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MINISTRIA E SHËNDETËSISË/ MINISTARSTVO ZDRAVSTVA/ MINSTRY OF HEALTH

HEALTH SECTOR STRATEGY
2010 - 2014

Prishtina, May 2009

CONTENT

ABBREVIATIONS

HCCA	Health Care Commissioning Agency
EU	European Union
DSM	Department for Strategic Management
DHS	Department of Health Services
CBMHC	Community Based Mental Health Centres
SDT	Strategy Development Team
FMT	Family Medicine Teams
FMC	Family Medicine Centres
SSG	Strategy Steering Group
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
NIOW	National Institute for Occupational Work
NIPHK	National Institute of Public Health in Kosovo
OVI	Objectively Verifiable Indicators
STI	Sexually Transmitted Infections
ICD	International Classification of Diseases
PHC	Primary Health Care
SHC	Secondary Health Care
THC	Tertiary Health Care
MoV	Means of Verification
FM	Family Medicine
MP	Master Plan
MoH	Ministry of Health
MFMC	Main Family Medicine Centres
KAP+B	Knowledge, Attitude, Practice and Behaviour Survey
KDSP	Kosovo Development Strategy and Plan
WHO	World Health Organisation
SO	Strategic Objectives
FMP	Family Medicine Punct
CCNE	Centre for Continuing Nursing Education
FMC	Family Medicine Centre
UCCK	University Clinic Centre of Kosovo
UCCDK	University Clinic Centre for Dentistry of Kosovo
NCBT	National Centre for Blood Transfusion
WWC	Women Wellness Centre

MCSR	Medical Centre for Sport and Recreation
TMCK	Telemedicine Centre of Kosovo
CDFMK	Centre for Development of Family Medicine in Kosovo
HIS	Health Information System
RH	Regional Hospital
TB	Tuberculosis
SOK	Statistical Office of Kosovo
STD	Sexually Transmitted Disease
UNKT	United Nations Kosovo Team
UNMIK	United Nations Mission in Kosovo

Foreword from Minister of Health

The Health Sector Strategy is a document that determines midterm strategic direction for health sector of Republic of Kosovo. Also, it informs the subjects, health care providers and different organisations involved in health sector financing about the health policies based on which will be oriented the health sector in the next five years.

Our health sector should reflect country-wide, professional and social values and also the needs for quality of health services, to offer values in context of authentic professionalism and also upgrade professional development of all health professionals in each level of care.

What distinguishes this Strategy is the unique way of comprehensive consultation with stakeholders. The engagement of health professionals, professional groups, different organisations, governmental and nongovernmental agencies that have contributed earlier and still offer their contribution in development of the health sector in Kosovo and management of changes within the health sector, is a feature of this Strategy.

The Strategy foresees the interdisciplinary and cross-cutting cooperation for all the issues that relate to health and wellbeing of citizens in the Republic of Kosovo. This is a comprehensive Strategy and guide for all involved, especially for health service providers toward achieving the determined vision. Achievement of Strategic Objectives through realising particular activities will contribute to improvement of the health sector situation in our country through planning for the next years 2010 - 2014.

The Strategy enables all citizens of Kosovo to have access to health services of high quality standards.

I thank all those who have contributed in designing this document.

Respectfully,

Alush A. Gashi

Minister of Health

1. INTRODUCTION

1.1 Background

In the past, there have been few opportunities for Kosovo to build a modern health system. Low economic growth, inadequate reform of the health system and the parallel systems of the ´90s led to a deterioration of the population's health position and status. However, some progress was made with the inauguration of the Faculty of Medicine within the University of Prishtina. The setting up of Clinics alongside this Faculty created conditions for the development of skilled medical professionals.

After the war in 1999, Kosovo has prospered significantly in the area of health services development. During this period the health services in Kosovo have benefited immensely from the support of donors and a substantial increase in budgetary funding. Several health facilities have been constructed and renovated and staffed with health personnel. Generally there has been an increase in the number of patients benefiting from health institutions.

In addition, during this period, the economy has undergone a favourable development through the growth of local enterprises, assisted by donor support. Considerable efforts have been made to improve the economy, via international support and the efforts of local population, over the last 6 years. Nevertheless, establishing interim self-governing structures with shared competencies had the greatest impact on public sector management. Appendix 6 of UNMIK Regulation No. 2002/5 defines the mandate of the Ministry of Health, an area already included in the areas whereby the transfer of competencies from UNMIK to local government is fully completed.

With the support of the World Health Organisation and national experts, the first draft of the "Health Strategy for Kosovo" was drawn up a month after the end of the war. Following public consultations, it was approved in September 1999 by the Department of Health and Social Welfare. Aside from aiming to achieve the goals defined, this strategy also attempted to ensure the sustainability of investments from the international community.

Following the comprehensive consultations, the Ministry published the document titled "Health Strategy for Kosovo" (known as "The Yellow Book") in February 2001. Although this strategy did not alter the goals of the preceding strategy, it brought significant reforms. It initiated Family Medicine as a cornerstone to the primary health care, brought a restructuring of the secondary health care in five (5) regional hospitals, the initiation of cross-sector cooperation, the disintegration of vertical programmes, the improvement of management in health institutions, a change of awareness and the continuous professional education of health professionals. This strategy also emphasised the need to develop the systems and structures for improving the provision of health services, such as the health funding mechanism and decentralised governing structures.

These themes have continued to be followed in subsequent strategic and operational plans including the 2007 Sector Strategy with its emphasis on improving services to mother and

child, youth, the mentally ill, reducing levels of morbidity and improving human resource development.

They have provided a guideline for the development of Kosovo's Health System, which today aims to achieve the Millennium Goals and European standards of health services for all the communities and citizens of Kosovo.

1.2 The Organisational Structure of the Health System

The highest health authority of the Republic of Kosovo is the Ministry of Health. Health Care in Kosovo is provided in three levels – Primary, Secondary and Tertiary Care.

1.2.1 Primary Health Care

The World Health Organisation defines primary health care (PHC) as "essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community."

Municipalities ensure implementation of Primary Health Care in Kosovo by prioritising preventive measures through implementation of the family medicine concept. Kosovo is divided into 36 Municipalities, wherein are located PHC institutions, respectively Main Family Medicine Centres (MFMC). Besides MFMCs, there are also Family Medicine Centres (FMC) and Family Medicine Puncta (FMP). Where there are no hospitals easily accessible, MFMCs also have outpatient maternities and also Women Wellness Centres (WWC). The Urgency Centre is planned to function in municipalities with more than 150.000 inhabitants.

1.2.2 Secondary Health Care

Secondary Health Care is provided through regional and municipal hospitals. Regional Hospitals in larger Municipalities (Mitrovica, Peja, Gjakova, Prizren, Gjilan) and also in two smaller municipalities Ferizaj and Vushtrri, have been institutionalisedas bases for secondary health care. They provide in-patient care and specialist services including also dental care. Specialist services are also provided in some Policlinics in the private sector.

The Secondary Health Care (SHC) level also provides professional mental health services through Institutions of Community Based Mental Health Centres (CBMHC), Community Integrated Houses (CIH) and also the Centre for Integration and Rehabilitation of chronic psychiatric patients in Shtime.

Other hospitals foreseen in Ahtisari's Plan and Capital City's Law are expected to be managed by municipalities. Hospitals that are foreseen to be established will be located in these municipalities - Graçanica, Shtërpce and North Mitrovica and also Prishtina Hospital according to Capital City's Law.

1.2.3 Tertiary Health Care

Tertiary Health Care (THC) comprises specialised medical services provided through health institutions that are also linked to the University teaching of medical undergraduates and post graduates and to related scientific research.

Consequently the THC level is covered by the University Clinic Centre of Kosovo (UCCK), with several clinics and institutes, and the University Clinic Centre for Dentistry of Kosovo (UCCDK). This level also has significant national institutes such as the National Transfusion Centre (NTC) managing the blood bank; the National Institute for Occupational Health (NIOH), concerned with health care for the employed, Medical Centre for Sport and Recreation (MCSR) and the National Institute for Public Health of Kosovo (NIPHK) providing programmes for health education, promotion, prevention and protection, as well as being the main source of medical data collection and analysis.

These health institutions at the tertiary health care level also serve as secondary level institutions for the Prishtina Region.

2. THE APPROACH AND METHODOLOGY

2.1 The Wider Context

In April 2005, the Office of the Prime Minister in Kosovo established the Kosovo Development Strategy and Plan (KDSP) Secretariat. The Secretariat was a temporary institution with the aim of facilitating the development of a vision and strategic approach to medium-term development. The KDSP was produced in December 2006. It was to be implemented, in the first instance, over the period 2007-2013.

The KDSP provided over-arching policy objectives for Kosovo. These incorporated the policy priorities that resulted from the work of several Sector Working Groups drawn from the Ministries and other stakeholders. One of these Working Groups was concerned with the health sector and produced the 2007 Sector Strategy referred to in the previous Section.

The KDSP was translated into the Medium-Term Expenditure Framework for Kosovo (MTEF). This provides for coherence, consistency and transparency in the proposed funding of the activities arising from the priorities. The first MTEF was published in September 2007 for the period 2008-2010.

The preparation process of revised Sector Strategies through which would be determined priorities and which would offer information for the planned expenditure on activities in 2009 was disrupted by the General Election in November 2007 and the progress towards Independence, which was finally achieved in February 2008.

Nevertheless, the preparation process of the Sector Strategy at that time has shown a progress, whereas main strategic priorities have been identified, which later became the basis during preparation of the MTEF document for 2009, in April 2008.

This document is the first of revised Sector Strategies, and as such it is acting as a model for preparation of a further five (5) Sector Strategies that cover Line Ministries with the highest expenditures.

2.2 Developing the Sector Strategy

2.2.1 Key Outcomes

Given below are the key outcomes of the strategy process.

Key Outcomes

A Vision and Mission for the Health Sector for the period 2010 - 2014

Strategic Objectives & Priorities for Implementation

Key Milestones and Management Approach

The underlying principles in producing these outcomes were:

- They were devised and produced by the Ministry and 'owned' by the Minister, Advisers and Civil Servants.
- They related to the Sector as a whole, as well as covered Ministry responsibilities.
- They were the subject of stakeholder consultation.

2.2.2 Sector Strategy Management

The methodology adopted was a mix of workshops and meetings with teams and/or individual managers. The general idea, however, is that the process was managed and supported by the Ministry.

The Sector Strategy development process was managed through two groups, supported with technical assistance through the project "Technical Assistance for National Strategy Planning" that assisted in facilitation of the process.

A Strategy Steering Group (SSG) was established, chaired by the Deputy Minister and comprising senior staff from the Cabinet within the Ministry. The role of the SSG is set below.

Strategy Steering Group (SSG)

Sets the Overall Direction and Approves the Strategy

Manages the Strategy Development Process

Communicates Process and Progress within the Ministry and Externally

The Steering Group was supported and serviced by the Strategy Development Team. The SDT managed and organised the strategy development process, involving other internal Departments/staff and external bodies.

Strategy Development Team (SDT)

Offers support and services for the Strategy Steering Group

Prepares the Strategy and manages input from the Ministry and external bodies

Consults stakeholders during the process of preparing the Strategy

2.2.3 Sector Strategy Process

The Process adopted is illustrated in the flow diagram below.

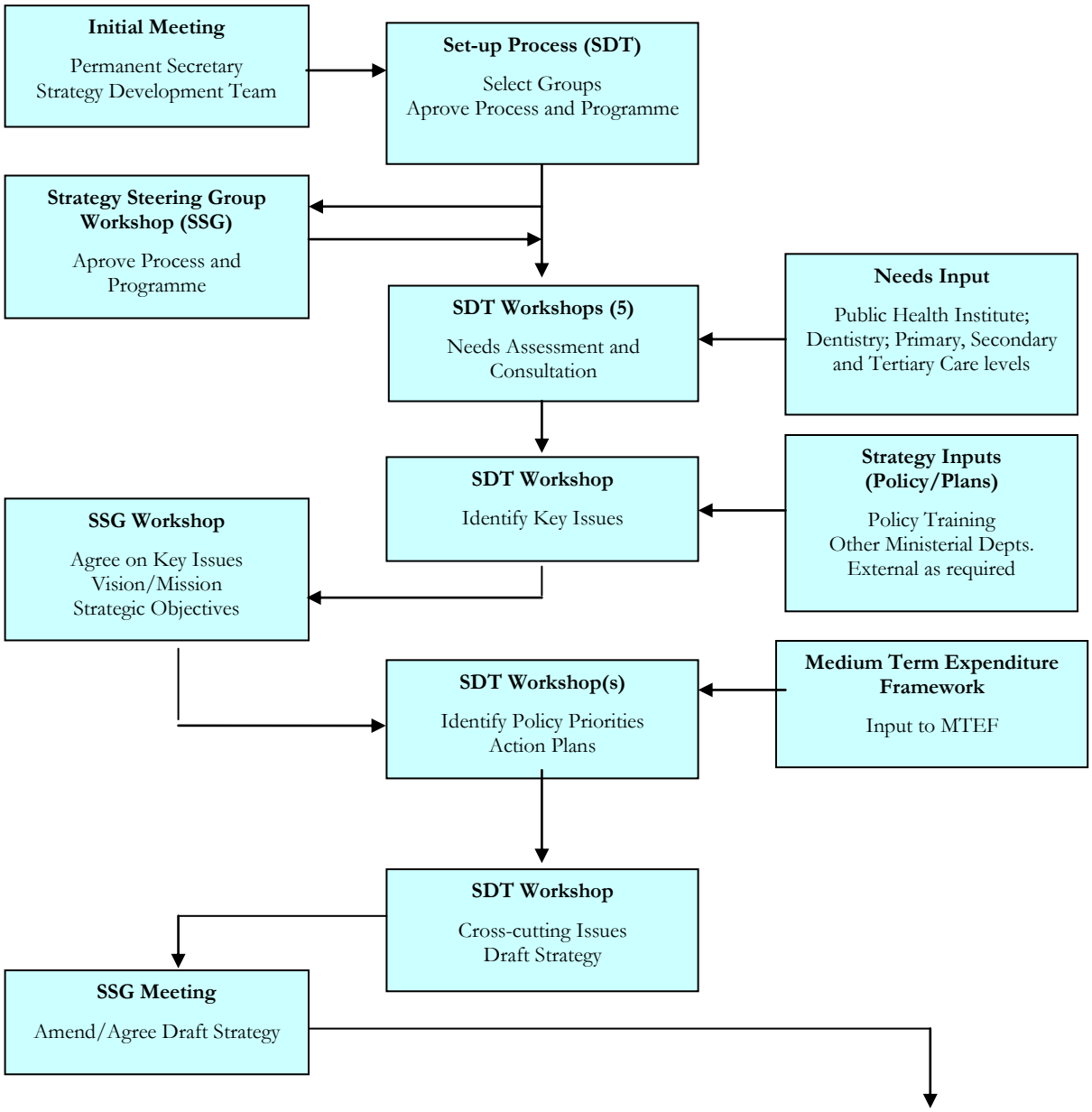
A central part of the process was the consultation with stakeholders as part of the needs assessment. This comprised 6 needs-assessment workshops over the period with the main delivery bodies within the health sector (primary, secondary and tertiary care, public health and dentistry) and one with senior Ministry staff. The workshop was attended in total by 100 participants.

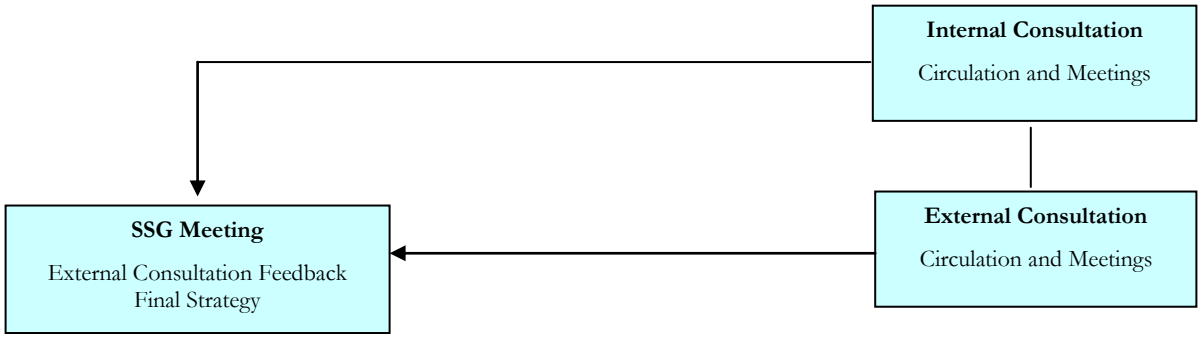
A further key input to the process was the monthly training workshops through the 'National Strategy Planning Project KDSP Project', attended by the SDT members, which covered such areas as Strategic Planning, Public Policy and Project Cycle Management.

Some Ministries have been identified that include in their working scope high importance issues (cross-cutting issues with other Ministries). These Ministries include the Ministry of Local Governance; the Ministry of Education, Science and Technology; the Ministry of Environment and Spatial Planning; the Ministry of Culture, Youth and Sport and the Ministry of Labour & Social Welfare.

Contact with the respective Ministries will be made during the Strategy implementation stages under the relevant Strategic Objectives.

Diagram 1: Sector Strategy Development Process





3. NEEDS ASSESSMENT

3.1 Geography and Demography

Kosovo is located in the area of South-Western Balkans, with a radius of 10,908 km^2. It is estimated to have approximately 2,100,000 inhabitants (estimations for year 2006, made by the Statistical Office of Kosovo (SOK), with a general population density of 193 inhabitants/$km^{2.}$ (7).

The age structure of Kosovo's population is as follows: 33% of the population belong to the 0-14 age group, 61% belong to the 15-64 age group and 6% are over 65 years old. The average age of the population is 26.5 years. For 2006, the average longevity is estimated to be around 69 years, which is lower in comparison with that of the neighbouring countries (3). Women of fertile age (from 15-49 years old) account for 24%, with a fertility coefficient of 64.8% (6). Kosovo is among the poorest countries in Europe, with the lowest GDP in South-East Europe (2).

Table 1
Key Indicators on vital and demographic statistics

Population Total	**2126708 estimated**
Population Density	**193 p/km²**
Kosovo territory total	**10.908km²**
Ethnic Groups	
Albanian	**92.0%**
Serbian	**5.3%**
Other ethnic groups	**2.7%**
Distribution by age	
0-14 years	**33.0%**

15-64 years	**61.0%**
65 and older	**6.0%**
Women of fertile age	**24.0%**
Average age	**26.5 years**
Distribution by gender	
Male	**51.60%**
Female	**48.40%**

3.2 Kosovo Health Profile

In providing a health profile for Kosovo there are limitations on the extent and accuracy of data. Difficulties in integrating the Serbian community are manifested also in the health sector, because much of Serbian medical data is not reported to the Kosovo authorities. In addition, the Health Information System (HIS) is still under development and consequently the conclusions that can be drawn from the analysis of data on the health profile have to be treated with caution.

Nevertheless, even with these limitations, it is clear that the health profile is amongst the worst in the South-Eastern Europe. High levels of infantile mortality, tuberculosis and issues with inadequate nutrition are persistent problems while limited abilities and mental health are cross-cutting issues. (1)

There is a similar pattern with the availability of health professionals. There are 0.94 doctors, 2.61 nurses and 0.06 dentists per 1000 inhabitants in Kosovo. These ratios are low in comparison with other countries, especially that of doctors. In PHC, the ratio of senior staff to intermediate staff is only 1:3. The average number of beds per 1000 inhabitants is 1.43, extremely low in comparison with other countries in the region.

Table 2
Human Resources in the Health System of Kosovo, country comparison

Place	Doctors			Dentists			Nurses		
	Number	Doctor per 1000 inhabitants	Year	Number	Dentists per 1000 inhabitants	Year	Number	Nurses per 1000 inhabitants	Year
Kosova*	1941	0.94	2006	114	0.06	2006	5374	2.61	2006
Albania	4100	1.31	2002	630	0.03	2001	11473	3.62	2003
Bangladesh	38485	0.26	2004	2537	0.02	2004	20334	0.14	2004
Bosnia and Hercegovina	5576	1.34	2003	690	0.17	2003	17170	4.13	2003
Serbia and Montenegro	27738	2.06	2002	3792	0.36	2002	48875	4.64	2002
Croatia	10820	2.44	2003	3085	0.70	2003	22372	5.05	2003
Slovenia	4475	2.25	2003	1199	0.60	2002	14327	7.21	2002
Republic of Central Afrika	331	0.08	2004	13	0.00	2004	1188	0.30	2004
USA	730801	2.56	2000	463663	1.63	2000	2.669603	9.37	2000
Sweden	29122	3.28	2002	7270	0.82	2002	90758	10.24	2002

Source: World Health Statistics, 2006 (5), *NIPHK (6)

With regard to morbidity across the 3 health care levels, in PHC, the three most common recorded disease groups are the musculoskeletal system and connective tissue diseases (group XIII with 36.2% partake in total recorded/reported diseases), the group of respiratory system diseases (group X with 21.6%), and the group of cutaneous and subcutaneous tissue diseases (group XII with 8.5 %) (Table 3).

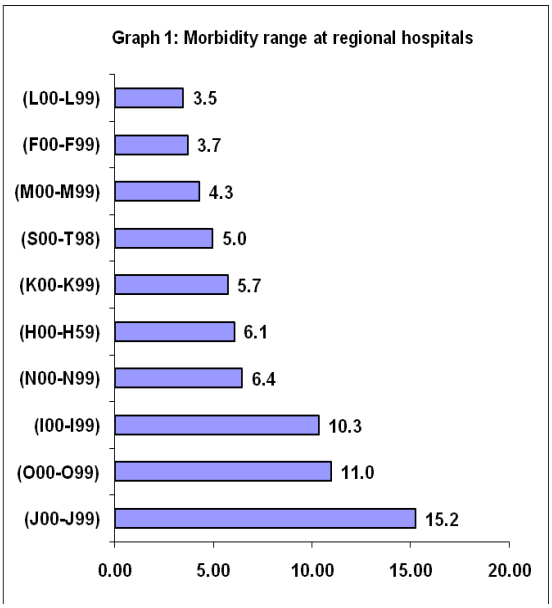
Table 3
Morbidity in Primary Health Care, 2006
(ICD Revision 10)

Diagnosis	Total	
	N	%
(A00-B99)	87723	2.4
(C00-D48)	4684	0.1
(D50-D89)	30817	0.8
(E00-E90)	33710	0.9
(F00-F99)	21314	0.6
(G00-G99)	26263	0.7
(H00-H59)	48394	1.3
(H60-H95)	38883	1.1
(I00-I99)	148546	4.0
(J00-J99)	792939	21.6
(K00-K99)	224326	6.1
(L00-L99)	311255	8.5
(M00-M99)	1331778	36.2
(N00-N99)	107414	2.9
(O00-O99)	3830	0.1
(P00-P99)	372	0.0
(Q00-Q99)	3536	0.1
(R00-R99)	85541	2.3
(S00-T98)	60120	1.6
(V00-Y98)	4748	0.1
(Z00-Z99)	305873	8.3
Unknown (XXX)	3604	0.1
TOTAL	3675670	100.0

In SHC, the three most common groups of diseases recorded in the regional hospitals in Kosovo in 2006 were the respiratory system diseases accounting for 15.2 % of total cases, pregnancy, labour and postpartum period after childbirth accounting for 11.0% (Group XV), and in the third place the blood circulation system diseases with 10.3%. (Table 4).

Table 4
Morbidity in Secondary Health Care, 2006
(ICD Revision 10)

Diagnosis	Total	
	N	%
(A00-B99)	1423	0.8
(C00-D48)	1619	0.9
(D50-D89)	2053	1.2
(E00-E90)	4387	2.6
(F00-F99)	6293	3.7
(G00-G99)	4332	2.5
(H00-H59)	10361	6.1
(H60-H95)	5428	3.2
(I00-I99)	17678	10.3
(J00-J99)	26028	15.2
(K00-K99)	9781	5.7
(L00-L99)	5918	3.5
(M00-M99)	7324	4.3
(N00-N99)	11019	6.4
(O00-O99)	18733	11.0
(P00-P99)	1752	1.0
(Q00-Q99)	1060	0.6
(R00-R99)	5564	3.3
(S00-T98)	8466	5.0
(V00-Y98)	1759	1.0
(Z00-Z99)	15959	9.3
(XXX)	4026	2.4
TOTAL	170963	100.0



In THC, the three most common groups of diseases and conditions registered/recorded in the UCCK in 2006 were: in the first place respiratory system diseases accounting for 12.9% of total cases, then the blood circulation system diseases and infectious parasite diseases with 9.4%. Regarding group XV of ICD comprised of pregnancy, labour and postpartum period after childbirth, if we consider them as a disease, it would take part in the second place with 11.7 %. (Table 5).

Table 5
Morbidity in UCCK, 2006
(ICD Revision 10)

Diagnosis	Total	
	N	%
(A00-B99)	2538	9.4
(C00-D48)	981	3.6
(D50-D86)	489	1.8
(E00-E88)	717	2.7
(F00-F99)	971	3.6
(G00-G99)	898	3.3
(H00-H59)	919	3.4
(H60-H95)	1104	4.1
(I00-I99)	2548	9.4
(J00-J99)	3482	12.9
(K00-K93)	2078	7.7
(L00-L99)	341	1.3
(M00-M99)	1001	3.7
(N00-N99)	897	3.3
(O00-O99)	3175	11.7
(P00-P96)	121	0.4
(Q00-Q99)	145	0.5
(R00-R99)	875	3.2
(S00-T98)	568	2.1
(V00-Y89)	197	0.7
(Z00-Z99)	2205	8.2
(XXX)	795	2.9
TOTAL	27045	100.0

From these morbidity figures there is a significant deviation between the most common groups diagnosed in PHC from that of SHC and THC, where there is broad similarity. These differences cannot be easily explained. It may be there is a major difference in the diseases that are treated at the PHC level from those referred up to the other levels; or there are differences in the practice of diagnosis or the statistics are inaccurate.

3.3 Findings from Consultations

The extensive consultation process across all levels of the health sector provided a valuable insight to the key issues facing the development of the Health Sector in Kosovo. These issues were:

- **Need for a functional Health Information System (HIS)**

Need for a functional Health Information System was seen as a critical issue. There are problems in collecting and maintaining data:

- The lack of a population census and patient registration
- Lack of a unified health information system, with incomplete and fragmented reporting from the public sector, no reporting from the private sector and a non-integrated system across the ethnic communities
- No clear data relating to direct funding for services, medicines and medical products by consumers.
- Lack of resources to properly maintain the system

A significant amount of work has already been undertaken to develop a comprehensive system, but much remains to be implemented and, without concerted action, the threat remains of the current fragmented system continuing.

- **Absence of a Health Insurance System**

The need to introduce a more coherent and effective system of payment of health services provided was strongly expressed. This was generally referred to as health insurance. This was also seen as necessary to help meet the concerns over the limitations on the budget available within the Sector for delivery of services and paying reasonable salaries.

- **The referral system**

This point in particular relates to upward referral from the primary to the secondary and tertiary levels and vice versa related to feedback information between three levels of care. This aspect is unregulated and creates an imbalanced work overload at the higher levels. All of these reflect the lack of referral and clinical guidelines and protocols, lack of unifying of documents for both sectors, public and private, also.
Difficulties in implementation of the Family Medicine concept also cause overburden of other levels of health care. Another weakness is the uncoordinated referral system between public and private health institutions.

- **Lack of standards for services or work protocols**

Opinions were expressed on the need for common quality procedures in management and clinical practice. Management procedures have been prepared through previous technical assistance, but have not been placed within a legal or regulatory framework within the health sector and consequently have not been systematically implemented. The same applies to the work carried out on clinical guidelines and protocols.

- **Insufficient drug supply**

This was seen as a very serious issue directly affecting the wellbeing of patients. It reflects insufficient drug supply**,** management of their distribution and the opportunities that drugs present for corruption.

- **Need for improvement of managerial knowledge and skills**

This was reflected in comments received in a number of ways during consultations:

  - Defining roles and responsibilities of health organisations and individuals
  - Legislation not being fully implemented
  - A poor attitude amongst health professionals
  - Poor communication and co-ordination within the health sector, and externally with stakeholders and internationally
  - Inadequacies in health service provision

- **Non-functional infrastructure**

The main concern raised on infrastructure, including equipment, was on the lack of investment in maintaining existing buildings and the maintenance of equipment, including the availability of essential operational accessories and supplies.

3.4 Conclusions

The health of the Kosovo population does not compare well within the regional countries or within the wider European context. In trying to improve this situation the health sector is constrained by:

- An inability to effectively plan and allocate resources owing to an inadequate health information system
- Inadequate management systems to ensure satisfactory performance and qualitative services
- Difficulties over accountability arising from a lack of clarity in the roles and responsibilities of organisations and individuals
- Serious shortcomings in the supply and distribution of drugs
- Limited funds available

A significant issue in relation to all these constraints is that they are not new and are well known within the Sector. In consequence a key component of this Strategy must be the way how it is to be implemented.

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4. STATEMENT OF CHAIR FOR THE STRATEGY STEERING COUNCIL

"Strategy for achieving standards in health"

In April 2005, the Office of the Prime Minister in Kosovo established the Kosovo Development Strategy and Plan (KDSP) Secretariat with the aim of developing a vision and strategic approach to medium-term development.

The preparation process of the Strategy has shown progress; therefore in 2008 the priorities identified in this document became the basis for preparation of the Mid -Term Expenditure Framework (MTEF).

The MTEF links policies of the Ministries with the budget, provides coherence, consistency and transparency of financing proposed for the activities arising from the priorities.

The Health Sector Strategy 2010 – 2014 is a Strategy that represents the ongoing reforms that have been started after the war. This document represents institutional continuation and is prepared based on large numbers of consultations with representatives of Health Institutions, and health professionals all over Kosovo.

The Strategy is designated for citizens and its vision is **"A healthy population all over Kosovo" not leaving aside the Kosovars living abroad.**

The Strategy foresees and aims in contributing and achieving Millennium Goals, especially 4, 5 and 6 related to infant mortality, improving mother's health and incidence of TB and HIV in Kosovo. This vision also refers to all citizens of the Republic of Kosovo including all ethnic groups without difference and discriminations.

There is a lot to be done in achieving this vision. The Current situation of the health sector and actual limited resources has obliged us to define the priorities. The Strategy offers clear Objectives, the way how to address them and how to organise some of the challenges using effectively and efficiently available resources and support offered by the donors.

Through this Strategy our intention is to achieve the Strategic Objectives that are set below:

1. Reduce morbidity and mortality

With this Objective it is aimed to decrease morbidity and mortality by enhancing the quality of health services in line with contemporary standards for all citizens.

2. Improve management of existing resources and quality of services

There is a need to improve the management of health institutions and the co-ordination between them. The health sector comprises many separate institutions which, to provide an effective health service, must work as an integrated system. A fundamental requirement is for greater clarity in the roles and responsibilities of the institutions which will help to eliminate confusion, increase accountability and improve efficiency.

3. The function, reorganisation and the completion of the existing infrastructure of the healthcare system and the procurement of medical equipment in accordance with European standards

The reorganisation of health services requires a plan for the distribution of health institutions at all levels of care.

4. Implement and further development of Health Information System

The intervention in HIS will be orientated to a system that collects, analyses, stores and disseminates information in a standardised way, being a useful system for decision-making in health care and for organising health care at all levels: PHC, SHC, THC and Central (Ministry of Health (MoH).

5. Develop a sustainable funding system for the health sector

To establish an initial mechanism for collecting the dedicated income for the health sector, aiming in developing a sustainable financing system, sufficient for coverage of the essential health services list within health care, offered in cooperation within the public and private sector.

All these are priorities that have been proposed during the consultation process and we do consider them as fundamental and necessary for development of sustainable system that will offer high quality health services internationally recognised.

The next 5 year period, 2010-2014, will be advanced continuation for achieving the vision, having impact in decreasing the morbidity and mortality through improving quality of health services and moving the health system of Kosovo toward contemporary standards.

Sincerely,

Dr Mybera Mustafa,

Deputy Minister

5. THE STRATEGY

5.1 Vision

A healthy population across all of the Republic of Kosovo

5.2 Mission

To develop a sustainable health system that provides quality services for all residents with the aim of achieving European Standards.

5.3 Strategic Objectives

1. Reduce morbidity and mortality of the overall population

With this Objective it is aimed to decrease morbidity and mortality by enhancing the quality of health services in line with contemporary standards.

These include continuing to develop and implement preventive measures through health promotion, education and treatment, targeting lifestyle issues such as smoking, HIV/AIDS, TB and sexually transmitted infections as well as immunisation programmes for infants and young children. With the substantial and growing population of young adults and families, these preventive programmes are particularly important in helping to develop a more healthy Kosovo population in the future.

This theme also underlines the importance of PHC services and in particular the need to accelerate the implementation of the Family Medicine concept, which has been a strategic aim since earlier till nowadays. This concept is concerned with fundamentally moving the health service from being primarily hospital based towards a more community based provision. This will improve access, effectiveness and reduce referral rate, but also requires development of new systems, such as patient registration and the HIS, additional resources and enhancing the skills of some health professionals.

A major feature in reducing morbidity and mortality is the provision of drugs. Currently, supply is generally inconsistent and inadequate to meet the needs of patients. Wide ranging improvements to the system are now being introduced and these will be implemented as part of this Strategy.

At present many patients have to go outside Kosovo to receive appropriate treatment owing to the lack of provision of services in certain specialities. While this is gradually improving, it remains a high cost to the service and is not satisfactory for the patients concerned. The priorities for targeting these specialities are necessary to ensure the most cost effective and clinically appropriate development programme is implemented.

Measures

A. Develop and strengthen the role of public health, through programmes for protection and improvement of health

B. Strengthening PHC/ Family Medicine capacity as the cornerstone of health system

C. Supply drugs and other consumables from the essential list of medication

D. Establish health/disease priorities and prepare and implement development plans accordingly

E. Develop National Plan for management of diseases with socio - medical importance

2. Improve management of existing resources and quality of services

There is a need to improve the management of health institutions and the co-ordination between them. The health sector comprises many separate institutions which, to provide an effective health service, must work as an integrated system. A fundamental requirement is for greater clarity in the roles and responsibilities of the institutions which will help to eliminate confusion, increase accountability and improve efficiency.

The referral system is a key area where coordination is not working well. Currently the THC and SHC levels are overloaded because of inappropriate referrals. There is not only a need for improvements in referral procedures and their implementation, but also to enhance the role and better resource the PHC level (see Strategic Objective 4 below).

However, to improve institutional management more generally, clear common standards of best practice are required. These have already been developed under previous technical assistance in the form of quality procedures, but have not been fully implemented. Under this Strategy it is proposed these will be implemented along with specified targets and audited through the network of Quality Coordinators.

Finally, there needs to be monitoring systems developed by the Ministry which provide for a systematic and transparent measurement of progress towards improving management and coordination of existing resources and quality of services.

Measures

A. To enhance accountability through establishing the roles and responsibilities of health institutions and the Departments/Units and employees within them

B. To reduce pressure on the THC and SHC from inappropriate referrals

C. Implement existing quality procedures/standards

D. Identify and implement monitoring systems and procedures

3. The function, reorganisation and the completion of the existing infrastructure of the healthcare system and the procurement of medical equipment in accordance with European standards

The reorganisation of health services requires a plan for the distribution of health institutions at all levels of care.

The Master Plan will cover both the public and, where relevant, the private sectors and will help ensure that the population has acceptable access to the appropriate level of healthcare throughout Kosovo. This will be through the distribution of facilities and coordination of health professionals and other resources.

The Master Plan is based on a set of planning agreed parameters that have been developed in conjunction with stakeholders as well as identifying and addressing significant health care issues that exist in the current system. These issues include the non-integrated health systems across the Albanian and Serbian communities, the poor maintenance of existing healthcare facilities and the current high level of expenditure on new facilities.

Extensive discussions will take place to agree on how to adjust the current healthcare network towards the more effective network that is described in the Master Plan. The resulting network will provide an integrated health system with a smooth and logical path between primary care, secondary care and tertiary care. The Master Plan will also provide guidance as to where to invest in the healthcare system and the level of investment needed.

Measures

A. The addressing of key issues currently adversely impacting health as outlined in the adopted and approved Master Plan

B. Reorganising and expanding health services, based on the distribution plan for health institutions in all levels of health care, including public and private health systems

C. Investments made in the health sector are in line with the Master Plan

D. Supply, operationalising and maintenance of equipment in health institutions

4. Implement and further development of Health Information System

The intervention in HIS will be orientated to a system that collects, analyses, stores and exchanges information in a standardised way, useful for decision-making in health care and for organising health care at all levels: PHC, SHC, THC and Central (Ministry of Health (MoH) and other relevant institutions.

The interventions in HIS development are not only focused on hardware and software implementation. HIS development includes four components:

- The actors who take decisions (health professionals, administrators, co-workers and policy makers, users and buyers of health services)
- The data and information that is useful for decision-making
- The procedures that determine how the actors relate to the data
- The tools that facilitate the collection, analysis, storage and dissemination of the data

All four components are important and necessary to address in the design phase of an HIS. The hardware and software are almost useless without a needs analysis that includes all

actors, an operational manual that explains who does what and when (not just how to use the software) and a database structure.

A draft document "Strategy for HIS" has been produced by the MoH and the NIPHK under co-ordination of the Division of Health Information. It outlines the vision, principles, goals and aims of the HIS in Kosovo. The document needs further elaboration on particularly the information flows between PHC, SHC, THC and the MoH. It should also comprise a model for the (physical) location and ownership of the data repository of the different types of information. Through WHO support, the MoH has also prepared an assessment report on the current HIS situation. The finalisation of the strategy document on HIS is required to create ownership of the HIS by all stakeholders, commitment of users and the will to change existing working procedures accordingly.

Measures

A. Clarify the viewpoint of HIS

B. Define roles and responsibilities and formalise them within legal framework

C. Identify constraints and costs in the current operation of data collection and maintenance

D. Continue to develop a phased approach to establishing a coherent information system across the health sector consistent with international standards

E. Progressively improve the quality of the outputs of the HIS and harmonisation with WHO and Eurostat standards

5. Develop a sustainable funding system for the health sector

The health System in Kosovo is financed by the Consolidated Kosovo Budget, through MTEF (the multi-annual planning of the budget). Public expenditures in health within the general expenditures of the Government in the year 2005, jointly with Primary Health Care (PHC) expenditure, were 9.6%, while during the years 2006 and 2007 they were 9.8%.

The development of technology and need for health services, in means of diagnostics as well as treatment, rehabilitation or palliative care, have increased the demand upon public health institutions for the organisation and provision of these services.

The World Bank Study (Policy issues in the social Sector, June 2008) estimates that private expenditures in health are in line with public expenditures. These high figures are spent for drugs, services in private sector or services unavailable within the country.

Finally, health financing is insufficient to cover all the needs and modern development of health services within the country.

Since the existing funds and public health funding methods currently cannot fulfil and respond to the needs, the health financing model has to be restructured, reflecting the needs

based on the expenditure rate in public health sector in order to offer protection from financial risks for families/individuals by decreasing the payments by patients itself directly for health services.

Even with the limited economic resources of the country, a way should be found to increase the level of financing and find a way to ensure the sustainable and sufficient health financing for the health sector in Kosovo, to cover the list of basic services offered jointly within the public and private health sectors, in line with the qualities of developed countries.

The previous necessary steps for achieving this aim are: estimation of needs within the country, establish the primary and secondary legislation, create the preconditions for starting the scheme of health insurance and gradual implementation of the scheme.

Optimal functioning of health insurance, based on the experience of other countries with successful systems of health insurance, also involves new reforms: separation of user/provider of services and other methods that are mentioned in this strategy.

Each step toward this direction is very complex and depends not only on the Ministry of Health.

Measures

A. Short term solution of financing level for public health sector

B. Long term solution of financing in health through establishment of conditions for implementation of health insurance system

C. Preparing the basic documents (acts) for realisation of health insurance and other secondary inputs from health institutions (determine the basic package for health services, costs and norms of health services / standards of health services).

5.4 Strategy Management

As a 5 year rolling Strategy for the health sector, which relates to the annual Government budgetary cycle in the MTEF, it is also necessary to adopt a matching annual cycle of strategy implementation, monitoring, review and strategy development. This requires setting up a management structure dedicated to these tasks.

It is proposed that this structure will partly replicate the structures utilised in the Strategy development process described in Section 2 above, but in addition include the main institutions in the monitoring process. This is described below.

5.4.1 Composing, coordination, operational monitoring of the Strategy

Inter-ministerial Forum for Sector Strategy of MoH

This forum will be chaired by the Minister and will comprise of members of the Minister's Cabinet, national and international technical advisers and also representatives of other Ministries such as the Ministry of Environment and Spatial Planning, Ministry of Economy and Finance, Ministry of Youth, Culture and Sport, Ministry of Education and representatives of other Ministries also. Members of the Group will also be representatives of the other donor community such as UNKT. The Professional Council will present to the Forum on an annual basis the situation related to the Strategy implementation, and other inter-ministerial issues related to health will be discussed.

Professional Council for Monitoring the Strategy Implementation

The Council consist of:

1. Deputy Minister – Chair
2. Permanent Secretary – Deputy Chair
3. Leader of the Strategy Development Group
4. Deputy Leader of the Strategy Development Group
5. Logistic and Administrative Officer

The Council will be chaired by the Deputy Minister and the Deputy is the Permanent Secretary.

The main function of the Council in the Strategy context is, to:

- Set the overall direction and recommend approval of the Strategy to the Minister
- Develop and manage the implementation process
- Monitor and report Strategy Implementation
- Establish the Working Groups for Strategic Objectives
- Monitor and report work of the Strategy Groups
- Assess the needs for Strategy review in the health sector
- Manage the input from the Ministry and other external bodies
- Consult with stakeholders during Strategy preparation
- Review annually the Strategy and presentation of achievements
- Prepare the reports and their publication
- Communicate process and progress within the Ministry and externally
- Participate in the MTEF group

- Manage the process of action plan designing for Strategy

The Council will be responsible for establishing working groups for specific Strategic Objectives. The Council will report to the Collegiums in the Ministry of Health once in a six months and present the course of the Strategy implementation.

Working groups will be established only for year 2010, while at the end of 2010 and beginning of 2011, Professional Council will identify the structures /accountable persons based on final organisational chart of the MoH, which will carry the responsibility for the work in particular fields, monitoring particular fields and will report to the Council for relevant issues.

Aside from monitoring the annual review process and development, this Council will evaluate the monthly reports from Departments, Working Groups (responsible persons) and Institutions that carry the responsibility for realising the Strategy.

Professional Groups for Implementation of the Strategy Objectives

The professional Groups consist of:

1. Chair of the Group
2. Deputy chair of the group
3. Other relevant members for the specific Strategic Objective
4. Logistic and administration officer

- Professional Groups are chaired by the Leader of the Group that should be a senior officer of the Ministry of Health
- The deputy and other members of the professional group are nominated by the Chair of the professional Group and should be approved by the Council

- Professional Groups monitor the achievements of results in health Institutions and prepare the reports

- Professional Groups reports to the Council for the results based on Objectives on a monthly bases

- Professional Groups prepares written reports on a three monthly basis for the Council

The composition of the group should be 5- 7 members, depending on the Strategic Objective. Members of the group should prepare written reports for achieved results of Specific Objectives.

6. STRATEGY IMPLEMENTATION

6.1 Strategic Objective 1: Reduce morbidity and mortality of the overall population

AIM *(Vision)*	OBJECTIVELY VERIFIABLE INDICATORS (OVI)	MEANS OF VERIFICATION (MOV)	RISKS AND ASSUMPTIONS
A healthy population across all of the Republic of Kosovo			
PURPOSE ***(Strategic Objective)***			
To decrease morbidity and mortality of the overall population	Mortality rate of children under 5yrs to decrease by 2/3 by 2014 Maternal mortality rate to decrease by 3/4 by 2014 Infectious disease morbidity rate to decrease by 20% by 2014 Un-infectious chronic disease morbidity rate to decrease by 20% by 2014	Annual Health Status report from NIPHK Reports from relevant Health Institutions based on legislation Annual Reports from Mother and Child Health Committee Health Information System Statistical Office of Kosovo (SOK)	
OUTPUTS			
A. Individual and community health is protected and improved through public health sustainable programmes	Increase the number of compiled national programmes for health protection & improvement by 10% each year till 2015 Implementation of all programmes	KAP+B Surveys	Lack of financing Lack of reporting hierarchy Data quality, quantity and accuracy

	approved for more than 90% (KOM Specific indicators)		
B. Capacities strengthened in all levels of health care system, with special emphasis on Family Medicine and emergency services	70% of cases resolved in PHC by the end of the Strategy period 1000 Family Medicine Teams trained by the end of the Strategy period % of Emergency trainings Compilation of guidelines for emergency care	Reports of PHC audits Training attendance data HR database	Quality of PHC services is not increased due to lack of motivation of health professionals by getting poor salaries
C. Drugs supplied needs from the essential list of medication are fulfilled	80% of drug supplies from the essential list is supplied consistently per month by the end of 2013	Planning for drug supply Pharmaceutical Department Reports from drug requests and drug distribution Reports on drug expenditures	Lack of Management skills Procurement procedures Commitment Lack of monitoring system
D. National plans for management of diseases/problems with social-medical priorities established	Priorities defined through Master Plan Project by June 2009 05 National plans established till the end of Strategy period	Master Plan Report Compiled national Plans	Project does not deliver results to quality or on time

6.1.2 Management and responsibility

OUTPUT	Overall Responsibility/ Accountability	Specific Responsibility/ Accountability	Other Parties for Action	Working Group
A. Individual and community health is protected and improved through public health sustainable programmes	Director of National Institute of Public Health of Kosovo	NIPHK Departments DHS Public Health Officer in MoH	Other Ministries Municipal Health Directorate Professional Associations Patient Associations Medical Faculty Donor Community	To be established
B. Capacities strengthened in all levels of health care system, with special emphasis on Family Medicine and emergency services	Director of Health Service Departments (DDHS) Director of Strategic Management Department (DSMD)	Health Care Division/ MoH PHC Officer (implementation of Family medicine) Centre for Development of family medicine, Nursing Office in MoH, Center for Continuing Nursing Education (CCNE) Human resource development	Municipal Health Directorate MFMC Directors Professional Associations Medical Faculty Donor Community	To be established

C. Drugs supplied needs from the essential list of medication are fulfilled	Director of Pharmaceutical Department	Chief of Division for Supply	Kosovar Agency for Medical Products (KAMP) Contracted companies for drug protection and distribution	To be established
D. National plans for management of diseases/problems with social-medical priorities established	Director of National Institute of Public Health of Kosovo Director of Strategic Management Department (DSMD)	Director of Health Service Departments (DDHS) Division for Quality Control / MoH	Department of Health Services NIPHK UN Agencies NGO's Professional Associations Patient Associations Medical Faculty	To be established

6. 2. Strategic Objective 2: Improve management of existing resources and quality of services

AIM ***(Vision)***	**OBJECTIVELY VERIFIABLE INDICATORS (OVI)**	**MEANS OF VERIFICATION (MOV)**	**RISKS AND ASSUMPTIONS**
A healthy population across all of the Republic of Kosovo			
PURPOSE ***(Strategic Objective)***			
Improve management of existing resources and quality of services	90% of all patients are treated in the health facility in accordance with the legal framework of Kosovo based on basic quality standards by end 2014	Quality reports/audits Annual health status report Specific Reports on health status of the population	Lack of appropriate well established cooperation between Health Institutions
OUTPUTS			
A. Accountability enhanced through establishing the role and responsibilities of health institutions and the Departments/Units and employees within them	90% of roles and responsibilities reviewed and clearly defined by December 2009 100% of job descriptions and job descriptions clearly defined by December 2009	Revised laws Job descriptions/specifications held in personnel records of each Institution/employee	Delays on achieving appropriate agreement amongst Institutions Delays in reviewing process of legislative documentations Lack of co-operation amongst institutions

B. Existing quality procedures and standards implemented	80% of procedures and standards implemented by the end of 2014	Reports on implementation of procedures/standards Reports on quality assessment in Health Institutions	
C. Pressure reduced on the THC and SHC from inappropriate referrals	Reducing referrals by 5% per year	Quality reports/audits on analysis of referrals Discipline measures for individuals and Institutions that do inappropriate referrals	Non implementation of family medicine concept Non implementation of HIS Lack of clinical protocols Lack of unified health documentation Lack of health records usage Lack of feedback information from the Institutions where the patient is referred Lack of Inter-institutional cooperation
D. Monitoring and evaluation systems and procedures identified and implemented	50% of monitoring and evaluation procedures identified and defined by June 2009 All defined procedures to be implemented by the end of 2010 in 80% of Health Institutions	Monitoring reports Evaluation reports & recommendations	

6.2.2 Management and responsibility

OUTPUT		Overall Responsibility/ Accountability	Specific Responsibility / Accountability	Other Parties for Action	Working Group
A. Accountability enhanced through establishing the role and responsibilities of health institutions and the Departments/Units and employees within them	Organisation	Directors of Administration in respective Institutions	Chiefs of Staff Office in respective Institutions	Managers of Health Institutions / Municipal Health Directorates	MoH / Health Institutions Working Group Chair: Administration Director Membership: To be decided
	Job Descriptions/ Specifications	Director of Administration in respective Institutions	Chief of Staff Office in respective Institutions	THC/SHC Directors for professional staff Municipality Health Directors	MoH / Health Institutions Working Group Chair: Administration Director Membership: To be decided
B. Existing quality procedures and standards implemented		Director of Strategic Management	Chief of Quality Control Office / MoH	Managerial and professional staff of THC/SHC & PHC Quality Coordinators	Quality Assurance Committees in Health Institutions – for prioritising procedures/standards for quality & development of action plan Chair: To be decided Membership: To be decided

C. Pressure reduced on the THC and SHC from inappropriate referrals	Director of Strategic Management Department Relevant Departments in MoH	Chief of Quality Control / MoH	Managerial and professional staff of THC/SHC & PHC Quality Coordinators in Health Institutions	Groups for protocol development Groups for protocol review and approval
D. Monitoring and evaluation systems and procedures identified and implemented	Director of Strategic Management Department (Identification)	Chief of Quality Control / MoH	Quality Coordinators in Health Institutions Responsible Managers in health Institutions	Working groups for identification and monitoring of systems and procedures and for development of action plan for implementation
	Chief Health Inspector (Implementation)	Health Inspectorate; DDHS; Chief of Quality Control / MoH	Responsible Managers in health Institutions	Working groups for development of action plan for implementation of monitoring systems and procedures

6.3 Strategic Objective 3: The function, reorganisation and the completion of the existing infrastructure of the healthcare system and the procurement of medical equipment in accordance with European standards

AIM *(Vision)*	OBJECTIVELY VERIFIABLE INDICATORS (OVI)	MEANS OF VERIFICATION (MOV)	RISKS AND ASSUMPTIONS
A healthy population across all of the Republic of Kosovo			
PURPOSE ***(Strategic Objective)***			
The function, reorganisation and the completion of the existing infrastructure of the healthcare system and the procurement of medical equipment in accordance with European standards	80% of Health Institutions completed with infrastructure and human resources by the end of 2014 50% of medical equipments in Health Institutions are in accordance with European standards by the end of 2014	Master Plan Final Report Audit Reports on Master Plan implementation	Waiting for Master Plan approval developed by World Bank Master Plan does not provide detailed needed information
OUTPUTS			
A. Key issues implemented as defined in Master Plan	60% of key issues defined in Master Plan, prioritised and implemented by the end of 2014	Audit Reports on Master Plan implementation	
B. Investments made in the health sector are in accordance with approved Master Plan	80% of investments in Health sector are in accordance with approved Master Plan	Audit Reports on Master Plan implementation	

C. Health Institutions are supplied with medical equipment, which is functional, and maintained	50% of Health Institutions equipped with medical equipment, which is functional and maintained according to European standards by the end of 2014	Regular reports related to equipment supply and maintenance	

6.3.2 Management and responsibility

OUTPUT	Overall Responsibility/ Accountability	Specific Responsibility/ Accountability	Other Parties for Action	Working Group
A. Key issues implemented as defined in Master Plan	Director of Health Services Department (DHSD)	Health Care Division / MoH PHC, SHC, THC Officers Private Practice Division	Secondary and Tertiary Health Institutions, Municipal Health Directorates Private Practice Representatives	MoH/ Health Institutions Working Groups
B. Investments made in the health sector are in accordance with approved Master Plan		Health Care Division / MoH PHC Officer Coordinator for Capital investments Donor Coordinator, Director of budget and finance Department Private Practice Division	Secondary and Tertiary Health Institutions, Municipal Health Directorates Private Practice Representatives	MoH/ Health Institutions Working Groups
C. Health Institutions are supplied with medical equipment, which is functional, and maintained		Health Care Division / MoH PHC, SHC, THC Officers Private Practice Division Donor Coordinator Director of Budget and Finance Department	Secondary and Tertiary Health Institutions, Municipal Health Directorates Private Practice Representatives	MoH/ Health Institutions Working Groups

6.4 Strategic Objective 4: Implement and develop the Health Information System

AIM *(Vision)*	OBJECTIVELY VERIFIABLE INDICATORS (OVI)	MEANS OF VERIFICATION (MOV)	RISKS AND ASSUMPTIONS
A healthy population across all of the Republic of Kosovo			
PURPOSE ***(Strategic Objective)***			
Continuing Implementation and development of Health Information System	95% of the population included within the HIS by the end of 2014 HIS network fully operational within 95% of public and private health institutions by the end of 2014 Monitoring and evaluation system for data quality assurance to be functional in 95% of Health Institutions by the end of 2014	Health Statistical documents of individuals within health institutions (health records) Reports about analysis of health status of population from NIPH for MoH Monitoring reports from Health Institutions Monitoring and evaluation reports, audits in health institutions, public presentation of findings, feedback reports (exchange information)	Lack of census Lack of reports on vital events of population Lack of human and financial resources Threat of system fragmentation – development of parallel systems Lack of comprehensive data for the population of Kosovo (including private sector) Donor support through specific projects for HIS would contribute in achieving this objective

OUTPUT			
A. Managerial and organisational structures for development and function of HIS clearly defined	Administrative Instruction for HIS compiled and approved by December 2009	Approved Administrative Instruction for HIS	Lack of commitment from stakeholders Lack of infrastructure services Motivation and commitment from health professionals Lack of quality IT maintenance personnel Delay of report for HIS assessment (IPA)
B. Constraints and costs in the current system of data collection and maintenance are identified	Feasibility Study completed by December 2009 (Feasibility Study and Health Sector Mapping– IPA 2009)	Situation analysis for HIS by NIPHK Assessment Study Report	
C. A phased approach for development of information system coherent across the health sector in accordance with international standards, is determined	Phased approach for HIS compiled by December 2009 Development of comprehensive modules according to Eurostat/WHO standards and defined roles & responsibilities by June 2010 Hardware & network planned and fully implemented by 2013	Approved Plan Software modules completed Approved HIS Administrative Instruction First comprehensive report sent to the Ministry by contracted company	

	according to WHO standards		
D. The quality of HIS outputs developed and harmonised in accordance with WHO and Eurostat standards	Over 95% of forms within HIS completed across all levels of health system by the end of 2014 Over 80% of staff for HIS usage are trained by the end of 2014 Over 80% of staff are fully trained for offering data about health indicators by the end of 2014	Attendance sheets from training Monitoring reports Monitoring and evaluation reports, audits in health institutions and audit reports Reports on health indicators Documents on assessment of health status of population and its groups	

6.4.1 Management and responsibility

OUTPUT	Overall Responsibility/ Accountability	Specific Responsibility/ Accountability	Other Parties for Action	Working Group
A. Managerial and organisational structures for development and function of HIS clearly defined	Director of NIPHK Director of Strategic Management Department	Director of HIS in NIPHK Chief of HIS Division in MoH	Health Institutions HCCA Municipal Health Directorates Telemedicine Centre Donor Community	To be decided
B. Constraints and costs in the current system of data collection and maintenance are identified (Feasibility Study and Health Sector Mapping– IPA 2009)	Director of NIPHK Director of Strategic Management Department	Director of HIS in NIPHK Chief of HIS Division in MoH	Health Institutions HCCA Municipal Health Directorates Telemedicine Centre Donor Community	To be decided
C. A phased approach for development of an information system coherent across the health sector in accordance with international standards, is determined	Director of NIPHK Director of Strategic Management Department	Director of HIS in NIPHK Chief of HIS Division in MoH Directors and Chairs of Information Units within Health Institutions	Health Institutions HCCA Municipal Health Directorates Telemedicine Centre Donor Community	To be decided

D. The quality of HIS outputs developed and harmonised in accordance with WHO and Eurostat standards	Director of NIPHK Director of Strategic Management Department	Director of HIS in NIPHK Chief of HIS Division in MoH Directors and Chairs of Information Units within Health Institutions	Health Institutions HCCA Municipal Health Directorates Telemedicine Centre Donor Community	To be decided

6.5 Strategic Objective 5: Develop a sustainable funding system for the health sector

AIM *(Vision)*	OBJECTIVELY VERIFIABLE INDICATORS (OVI)	MEANS OF VERIFICATION (MOV)	RISKS AND ASSUMPTIONS
A healthy population across all of the Republic of Kosovo			
PURPOSE ***(Strategic Objective)***			
To establish a sustainable funding system for the health sector	Model for health sector financing defined by June 2009 Implementation of health insurance in regional centres to start by January 2013	Relevant legislation	
OUTPUTS			
Amendment and change of Health Insurance Law (proposal for gradual solution of financing, determine financing model for health sector)	Draft of Health Insurance Law to be ready by June 2009	Draft of Health Insurance Law	Choosing inappropriate model for Kosovo
Approval of Health Insurance Law	Draft of Health Insurance Law to be approved by September 2009	Official magazine	
Definition of List for basic health services	List for basic health services defined and approved by the end of 2011	Administrative Instruction for implementation of List for basic health services	

Definition of health services costing	Temporary Price List for health services in all three levels of health care, approved and implemented by the end of 2009 List of service costing (final price list for health services) in all three levels approved and implemented by the end of 2010)	Administrative Instruction for implementation of Temporary Price List Administrative Instruction for implementation of Price List Other legislative documents that regulate this issue	
Definition of List for Norms and Standards of health services	List for Norms and Standards of health services defined and approved by the end of 2011	Administrative Instruction for implementation of List for Norms and Standards of health services	Determine unreal norms and standards
Definition of Health Procedures List	Health Procedures List defined and approved by the end of 2011	Administrative Instruction for implementation of Health Procedures List	Unclear definition of procedures

6.5.1. Management and responsibility

OUTPUT	Overall Responsibility	Specific Responsibility	Other Parties for Action	Working Group
Amendment and change of Health Insurance Law (proposal for gradual solution of financing, determine financing model for health sector)	Director of Health Care Commission Agency (HCCA)	HCCA Staff	Legal Office in MoH Department for Strategic Management Department of Health Services Director and staff of National Institute of Public Health Technical Assistance (Consultancy) Ministry of Economy and Finance Ministry of Labour and Social Welfare IMF World Bank	Group is determined
Approval of Health Insurance Law	Minister of Health	Permanent Secretary in MoH	HCCA Legal Office in MoH Department for Strategic Management Director and staff of National Institute of Public Health Technical Assistance (Consultancy) Ministry of Economy and Finance Ministry of Labour and Social Welfare	To be decided

			IMF World Bank Assembly Commission for labour and social welfare	
Definition of List for basic health services	Director of HCCA	HCCA/NIPHK	Staff of National Institute of Public Health Technical Assistance (Consultancy) Department for Strategic Management Department of Health Services Representatives from PHC, SHC and THC	To be decided
Definition of health services costing	Director of HCCA	HCCA/NIPHK	Staff of National Institute of Public Health Technical Assistance (Consultancy) Department for Strategic Management Department of Health Services Representatives from PHC, SHC and THC	To be decided

Definition of List for Norms and Standards of health services	Director of Department for Strategic Management (DDSM) in MoH	DMS	Staff of National Institute of Public Health Staff of HCCA Technical Assistance (Consultancy) Department for Strategic Management HCCA Department of Health Services Representatives from PHC, SHC and THC Civil society representatives Ministry of Economy and Finance Ministry of Labour and Social Welfare Assembly Commission for labour and social welfare	To be decided
Definition of Health Procedures List	HCCA Director	HCCA/NIPHK	Staff of National Institute of Public Health Technical Assistance (Consultancy) Department for Strategic Management Department of Health Services Representatives from PHC, SHC and THC	To be decided

7. MONITORING AND EVALUATION

7.1 Monitoring and Evaluation Background

The European Commission Handbook of Monitoring defines monitoring as: "the systematic and continuous collecting, analysing and using of information for the purpose of management and decision-making. The purpose of monitoring is to achieve efficient and effective performance of an operation."

The Handbook makes a distinction between monitoring and evaluation: "Evaluation concerns an assessment of the efficiency, effectiveness, impact, sustainability and relevance of a project in the context of stated objectives. It is a more in-depth study of how the project has contributed to the Project Purpose and Overall Objectives. It can be distinguished from monitoring by its broader scope, being concerned with whether or not the right objectives and strategies were chosen."

Consequently monitoring is an activity that occurs while the project is being implemented to measure progress, whereas most evaluations will be undertaken following completion of the project or project stage in assessing the outputs and impact of the project in relation to the stated objectives. Therefore the information gathered from monitoring contributes to the evaluation process.

7.2 Monitoring Approach

The approach to be adopted for the monitoring of the Strategy is set out below:

- The log-frame indicators will form the basis for the monitoring of progress for each Strategic Objective

- The responsible/accountable staff member will provide a monthly monitoring report to the Professional Council. This will use a common format of the monthly target towards the appropriate indicators - the activities undertaken; the conclusions on the outcome; target for the next month and the steps to be taken to meet this target.

- The co-ordination of this monitoring process will be undertaken by the Professional Council for Monitoring of the Strategy Implementation

- The Council will provide reports on overall progress and update the log-frames on a quarterly basis.

7.3. Evaluation Approach

Evaluation is undertaken on two different levels:

1. The evaluation of the outcomes of Strategy implementation will act as an input to the annual Strategy review. This will be undertaken by the Professional Council for Monitoring of the Strategy Implementation towards the end of the year in the annual

cycle and will be an analysis of the objectives and intended outcomes set against the reality of what happened. This will be used constructively to set expectations and improve performance for the revised Strategy.

2. The key projects under the Strategic Objectives will be evaluated thoroughly every three years, or earlier as circumstances demand, on a rolling programme basis so as to assess whether they are performing as expected and what improvements should be made. These evaluations may be undertaken utilising external experts to guarantee objectivity. The Council will manage these processes and the evaluation reports will be submitted to the Minister.