a,

including Mitrovica hospital, be from the legitimate institutions of Kosovo/a. For the same purpose, it is also necessary for the full coordination and cooperation between these institutions at Kosovo/a level.

11. Selecting centres of cooperation for Kosovo/a. UNMIK and the new Ministry should work hard to establish working relationships between the health care system in Kosovo/a and other successful regional medical centres. This would serve multiple needs including trainings, referral opportunities for special cases, and long-term capacity development.

Health Care Delivery through the Private Sector

1. The Group considers the private sector an essential part of the health system in Kosovo/a. This sector should be developed as part of a general strategy and it should be complementary and competitive to the public health sector. Considering the weak national economic situation, it is necessary to mobilize both local and international capital in order to assure an adequate health protection of the population.

2. It is the Group's opinion that today's private health sector is not regulated or controlled. This sector consists of individual units motivated by financial gains that do not work in cooperation with each other. The relationship between this sector and the public sector is not yet defined; moreover, the quality of services is, with only a few exceptions, generally weak.

3. This situation results from the fact that until now, the private sector has never been considered as part of a general development strategy for the health system in Kosovo/a. On the contrary, until today, all of the different governments have chosen to ignore or object to this sector and consequently the private sector never enjoyed equal attention in comparison with the public one.

4. The Group draws attention to the absolute right of the citizens to choose their doctor and to the undisputed obligation of the government to create the necessary conditions to guarantee this right. In this regard, the Group proposes the drafting of two different health insurance schemes, which would work as equal partners in both sectors by complementing as well as competing with each other.

5. The Group requests that in the shortest time possible, the Government approve the laws that would regulate the establishment of private health institutions. These laws would be able to control the quality of the health services, to enforce these individual

units in the health sector to work in harmony and cooperation with each other, and shape the relationship between the private sector and the public health institutions.

6. The Group proposes that the relevant international and local organizations complete feasibility studies and establish a plan of action for funding to develop specific health services, e.g. the oncology institute, cardiology/cardiovascular surgery and organ transplant surgery. Strategic assistance for the development of this necessary care should be offered through lower taxes, long-term credits and partnerships with investors from the private sector. One kind of partnership could be created through new facility building or allowing the private use of certain existing facilities, particularly considering the hesitation on the part of foreign investors to invest in real estate in Kosovo/a, as a result of the undefined political status.

7. The Group proposes that the Association of the Doctors of Kosova take the lead in pushing for private health institutions to be organized quickly within this professional association. Moreover the Association of the Doctors of Kosova should engage the appropriate bodies within the Assembly to propose new laws and regulations which, in turn, could be reviewed by the relevant authorities within the Kosovo/a Assembly.

Health Insurance

1. The Group considered that the establishment of health insurance plans is essential and urgent. Such plans should reflect the responsibility of every citizen for his or her medical condition and would provide the necessary funds for the proper functioning and improvement of the health services.

2. The model for a Health Insurance of Kosovo/a should be based on established and successful practices as well as the equality principle. This insurance should guarantee to all people of Kosovo/a the mandatory health insurance for all the different levels of health services.

3. Apart from this mandatory insurance, the government should enable the establishment of institutions for private health insurance. These institutions should be modern and should function based on the law of the market. The government should also create the proper conditions so that the funds gathered through these insurances are applied in both the public and private institutions.

4. These funds should also assure medical treatment in specialized medical centres outside Kosovo/a, for health services that are lacking in Kosovo/a, but under the supervision of previously established regulations and laws.

5. The Group welcomes the attempts of the government to establish the health insurance fund but would like to reconsider the proposed system which excludes the local employees of the UN, the OSCE, KFOR, governmental representatives and other similar types of institutions from the obligation to pay for the otherwise mandatory health insurance payments. This system also does not charge the international companies for services offered by the local institutions (for local and international staff). The Group requests the UNMIK government to review this decision and consider the amount of funds that could be generated.

VI. Annex

A. Programme

Standing Technical Working Group Workshop on the Health Care System

TIME	ACTIVITY
9:15-9:30	Introductory Remarks: Robert Curis Country Director ECMI Kosovo/a
9:30-11:30	First Session: Chair: Luan Jaha Vice Chair ECMI STWG Health and Social Welfare Expert Committee Adem Limani and Ruzhdija Krijestorac <ul style="list-style-type: none">• An Overview of the Kosovo/a Health Care System Adem Limani, Izet Sadiku, Idriz Mumci and Haliti Ferizi <ul style="list-style-type: none">• Primary, Secondary and Tertiary Sectors• Key Social Welfare Issues• Discussion and Debate
11:30-12:00	<i>Coffee Break</i>
12:00-13:00	Second Session: Chair: Adem Limani Chair ECMI STWG Health and Social Welfare Expert Committee Luan Jaha and George Boulton, World Bank Health Care Consultant <ul style="list-style-type: none">• Developments in Health Care Insurance• Health Care: the Private Sector• Financing Health Care in the Public Sector• Discussion and Debate
13:00-14:00	Third Session: Conclusions Chair: Izet Sadiku Vice Chair ECMI STWG Health and Social Welfare Expert Committee <ul style="list-style-type: none">• Conclusions as a “Point of Departure”• The Next Step
14:00	<i>Lunch</i>

B. List of Participants

Hysni Bajrami	Democratic Part of Kosovo (PDK)	A
Mevludin Krasniqi	Democratic Party of Kosovo (PDK)	A
Ruzhdi Hamza	Democratic Party of Kosovo (PDK)	N
Izet Sadiku	Democratic League of Kosovo (LDK)	A
Alberta Troni	Democratic League of Kosovo LDK	A
Illir Salihu	Democratic League of Kosovo LDK	A
Besnik Osmani	Democratic League of Kosovo LDK	A
Valon Murati	Alliance for the future of Kosovo(AAK)	A
Gafurr Podvorica	Liberal Party of Kosovo (PLK)	A
Nazmi Halimi	Social Democratic party of Kosovo (PSDK)	A
Gjylnaze Syla	Alliance for the future of Kosovo AAK	N
Sebahate Grajqevci	Alliance for the future of Kosovo AAK	N
Sabrije Rama	Alliance for the future of Kosovo AAK	A
Mejreme Mara Berisha	Alliance for the future of Kosovo AAK	A
Fakir Spahiu	Alliance for the future of Kosovo AAK	A
Mehmed Ćeman	Bosniak Social Democratic Association of Kosovo (BSDAK)	A
Ruzdija Krijestorac	Social Democratic Association(SDA)	A
Nebahat Doğan	NGO'GUNES'	A
Şerafetin Ömer	Turk Democratic Party (TDB)	A
Nexhmedin Sejdiu	Kosovo Protection Corps (KPC)	A
Luan Jaha	Not affiliated	A
Ali Bajgora	Not affiliated	A
Gjylieta Mushkolaj	Not affiliated	A
Avdullah Qafani	Egyptian Party	A
Ymer Shatri	NGO 'Handikos'	A
Drita Bala	Not affiliated	N
Gani Toska	Roma Party	A
Senad Adrovic	Not affiliated	N
Fahri Beqa	Democratic Party of Kosovo (PDK)	A
Diamant Kastrati	Organization for Security and Co-operation in Europe (OSCE)	N
Dragan Velic	Serb National Council (SNC)	N
Fedzat Sagdati	Organization for Security and Co-operation in Europe(OSCE)	N
Ardian Jashari	NGO 'Economic Development Agency' (EDA)	N
Halit Ferizi	NGO 'Handikos'	A
Arbnor Pula	NGO "Forum for Democratic Initiative" (FID)	A
Mirlinda Kusari	NGO 'Women Business Association'(SHERA)	A
Bersant Disha	NGO 'Kosovo Initiative for Democratic Society' (KIDS)	A
Ibrahim Makolli	NGO "Council for Human Rights"(KMDLNJ)	A
Enver Hasani	Not affiliated	N
Makfire Lutolli	Not Affiliated	A
Suzana Arni	NGO "Kosovo Civil Society Foundation"(KCSF)	A
Bayram Rogova	Turk NGO'SHEFKAT"	A

Artan Venhari	NGO "Kosovo Initiative for Democratic Society" (KIDS)	A
Fahredin Tahiri	Not affiliated	A
Petar Jeknic	Not affiliated	A
Mujo Dacic	NGO "Bosniak Citizen Initiative" (GIB)	A
Skender Kandic	NGO "Bosniak Citizen Initiative" (GIB)	N
Adem Limani	Alliance for the future of Kosovo (AAK)	A
Radmila Djordjevic	Serb NGO 'MARAS'	A
Xhevdet Neziri	Egyptian Party	N
Mirjana Rajovic	Not affiliated	A
Boban Nivic	Not affiliated	A
Abdullah Bektashi	Turk NGO "Gunes"	A
Bekim Sejdiu	NGO 'Kosovo Civil Society Foundation' (KCSF)	A
Pavle Vasic	Not affiliated	N
Blerim Burjani	Alliance for the future of Kosovo (AAK)	A
Xhangyle Ilijazi	Organization for Security and Co-operation in Europe(OSCE)	
Misket Sinani	Organization for Security and Co-operation in Europe(OSCE)	A
Valdet Muqa	Not affiliated	A
Naim Korca	NGO "Handikos"	A
Enesa Kadic	Not affiliated	A
Shkendije Geci	Organization for Security and Co-operation in Europe(OSCE)	A
Rezarta Alihajdari	Democratic League of Kosovo (LDK)	N
Lendita Ajazaj	Not affiliated	A
Justina Pula	Not affiliated	N
Idriz Mumci	Not affiliated	A
Laura Kryeziu	Not affiliated	A
Lundrim Aliu	Not affiliated	N
Haxhi Thaci	Organization for Security and Co-operation in Europe(OSCE)	A
Veton Berisha	Not affiliated	A
Myrvete Pantina	Not affiliated	A
Afrim Maliqi	NGO 'Handikos'	A
Elife Krasniqi	NGO 'Partners'	N
Hajrullah Koliqi	Not affiliated	N
Radica Berisha	Not affiliated	A
Jovan Zivkovic	Not affiliated	A

A = Attended

N = Not attended