WHO Disaster Preparedness and Response Operation in Kosovo

Evaluation of Kosovo programme 1999 - 2000

September 2002
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The WHO Team in Kosovo wish to thank the WHO Regional Office for Europe and its Disaster Preparedness and Response Unit (DPR) for supporting the completion of this report. The current WHO Kosovo team who have participated in the production of this report have attempted to reflect the institutional memory of those who have participated in all the WHO Kosovo programmes since 1999.

The main focus and objective of the report had been agreed with our Regional DPR Advisor Dr Jan Theunissen during the planning phase. We agreed to reflect on the main achievements and lessons learned from each of our programmes and to demonstrate this by recording the process of our work asking the questions “do we think we got it right “ and “do we feel WHO has made a difference in Kosovo. During the period from July 1999 to August 2002 through the implementation of our programmes”. The main group work, comments and reflections documented in this report attempt to provide answers to the above questions and reflect the contributions from the staff team members who, have, since the establishment of the office been instrumental in its success and in offering opinions on how they feel WHO Kosovo has made a difference to the health situation post conflict.

Where are we and what has been done

Strengthening Capacities of the Government Health Systems and Institutions

Until now, Kosovo has experienced a massive and continuous presence of international humanitarian agencies in the health sector. This has had a considerable positive impact on the health status of the population of Kosovo as it moves slowly towards the gate of Europe. However today despite this massive intervention into this complex emergency situation that has seen almost 85% of health facilities destroyed. Municipal services are still struggling to deliver basic health services to the whole population and hospitals are still determining what they can and cannot deliver in terms of clinical services. Whilst trying to renew and maintain outdated equipment and improved education and training curricula for its students and other professionals within a fragile regulatory framework. The context in which WHO has involved itself during these three years has been to put back in place the basic foundation and standards to protect and support the populations’ health and enable development and growth to proceed with a new found positive attitude. Capacity building the health professionals and providing the enthusiasm to grow sustainable good quality health systems based on a good evidence base.

Our early intervention and rapid assessments work secured good resources from donors that focused done capacity building the infrastructure of people, buildings and equipment with WHO targeting its immediate and available technical assistance and resources on the development and revision of health policy, the stabilisation of the emergency response needs to the Institute of Public and Environmental Health the Regions and the 30 municipalities in Kosovo. Ensuring the Department of Health received clear advice on which to build and provide access to basic public health services and health care surveillance service for vaccination, and the
control of outbreak. The concept of family health care was introduced to respond to policy reform of affordability and to impact on the serious health indicators in Kosovo. This included working with others to improve maternal child health, safe pregnancy, and community mental health. Our early emergency intervention programmes also included the stabilisation of the hospital sector, pharmaceuticals and payments of stipends to health workers. Overall this provided an enormous challenge for the WHO office in Kosovo.

The new model of decentralising power to act to the municipalities supported by investment in rehabilitation and reconstruction of damaged, deteriorated or missing infrastructure, enabled many sustainable programmes for training and education, service provision and delivery of the main health policy objectives to develop quickly. However in 2001 donor funding dropped sharply with minimal return from the consolidated appeals process. WHO had by this time with its partners embarked on a comprehensive programme of delivering key health policy reforms. Only to find itself struggling to survive by the end of 2001 to complete planned programme objectives due to a lack of continued funding for a sustainable presence to deliver the job. To date although the basic foundation and infrastructure is in place the question of health care financing, private sector growth and regulation, governance and performance management of health care professionals, systems and services is still to be completed by others. The stimulating of the economy for local employment, enabling active return of displaced populations and returnees, enforcing law and order and cracking down on crime and corruption are all high on the new government agenda in 2002.

The support from the new government for a continued WHO presence is high but lack of donor response for all agencies is forcing an early phase down of activities at a time of standard setting and confidence building of a new democratic government structure.

WHO programmes have since 2000 engaged proactively in this capacity building of the governmental institutions raising knowledge and skills through training and study experience for approximately 2000 professional persons in Kosovo. This has been completed by providing access to quality standards of practice and technical expertise to support the reform process. It was anticipated at the outset that our programmes would enhance the ability of local services to address local needs in a timely, efficient and cost-effective manner to improve confidence of the local community thereby enhancing legitimacy. Through the programmes established by this office we have contributed to a return of normality in everyday life for the Kosovar population.

**Multi-Sectoral Assistance and Co-ordination**

In the context of reconstruction and rehabilitation of social and public services, WHO programmes have aimed primarily at providing short-term technical assistance to specific areas of Kosovo. To increase longer-term opportunities, the programmes have focused strongly on capacity building to develop local professional skills. The programmes themselves have complemented the rehabilitation process by targeting war-affected people and systems. We have also strengthened the capacities of local communities, as well as local and international agencies operating in Kosovo maintaining a co-ordinating function for health emergencies, recently providing the rapid health assessment to mobilise health resources to respond with others to immediate needs of the population and casualties of the refugee crisis with former Yugoslav Republic of Macedonia (FYROM) in 2001 and the Gjilan / Gnjilane earthquake in 2002.
**Information Co-ordination and Management**

Continuous support for information and communication on health issues has been the necessary requisite for all our partners in the health sector and beyond. During 2000 WHO in close collaboration with local health authorities and the UNMIK Department of Health and Social Welfare, co-ordinated the health sector at central level and at peripheral level with the presence of WHO regional public health advisors. WHO activities included regular health co-ordination meetings, health assessments, continuous monitoring of access to health care of minority and vulnerable groups, monitoring and situation analysis reports, the timely publication of the *Kosovo Health Talks* and now *Health Action in Kosovo*, the *Family Doctor* bulletin, information on the Web (www.euro.who.int/emergencies) and the provision of specific guidelines based on recognised international standards. In 2002 WHO has moved back to its traditional role as advisor to the new Ministry of Health (MoH) while also continuing to support the emergency health interventions and response needs with the Institute of Public Health (IPH) when requested to do so. Liaising closely with other international, national organisations and other agencies during this process of phasing out WHO emergency humanitarian aid response.

WHO remains a key member of the United Nations Development Group (UNDG) and is supporting its plan to effectively target scarce resources from donors to the agencies. We have also developed measurable indicators to evaluate WHO programme interventions; these are shared with our donors and can be used in the future for effective delivery of successful programme planning, monitoring and evaluation by the Ministry of Health and its departments.

This evaluation exercise has concluded that there is still a need to apply the data and information, collected by WHO, IPH, the MoH to assist the Government. The main health objective being unification of the health system to harmonise, standardise and disseminate the data that is collected to assist the continued process for building up access and capacity in the local institutions. During the last 3 years the focus of WHO’s interventions have been on key health policy objectives linked to the Millennium Goals, European Strategy for Health and Health For All (HFA) targets of primary care, community based mental health, environmental health, and public health programmes, such as disease control including HIV/AIDS and Tuberculosis (TB). WHO hopes to continue to support and advise the new MoH and the health system at both central and peripheral level through a small office team in Kosovo during 2003, subject to sufficient donor funds being available during this crucial period of consolidating the investment made to date and looking to future sustainability.
WHO Operations in Kosovo

Evaluation of the Kosovo programme 1999 – 2002

This report has been prepared by the present WHO staff members on the basis of our performance over the past three years. We have attempted to use the corporate memory of the organisation to document and identifying the actions taken over this time. The report articulates four core areas, among these areas we have tried to describe the identity and advocacy role played by WHO as a key contributor in the achievement of the Kosovo Recovery Plan. The process of preparing this report has drawn on the experience, assessment and data gathered from reflection and the group work completed by the programme teams involved in the delivery of those programmes.

This exercise must be seen within the context of what resources are available enable us to make comment and give opinion on the complete intervention by WHO in Kosovo.

This process of evaluation is seen as an important tool to facilitate clarity, vision and effect of the programmes that have or are still being delivered in Kosovo and asks what role they should play in the future. This exercise was completed during the period of our retreat in July 2002 and contributes to the feedback process and future direction of this DPR office.

Objective of the Evaluation

The retreat workshop focused on areas of policy, past performance, problem-solving models, SWOT analysis and resource mobilisation. Specifically we set out to achieve the following main objectives:

1. Within the context of existing Kosovo health policy the WHO role and function attempted to define a general model or framework for evaluating the cause and effect of the presenting problems found in 1999 and the impact of acting on those problems.

2. As a contribution to organisational knowledge sharing from our existing institutional memory, the workshop exercises critically reviewed the programmes and experience to capture lessons learned to date by using a SWOT analysis.

3. Analysis of our current position and appraisal of our current progress relating to the identification of the action taken and the objectives achieved. Led to the mainstreaming of those achievements and the identification of the remaining issues for dissemination to key stakeholders and donors through this report.

4. An assessment of the financial and administration support provided during this three-year period set in the context of the interventions taken and in terms of providing support to the Kosovo recovery plan. Ensuring WHO Regional Office for Europe DPR and its technical units are provided with this report. As an important part of the process of transferability and sustainability.
**Methodology, Evaluation Team and Time Schedule**

The workshop exercises included a review of prepared materials by each programme head and their team. The teams were supported and co-ordinated throughout the process by the Head of Office assisted by two Kosovo national officers.

The exercises commenced on Friday 12 July and finished on Tuesday 17 July.

**Reporting and feedback**

The de-briefing of the teamwork took place on the morning of the 16 July prior to departure. The feedback was presented by various staff members and included the findings and conclusions of the teamwork sessions. It was agreed that the Head of Office would co-ordinate a small group to assist her in the preparation of the final report and that the report should be concise and practical identifying as much as possible a visual format for each programme of the identified problems that gained donor support, documenting actions taken and achievements completed.
WHO Operations in Kosovo

Prominent

**Strengths, Weaknesses Opportunities and Threats (SWOT) of the programmes**

We have described where we are and what is being done. Many of our programmes have been completed or will be completed by the end of this year (2002). This has given us the opportunity to evaluate the work undertaken by using a simple SWOT analysis for each programme. The lessons learned will be used outside of this report to ensure that when we hand over the technical programmes to the MoH and local institutions they will be provided with a clear understanding of achievements and outstanding issues.

Donors and technical units in the WHO Regional office for Europe and others will receive the SWOT analysis of each of our programmes to enable them to continue support for future sustainability.

We have built into the SWOT framework the resources utilised and mobilised by administration as the supporting key function in all the technical programmes and the main driver of the maintenance of our presence here in Kosovo to mobilise resources. It is important that the efficiency or otherwise of this support programme is used to performance manage if best use has been made of those resources in addition to meeting the probity and governance issues related to the administration and management of any organisation.
**Health Policy and Planning Programme**

The WHO health policy planning and advisory function has successfully supported the Department of Health and Social Welfare to establish the interim health policy guidelines and their revision during 2001. In Kosovo, the need to develop local capacity to develop health policy is eminent and during 2002, WHO has continued to support the new MoH to further develop its health policies WHO has in the past developed health policy development skills through a series of workshops and training of leading Kosovar health professionals. The new MoH brings a new challenge to WHO in reverting back into its traditional role of supporting the government and the institutions by raising quality and standards of service ensuring equal access for all.

**STRENGTHS**

- This was the first time in Kosovo that the health policy process was conducted and formulated.
- Increasing participation and contribution of the national professionals in the health policy process and its content to strengthen the bottom up approach to planning.
- Representatives of the relevant Institutions were part of the first policy document (the blue book) and the review Health Policy Working Group (the yellow book).
- The review policy process was at the same time “on the job” training as how professionals can contribute to Health Policy formulation.
- The health policy (HP Programme) sought to meet immediate and longer-term health needs of the people in Kosovo.
- The guidelines and targets for WHO Regional Public Health Advisors and UNMIK Regional Health Officers provided a framework to work with institutions and NGO's.
- Acted as a resource for donor availability and making it an opportune time to proceed with reform for continued support and investment.
- Early production of the health policy ensured that NGO’s and GO’s would invest in projects with due consideration to sustainability.
- Having a policy in place channelled significant amounts of external humanitarian assistance into activities that would contribute to the development and reform of the health sector.
OPPORTUNITIES
- Justification that change is inevitable
- Whatever the final status of Kosovo the opportunity would be to seek to be part of Europe
- Establishment of DHSW/MoH
- Local leadership will be more influential and WHO will return to its technical assistance role in the area of health policy
- There are political desires of Kosovar Albanians and the donor community to see Kosovo joining liberalising economies of central and Eastern Europe.
- Solid bases for an overall assessment.
- Continuing the planning the cycle for progress and sustainability.

WEAKNESSES
- Limited literature on post conflict health system challenges
- Establishing a health policy framework would not ensure compliance with the policy as long as issues of authority, mandate and leadership were unclear.
- Ownership issue
- Quality and evidence based proposed policies
- Decisions have to be made and actions have to be taken
- Budgetary uncertainty
- Lack of capacity and capability to manage the reform process
- Some NGO's considered Health Policy Document as too late to influence on their programs
- Unclear geopolitical future

THREATS
- Whether funds could be mobilised to maintain the effective provision of the program at MoH and WHO level.
- Inadequate funding combined with the lack of administrative capacity to continue the policy programme at the MoH level.
- Delay of Health Information System (HIS) analytical capacities for policy and planning purposes
**Undefined health system**

**Disrupted Health Policy**

10 years of limited access to patients and clinical practice
Parallel education system
Poor quality of services

**Human resources**
- Limited managerial capacities
- Limited technical capacities
- Limited administrative capacities
- Access

**Status of infrastructure, facilities and equipment**
- 80% infrastructure destroyed and inadequate public services
- Poor equipment
- Facilities very big at HQ's and small in rural areas
- Inefficient NGO-co-ordination
- Poor maintenance

**Structural problems**
- Levels of care not defined
- No clear structure at the micro and macro organisational level
- Development of uncontrolled private sector
- No sustainable alternative finance options

**Service provision**
- Too curative oriented
- No regulations for patients
- No quality assurance
- No unified HIS
- Low motivated health workers

**Instability of the population**

**Scarce resources**

**Limited literature/experience**
OBJECTIVE TREE – Health Policy – The Strategy

**Purpose**

- Improvement of the Health Status

**Results**

- Formulation of Health Policy
  - Contribute to Health System Development
    - Use Targeted and Maximally the Resources

**Activities**

- Establishment of the Health Policy Process
  - formulated draft health policy
  - translated in local languages
  - disseminated for public consultation
  - organised and held public consultations
  - reviewed drafts
  - organised HP

- Increasing Participation of National Professionals and On-job Training
  - established of the HP working group
  - held weekly seminars to the members of the health policy working group on health care reforms and health financing
  - revised of the KHP
  - built consensus process among the members of the WG
  - organised hand over

- Guidance for Main Stakeholders in Health Sector
  - organised donor co-ordination meetings
  - participated in donor Co-ordination meetings at the Department of Reconstruction now Ministry of Finance and Economics
  - Promoted HP in WHO Co-ordination Meetings
  - provided technical advice to UN agencies,

**Instability of the population**

**Scarce resources**

**Limited literature/experience**

**Approved Kosovo Health Policy by DHSW and Kosovo Government**

- organised meetings with relevant Departments of the JIAS for HP
Success of the Health Policy – KOSOVO

WHO Health Policy Programme developed “living” HP for Kosovo supported by Governance, Kosovar Professionals and International Community

Development, formulation, review, hand over of Kosovo Health Policy

Approval and support at Governance and Institution level

Guidance for investment and development of the sustainable programs in health sector

Basis for establishment of the first Department of Heath Policy in Kosovo

Basis for development of the monitoring tools
A disease surveillance system for communicable diseases was established in 2000 and is basically working. However, recent epidemics such as the tularemia and the Crimean Congo haemorrhagic fever (CCHF) outbreaks have demonstrated the system’s fragility, highlighting the urgent need for further improvement, to effectively prevent and combat endemic diseases, epidemics and re-emerging infections such as TB.

A reference laboratory service and the establishment of a functioning health information system as the basis for reliable health programme planning is underway to sustain the core needs for the effective prevention and control of diseases.

IPH, WHO and UNICEF have strengthened vaccination and surveillance systems. Kosovo presenting and reporting on the international platforms with polio and measles / rubella control planning is underway to meet WHO targets. Kosovo had proudly achieved Polio free status as part of the polio free Europe in June 2002. Much of this achievement has been through the intense work programme between WHO and IPH.

Microbiology and Food control laboratories in the IPH are provided by the basic equipment and capacity to give basic public health laboratory tests. However maintenance of the equipment and sustainability of reagents continue to be a problem. On the other hand laboratory safety level and practice need urgently to be improved.

The current surveillance system for non-communicable diseases is very rudimentary and needs to be considerably improved. The elderly and vulnerable populations suffering from chronic diseases are expected to benefit from an improved monitoring of their health status.

WHO established the UNAIDS Theme Group and Inter-ministerial Substance Abuse Committee in Kosovo. WHO chaired the group and the committee for two years. WHO has also established the National HIV/AIDS Commission and HIV/AIDS Office in the MoH. Both are managed by a WHO national staff. The training of trainers course for the establishment of HIV/AIDS second-generation surveillance and counselling was conducted recently by WHO consultants. National professionals participated to training programmes and conferences in Kosovo and abroad. Responsibility of continuation and sustainability of the program is now handed over to national colleagues.
STRENGTHS

- Improved communicable disease surveillance through capacity building and infrastructure development
- Development of guidelines to improve the control of communicable diseases
- Improved immunisation services through capacity building, infrastructure development
- Initiation of Kosovo TB programme and establishment of a committee
- Initiation of Kosovo HIV/AIDS programme and establishment of a committee and HIV/AIDS office in the MoH
- Establishment and strengthening of food microbiology and chemistry equipment, through infrastructure development and training
- Initiation of the process to develop human resources, strategies and infrastructure towards the modern health promotion concept
- Training material development such as health promotion, surveillance, TB, HIV/AIDS, Immunisation
- Responding to emergency issues in public health, such as outbreaks
- Resources for NGO's, UNMIK and KFOR on public health issues and programs to direct their projects or activities
- Resources for IPH Director and departments on program management development and issues
- Development of strategy and policy documents on public health programmes such as surveillance, public health laboratory, HIV/AIDS

OPPORTUNITIES

- Strong central and regional public health structure and infrastructure
- The public health structure and infrastructure are still developing so it is possible to put the best practice experience in place
- Public health is priority in the MoH and supported by the recently developed health policies
- The structure in the MoH
- Continuing interest of donors and international agencies

WEAKNESSES

- Traditional public health approach versus modern concepts
- Lack of human resources at the regional level on epidemiology, health promotion and microbiology
- Lack of programme management experience both at the central and regional levels
- Lack of interest at the central level on the decentralisation of services
- Ownership is not established in some programs, more time is needed for digestion
- Weak monitoring and evaluation

THREATS

- Not enough health information to set the priorities
- Sustainability
- Funding for continued effective program support and implementation
PROBLEM TREE – Public Health - KOSOVO

**EFFECTS**

- Poor immunisation coverage, high burden of communicable diseases, poor water and food hygiene

**CORE PROBLEM**

- Poor provision and use of public health services

**CAUSES**

- Human Resources
  - Lack of health professionals trained in public health at the regional level on epidemiology, health promotion and microbiology
  - Limited skillbase of public health professionals
  - Poor teamwork
  - Poor collaboration among public health professionals
  - Poor team work
  - Lack of incentives for public health professionals

- Status of infrastructure, facilities and equipment
  - 80% infrastructure destroyed and inadequate public services
  - Poor equipment
  - Inefficient NGO -co-ordination
  - Poor maintenance

- Problems related to the service process - Management
  - Little management training and experience
  - No guidelines related public health programs
  - Lack of multidisciplinary approach
  - Traditional public health approach versus modern
  - Lack of program management experience both at the central and regional levels
  - Lack of interest at the central level on the decentralisation of services
  - Ownership is not established in some programs, more time is needed for digestions
  - Weak monitoring and evaluation

- Structural problems
  - Centralised public health services
  - Roles & responsibilities not identified
  - No systematic monitoring, evaluation and supervision

**WHO Operations in Kosovo**
WHO Operations in Kosovo

**OBJECTIVE TREE – Public Health – The Strategy**

- **Priority in the Health Policy document 2000**
- **WHO established the infrastructure and capacity for the public health programs 2000 -2001-2002**
- **Strengthened Public Health concept**
  - Improved quality of public health services
  - 1999 - 2002 ongoing

**PURPOSE**
- Right work force with right skills in right place doing the right things at right cost by 2003
  - Training of over 1000 field health staff on immunisation, communicable diseases, surveillance, health promotion
  - Improved skill base of central IPH staff, microbiology, epidemiology, water and food hygiene, communicable diseases
  - Developed training materials for immunisation, communicable diseases, surveillance
  - Developed guidelines for laboratories, communicable diseases

- **RESULTS**
  - Satisfactory status of infrastructure, facilities and equipment 2001 -2002
    - rehabilitated and improved infrastructure for microbiology and water and food control labs.
    - Training facilities
    - efficient NGO - coordination
    - maintenance systems in place
  - Improved service process - Management 2001- 2002
    - guidelines for all reportable communicable diseases
    - Functioning communicable disease surveillance system
    - Guidelines for immunization services
    - Water and food microbiology and chemistry laboratory
    - Health promotion policy and strategy
  - Scope of public health is defined by 2003
    - Central Institute of Public Health is capable to practise modern concepts of public health
    - Kosovo tuberculosis program and committee is in place
    - Kosovo HIV/AIDS program and committee is in place
    - HIV/AIDS office in the Ministry of Health is in place
    - Timely and adequate respond to public health emergencies
WHO Operations in Kosovo

Success of the Public Health – Programme in KOSOVO

WHO leading the process supported by Kosovans

- Communicable disease control and surveillance strengthened
- Strengthening of Expanded Program for Immunisation
- Development of Water and Food Microbiology and Chemistry Laboratories Standards
- Improvement of Health Promotion Strategies and Programmes
- Timely and adequate response to emergencies
Emergency Preparedness and Response Programme

WHO was the leading agency in Kosovo in coordination of emergency response after the Kosovo war. The main aim of WHO Emergency Preparedness and Response programme in Kosovo was to enable Kosovans to respond adequately in emergency health situations and develop locally suited emergency preparedness plans. WHO coordinated the activities in several directions, training of health workers, rehabilitation and improvement of infrastructure, supplying medical equipment for health emergency use, improving managerial skills, supporting in development of health emergency response plans, co-ordinating activities on refugee crisis, empowerment of local health workers through transfer of professional and managerial skills. During the past 3 years WHO has witnessed and experienced several health emergencies, public health emergencies (outbreak of CCHF and tularaemia), refugee crisis and earthquake in Gjilan / Gnjilane area, in which local health structures apart from gaining additional experience, engaged newly gained skills to cope successfully with emergency situations.

STRENGTHS

- Skilled health workforce in place
- Developed infrastructure in both primary health care (PHC) and secondary health care (SHC) facilities
- Basic medical equipment in place
- Good levels of motivation
- Good experience for the emergency issues in public health, such as outbreaks
**OPPORTUNITIES**

- Strong governmental support for emergency preparedness in light of recent events in the international arena
- Continuing investment in emergency preparedness and response programs by MoH supported by other ministries
- Emergency Preparedness and Response is one of priorities in the MoHEmergency Response officer worked in the MoH
- Continuing interest of donors and international agencies

**WEAKNESSES**

- Poor defined long-term strategy of emergency preparedness activities and objectives
- Current Management styles need to improve
- Lack of program management experience both at the central and district health authority levels
- Poor systems in place in different levels of health facilities responsible for emergency response
- Culture of efficient performance should be strengthen
- Weak monitoring and evaluation

**THREATS**

- Lack of effective health information system
- Sustainability issue
- Funding for continuance and stable programs implementation
- Complex emergencies including refugee crisis may emerge
- Poor economical and social indicators in general population
PROBLEM TREE – Emergency Preparedness and Response

EFFECTS

Undeveloped capacity for emergency response and no emergency preparedness program

CORE PROBLEM

10 years of limited practice
Parallel health education system
Poor quality health emergency response
Limited infrastructure and services

CAUSES

Human Resources
- limited nr. of health professionals trained in emergency response
- limited skills of doctors
- limited skills of nurses
- poor teamwork
- poor collaboration among districts
- limited managerial skills

Status of infrastructure, facilities and equipment
- 80% infrastructure destroyed and inadequate public services
- poor equipment
- inefficient co-ordination among stakeholders
- poor maintenance

Problems related to the service process - Management
- little management training and experience
- no guidelines related to emergency response programs
- lack of multidisciplinary approach
- lack of program management experience
- no unique vision and strategy among stakeholders
- weak monitoring and evaluation

Structural problems
- Poor developed emergency response capacity
- roles & responsibilities not identified
- no systematic monitoring, evaluation and supervision

WHO Operations in Kosovo
Objective Tree – Emergency Preparedness and Response – The Strategy

Purpose

Development of health emergency preparedness program, plans and capacities for health emergency response

WHO drafted document on emergency response approved and published by MoH and developed capacity for the health emergency response in 1999-2002

Strengthened the concept and practice of Emergency Preparedness and Response Activities

Results

Human Resources
- Training organised in 30 municipalities in Kosovo on First Aid and emergency treatment conducted by NGOs in PHC facilities
- Improved skill base of SHC staff
- Developed training materials for effective emergency response

Satisfactory status of infrastructure, facilities and equipment 1999-2002
- Rehabilitated and improved infrastructure for emergency centres in regional hospitals and University Hospital in Pristina.
- Rehabilitated Training facilities
- Donated Emergency Health Kits in 30 municipalities
- Maintenance systems in place

Improved service process - Management 2001-2002
- Developed guidelines for adequate response towards health emergencies
- Functioning Emergency Centres in Hospitals
- Functioning Emergency Services in PHC facilities
- Efficient co-ordination among different agencies and NGOs

Scope of Emergency preparedness and response is defined by 2003
- Defined exact roles at MoH, regional and municipality level
- Mass casualty management plans in place
- Developed Emergency preparedness plans at central and district level
- Appointed Emergency Preparedness and Response Officer in the Ministry of Health
- Timely and adequate respond to public health emergencies
Success of the WHO Emergency Preparedness Activities – Programme in Kosovo

WHO leading and co-ordinating the activities supported by Kosovans

- Health system co-ordination activities
- Co-ordinated planning and technical programme
- Emergency intervention training activities
- Mobilisation of Resources and sustained support
- Timely and adequate response to emergencies
Environmental Health

The environmental situation in Kosovo is one of the most degraded and polluted in Europe. The problems not only include those that have come to the public’s attention since the crisis such as the effects of depleted uranium and the health problems of the Trepça mining complex, but also those related to decades of environmental mismanagement and neglect. The situation is still affecting the health and living conditions of Kosovans, both today and for many years to come. Whilst the complexity of the problem is beyond the ability of one programme to solve, there are steps, which are being taken to mitigate the impact of current and future actions on the environment. WHO is still participating in this programme and is conducting the wider health risk assessments for populations living in polluted communities. We have also achieved great success in the issuing of drinking water standards, information notices and the setting up of the water and sanitation commission as part of developing and strengthening the IPH department for water and sanitation. Municipal sanitary inspectors have been trained and supported by WHO. The waste situation in Kosovo is still under developed but clear progress has been made through the WHO clinical waste three bin system and the training of identified persons for the disposal and incineration of this waste. The evidence being cleaner and safer hospital and primary care environments. Domestic waste management is improving slowly and the cleaning of streets and rubbish collection are beginning to be supported by the new Government.

WHO programmes have promoted the use of the impact assessment in the planning and rehabilitation activities of central and municipal levels. The process whereby the potential environmental consequences of development proposals are identified and evaluated from the point of view of the physical, biological and socio-economic environment, and ways and means are developed by which negative environmental impacts are either avoided, or minimised to acceptable levels.

Community focal points at the municipal level have received training in environment management, health promotion and public information campaigns. It was expected that as a result of WHO environmental programmes those environmental consequences could be minimised or avoided, and existing environmental problems could be mitigated. Support to environmental health, i.e. water quality, food safety, sanitation, waste, vector control, and chemical risks, focused on restoring minimum water and hygienic services in urban areas. Difficulties continue to exist in rural areas and, several further issues needed to be addressed during 2002, WHO has worked through continued humanitarian assistance to provide water and sanitation improvements in villages (1000-2000 households) and implemented solid waste initiative on rapid establishment of border controls for hazardous wastes and safe disposal of 100 tons of expired pharmaceuticals in Kosovo.
STRENGTHS

- Addressed a range of issues: drinking water quality and sanitary inspection, health care waste, health promotion. All these issues were linked under the Healthy Village project (HVP)
- Tackled all levels: community, municipality and institutions at central level
- Linked institutions with communities, NGOs with institutions, linking medical and non-medical staff
- WHO recognised as a leading agency on environmental health issues while institution (IPH, Department of Environment Protection - DEP) were still weak
- Proposed a long-term solution to improve environmental health in rural areas
- Supported institutions to issue regulation on technical issues
- Health Promotion and HVP included in the Kosovo Health Policy

WEAKNESSES

- Difficulties in performing technical survey due to lack of historical data
- Duration of the project was too short. Sustainable link between villages and municipality has not been set up everywhere
- Transfer of recommendations into policy not achieved due to the fact that common agreements need to be reached across different departments

THREATS

- Lack of Health Promotion strategy for Kosovo
- Lack of trained municipal health promoters
- Lack of master plan for public utilities: lack of sanitation plan, lack of waste management plan, lack of institutional body to maintain drinking water and sanitation facilities in rural areas
- Lack of donors to implement project in rural areas

OPPORTUNITIES

- Water management policy has been set up by the Ministry of Environment and Spatial Planning. Strong interest in developing sanitation plans.
- WHO support Health promotion strategy in Kosovo. HVP used as a model
- Review technical regulation and adapt to European standards
PROBLEM TREE – Environmental Health

EFFECTS

- Unhealthy living environment
- Unhealthy behaviour
- A decade lack of institutional capacities and awareness dealing with environmental health issues

CORE PROBLEM

A decade lack of institutional capacities and awareness dealing with environmental health issues

CAUSES

- Human Resources
  - limited technical capacities
  - limited administrative capacities
  - limited management capacities
- Status of infrastructure, facilities and equipment
  - 80% infrastructure destroyed and inadequate public services
  - poor equipment
  - facilities very big at HQ’s and small in rural areas
  - inefficient NGO - coordination
  - poor maintenance
- Problems related to the service process - Management
  - inadequate utilisation of the technical capacities
  - no standards were agreed on EH issues
  - low motivation
  - poor quality of services
  - lack of promotion activities
- Structural problems
  - no standards defined on drinking water quality, on rural sanitation and hygiene, HCW management hospital hygiene, municipal waste management
  - inappropriate roles at micro and macro organization levels dealing with EH issues
  - neglected EH in rural areas
  - undefined alternative financing systems
  - no monitoring system. Drinking water quality control covers only part of urban areas

Instability of the population
Scarce financial resources
Low esteem for EH
WHO Operations in Kosovo

OBJECTIVE TREE – Environmental Health – The Strategy

Improvement of Environmental Health situation

WHO established Environmental Health Programme in collaboration with IPH and UNMIK

Strengthened capacities at governance, institutional and community level 1999 - 2002

Purpose

Development of a water quality inspection and enforcement role throughout Kosovo by IPH and Municipal sanitary inspection
- identified water quality standards through the central IPH for adoption by UNMIK
- prepared 9 Information Notices related to water and sanitation issues
- Provide 4 wheel drive Ladas for central and regional IPH equipment with field testing material
- trained sanitary inspectors for each municipality
- 52 parameters can be tested by central IPH
- provided each municipal SI team with four-wheel drive Ladas

Encouraged and contributed to improvement standards of personal and community hygiene 2000-2002
- implemented a pilot project
- NGO coordination
- training of 35 health promoter on community health development
- training of 47 patronage nurses
- HVP implemented in 50 villages throughout Kosova
- improved drinking water systems (796)
- improved sanitation disposal facilities (918)
- monitoring of the project
- provided each municipal SI team with four-wheel drive Ladas dedicated for Health Promotion

Established the standard requirements for HCW Management 1999 - 2001
- introduced the segregation of health care solid waste within all medical institutions
- medical institutions were supplied with waste bags and containers for waste segregation
- medical personnel from Health institutions trained on HCWM
- Health institutions supplied with De Monfort incinerators

Developed set of minimum standards for PUD
- provided field assessments on the status and potential health impacts from existing municipal waste dumpsites in Kosova
- collaborated with EAR to devise an investment strategy for new landfill developments
- worked with GTZ to define and oversee the work of waste consultants hired to identify new locations for landfill sites
- encouraged and supported OXFAM in the creation of professional association for waste managers “PAMKOS"

Results

ACTIVITIES

Health system not unified

Scarce financial resources

Positive esteem for EH

OBJECTIVE TREE – Environmental Health – The Strategy

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Scarce financial resources

Positive esteem for EH
Success of the WHO Environmental Health – Programme in Kosovo

WHO EH Programme supported by Kosovan community, professionals, institutions and international community 1999 - 2002

- Development of an approved minimum drinking water quality standards 1999
- Contributed to development of policy supported at Governance and Institution level 2000-2001
- Introduced HCWM (3 bin system) throughout Kosovo 1999 - 2001
- Activated Sanitary Inspection activities 2000 - 2001
- Developed and implemented Healthy Village Concept

1999 - 2002

2000 - 2001
The introduction of the family medicine (FM) concept is the accepted decentralised way for the future delivery of the majority of health services in Kosovo. With a rehabilitated infrastructure the new reform required doctors and nurses to receive an upgrading of skills based on modern method to enable the shift from a hospital-oriented system. WHO has led this process since its inception to ensure that the whole population will have access to basic health care services that are affordable and sustainable. This enormous task of changing hearts and minds and educational method started through the establishment of a WHO family medicine unit in the Pristina University medical faculty and through three then eight decentralised family medicine learning centres in Kosovo. WHO will have trained with its NGO and other partners (Swiss Red Cross, Cordaid, Healthnet Int, AMDA, Project Hope, North West Medical Team, Nottingham University UK, Dartmouth University USA, American International Health Association) fifty percent of the required workforce (700 family doctors) by the end of 2002 and the future training for the remaining doctors from 2003 will continue under the management of local systems with programme expansion developed to meet the continued support for human resources planning and facility work-plans. To date 100 family doctors have successfully completed their first year of specialisation and a further 185 doctors will complete their studies in September 2002.

WHO has also taken over the final training for the forty-five family doctors who are completing the diploma by December 2002.

Both programmes have been evaluated by the International Royal College of General Practitioners (IRCGP) who have assisted in the revision of the curricula during 2001 to enable its development towards accreditation for all Kosovan doctors in the future. WHO as part of the final handover to the local institution will organise the graduation ceremony with the MoH at the end of 2002.

This widely lauded WHO programme has also supported the establishment of the registration and licensing board for all professionals in Kosovo and has technically advised the development of primary nurse education training programmes in Kosovo. With many of the modules sessions being taught jointly with the nurses to encourage team working. The WHO Head of Office is a member of the steering group that has also revised the education curricula for nurses through the EAR funded education programme in Kosovo with the Caledonian WHO collaborating centre consultants. The family medicine concept developed by WHO is modelled on the successful UK and Dutch model of primary care provision adapted to Kosovo needs.
STRENGTHS

- 300 Doctors trained
- Evaluated programme from IRCGP
- Programme based on the UK and Dutch models of primary health care
- 8 Family Medicine Training Centres (FMTC) in region
- Interactive teaching method
- New approach to the patients
- Review and examination process at the end of each module
- TOT – Training of the trainers (50 doctors)
- One of the main health policy reforms
- Understanding and recognition of FM concept as a main PHC tool
- Institutionalisation of the FM Residency
- Increase the self-confidence of the Family Medicine Doctors
- Increase the role of the family doctor in the community
- Increase the level of clinical skills and practice
- Improvement of skills in using the medical equipment
- Development of medical research and audit
- Inclusion of a high number of doctors in the training programme
- Inclusion of the nurses in some of the sessions
- Incorporating of the international partners in the training programme
- New approach to the health problems in the different medical fields
- Financial compensation for the local staff - trainers and participants
- Transformation of some Health Houses into Family Medicine Centres
- Visiting FM Centres in UK and Netherlands by national doctors
- Involvement of International clinical mentors
- Updates from Internet, seminars, and case presentations video recordings.
- Involvement of local trainers for future sustainability
**OPPORTUNITIES**

- Standard treatment guidelines in PHC
- Medical Records in PHC
- Follow-up from secondary care
- Changing the way of providing health
- Family Medicine Magazine
- Family Medicine Text book
- Building teamwork with nurses in PHC
- International recognition of the programme
- EAR support of the FM Programme
- Classification and protocols to improve clinical care
- Continuing Involvement of the international experts
- Further recognition by the IRCGP
- Re-evaluation and improvement of modules-curriculum
- Providing better medical services
- Continuing Medical Education for all
- Continuing the concept of FM Training
- Finding funds for continuing the training
- English language course
- Better use of Internet resources regarding the training programme
- Distance learning
- Co-operation with the hospital specialists
- Providing incentives for doctors to stay in public service

**WEAKNESSES**

- Role / Job description for trainers
- Very intensive training programme
- Shortage of time for learning in practical element
- Availability of international literature
- Increasing of the time frame for some modules
- Lack of access to the Internet in order to obtain new methods in different areas

**THREATS**

- No, continuing funds
- Political issues
- Lack of incentives for the staff
- Management within the Health Houses (FM Centres)
- Follow up of the training and retention of skills
- Continued investment at the end of studies for the first generations
- A functioning referral system
WHO Operations in Kosovo

PROBLEM TREE – Primary Health Care

CORE PROBLEM

10 years of limited access to patients and clinical practice
Parallel education system
Poor quality of PHC services

EFFECTS

Overloaded hospitals / misuse of secondary/tertiary care
Little confidence or understanding for PHC by population

CAUSES

Human Resources
- limited skillbase of PHC doctors
- limited skillbase of nurses
- curative oriented training - mentors are needed
- inappropriate patient management practices - system recognising family practitioners is unclear - poor teamwork

Status of infrastructure, facilities and equipment
- 80% infrastructure destroyed and inadequate public services
- poor equipment
- facilities very big at HQ’s and small in rural areas
- inefficient NGO coordination
- poor maintenance

Problems related to the service process - Management
- little management training and experience
- case management schemes not agreed
- care by specialists episodic not holistic
- overuse of injections / drugs
- heavy patient load

Structural problems
- too curative oriented
- no regulations for patients - jumping - free service
- inappropriate roles & responsibilities
- disincentives for PHC or rural care
- inadequately functioning referral system
- no alternative financing systems

Instability of the population
Scarce financial resources
Low esteem for PHC / Family medicine
**OBJECTIVE TREE – Primary Health Care – The Strategy**

- **Purpose**
  - Right workforce with right skills in right place doing the right things at right cost by 2003
    - Improve knowledge base of 750 family doctors. 300 in training
    - Improved skill base of 1100 nurses linked to FM Drs curricula
    - More PHC-prevention and promotion training
    - Improved and adapted patient management practices
    - Family practitioners recognised
    - Improved teamwork

- **Results**
  - Satisfactory status of infrastructure, facilities and equipment 2001-2002
    - Rehabilitated and improved infrastructure and buildings
    - Adequate equipment available
    - Efficient NGO-coordination
    - Maintenance systems in place

  - Improved service process - Management 2001-2002
    - Management training organised
    - Case management and agreed protocols and guidelines for most common diseases
    - More holistic care
    - More rational use of drugs

  - Scope of family medicine services is defined by 2003
    - More prevention-promotion oriented services
    - Defined catchment areas ongoing
    - Defined the scope of FHCs
    - Incentives for PHC or rural care in place
    - Functioning referral system (chain of services)
    - Health care financing in place
    - Department of general practice functioning

- **Health Policy reform shift to primary health care 2000**

- **WHO established the capacity building programme for Family Medicine donor funded 2000-2001-2002**

- **Strengthened PHC/ Family Medicine concept**

- **Improved quality of PHC services 2001-2002 ongoing**

- **Health system not unified**

- **Scarce financial resources**

- **Positive esteem for PHC / Family medicine**
Success of the WHO FM & PHC – Programme in Kosovo

WHO leading the process supported by Kosovars
International trainers & RCGP
2000 - 2003

- Development of an approved specialisation FM training programme 2000-2001
- Development of policy supported at Governance and Institution level 2000-2002
- Development of the first Department of General Practice established 2002
- Development Registration and Licensing Board at Dept of Health level 2001
- Definition of role and scope of family medicine based on UK and Dutch model 2001
Community Based Mental Health

In co-operation with the Kosovo Mental Health Working-Group WHO developed a strategy for the future mental health system in Kosovo, which is based on the community based mental health approach. In 2001, community based mental health centres and services and the training of professionals have been implemented with support and co-operation from centres in 3 different European countries. WHO has also supported the establishment of a comprehensive policy for disability in Kosovo identifying these vulnerable groups has met one important mandate of WHO that of addressing the immediate needs of these groups and establishing a way forward for development of long-term sustainable interventions. It is hoped to share and integrate these experiences with those across the Balkans WHO mental health programmes.

After conducting the Rapid Assessment and Response on psychoactive substance use among the youth in Kosovo, based on the recommendations from report WHO facilitated establishment of Inter-Ministerial Commission on Psychoactive Substances. WHO chaired the meeting in the first 5 months where representatives from various ministries have given their contribution in development of an action framework where each ministry have outlined the activities that will be conducted in short, medium and long term. At the moment the Inter-Ministerial Commission on Psychoactive Substances is waiting the official approval of the action framework from the relevant ministries, meetings will restart on September 2002. WHO will continue to support IMCPS.

STRENGTHS

- The involvement and the ownership of the MNH programme by national professionals
- The approval of the MNH Strategic Plan by the MoH
- Implementation of pilot projects and the possibility for the new model to work
- Running costs – sustainability – of the existing facilities (and the ones planned in the SP) on MoH
- Increase in number of mental health personnel in public services
- Training of mental health workers locally and abroad (Collaboration Centres of Asturias, Birmingham and Trieste)
- The separation of neurology from psychiatry
- Appointment of a mental health officer in MoH
- Appointment of district mental health directors in MoH
- Task Force on MNH (now as an advisory body of the MoH)
- Recognition of mental health as one of the priorities in policy and service development of MoH
- Establishment of Child and Adolescent Psychiatry residence programme for doctors
- Collaboration with WHO collaborating centres
OPPORTUNITIES

- Development of sustainable Kosovo mental health services, in accordance with the Health Policy and Strategic Plan
- Development of services as well as administrative management of the services
- Consolidation of Mental Health Services as a whole service
- Development of training for mental health nurses (a formal one)
- In 3 years graduation of new psychologists
- Development of Child and Adolescent psychiatric services
- Development of functional relation with Family Medicine services
- Development of Forensic Psychiatric Services
- Development of services related to Drug Abuse
- Continuation of collaboration with WHO collaborating centres and fund raising through them
- Solid bases makes donors still interested to support the programme
- Possibility to become a model of community mental health services in the region

WEAKNESSES

- No beds for chronic psychiatric patients
- High number of institutionalised chronic psychiatric patients still in Shtime Institution without psychiatric services
- Still low number of mental health professionals and problem of employing new staff
- No funding defined to complete the implementation of strategic plan
- No investment from Kosovo consolidated budget in any issue related with mental health
- No clear funding for mental health unit
- Scarce involvement of minorities (Serbian) in mainstream services and reform process
- Difficulties in the approval of mental health law
- Lack of expertise and technical knowledge in law issues related to mental health
- Lack of forensic psychiatry expertise
- Lack of good collaboration with penal system in development of a comprehensive answer to mental health needs of prisoners and the population in general.
- Lack of mental health services in smaller municipalities
- Late implementation of a monitoring system
- Evaluation of the new system

THREATS

- No beds for chronic patients and pressure on health authorities to solve the situation with a new psychiatric hospital (or Shtime) and this can create a collapse of established services
- Release of the offenders with mental health problems and lack of provision of services for this population (this might happen due to lack of accordance of existing laws and existing services)
- Risk of not being able to develop new services due to economic hardship in Kosovo in general
- Preference of private practice over working in public services
WHO Operations in Kosovo

PROBLEM TREE - Mental Health

EFFECTS

CORE PROBLEM

CAUSES

Human Resources
- low number of psychiatrists in Kosovo (1 per almost 100,000 inhabitants)
- Low number of nurses and lack of psychologist and of other relevant professional profiles
- Limited skills and knowledge of community based mental health services
- Biological oriented training
- Residency program of neuro-psychiatry
- Lack of institutionalised training for nurses, psychologist and social workers

Status of infrastructure, facilities and equipment
- Mental health services were based in neuro-psychiatric wards of general hospitals, mental health services were equivalent to neuro-psychiatric services
- Poor refurbishment of the services
- Presence of services only in main regions of Kosovo
- Inefficient NGO - coordination
- Poor maintenance

Problems related to the service process - Management
- Little management training and experience
- Care by specialists based mainly in pharmacological approach
- Lack of proper care for chronic psychiatric patient (some of them ended in the Social Institutions with no proper treatment for them)
- Low level of involvement of nurses in the process of

Structural problems
- Too curative oriented
- Lack of community integrative programs
- Inappropriate roles & responsibilities
- Lack of collaboration with PHC
- Lack of mental health services for children and adolescents
- Lack of coordination among the services in the regions
- Inadequately functioning referral system
- Mental health services were provided in neuro-psychiatric wards
- Lack of law for mental health and issues related to penal system

Lack of proper mental health services in primary, secondary and lack of services for chronic psychiatric patients

Lack of strategy and of conceptual approach in the planning of mental health services

Long period of no investment in mental health services and simultaneously services based mainly if not only in biological perspective (neuro-psychiatric wards)

Consequences of war in mental health population of Kosovo

Scarce financial and human resources

Lack of plan in mental health
Mental health was seen as one of the priorities/goals in Health Policy of Kosovo

WHO supported of strategic plan of mental health of Kosovo and

Strategic plan on mental health was approved by MoH as official policy; Mental Health officer was appointed in MoH; Kosovo Mental Health Services were established; district mental health officers appointed

Right work force with right skills in right place doing the right things at right cost by 2003
• more than 80% of the mental health staff from regions were trained in Kosovo and abroad in provision of community based mental health services
• Higher involvement of the nurses in mental health services
• Increase of number of staff working in mental health services (approximately 80) including new professional profiles
• Provision of services in rural areas
• Provision of child and adolescent mental health services in FM centers
• improved and adapted patient management practices
• improved teamwork

Satisfactory status of infrastructure, facilities and equipment 2001 -2002
• building 3 mental health centers
• In collaboration with other agencies 4 new mental health structures were build
• Donation of 7 vehicles for home care services
• Better collaboration and coordination with remaining Ngo's

Improved service process - Management 2001-2002
• management training organised
• mental health officer was appointed in MoH
• Signing of MOU-s with WHO collaborating centers in Trieste, Italy, Asturias, Spain and Birmingham, UK
• District mental health officers were appointed
• Kosovo mental health services were established
• Task force meeting are regular now for three years
• Better care for the clients in community

Scope of mental health services is defined by 2003
• more prevention-promotion oriented services
• Strict respect of the catchments areas by regional mental health services
• need for protected apartments for long term psychiatric patients (need for funds)
• enriching the services in community based mental health services
• functioning referral system (chain of services); better coordination with FM services
• Possibility of development of mental health services in smaller municipalities

Scarce financial and human resources

Clear plan and approval of it by MoH

Health system not unified
Success of the WHO Mental Health Programme – Programme in Kosovo

WHO leading the process supported by Kosovar mental health professionals in development and implementation of the strategic plan on mental health 1999-2002

- Development of an approval of Strategic Plan on Mental health of Kosovo 1999-2001
- Implementation of the strategic plan by WHO and other agencies in field 2000-2002
- Appointment of the mental health officer in Ministry of Health and of District mental health officers 2002
- Need for further support in implementation of the strategic plan of Kosovo 2003
Mother and Child Services

During the first year of humanitarian assistance different studies revealed very high mortality rates, by far the highest in Europe, in relation to pregnancy and childbirth. The infant mortality rate is reported to be the highest in Europe at a level of 3 times the EU average. The maternal mortality is also extremely high. The WHO objective has been to reduce mortality and morbidity of children under 5 years of age and reduce pregnancy related mortality and morbidity. This situation justified interventions to ensure: Quality antenatal and postnatal care for all pregnant women were put in place with appropriate management of labour and delivery and systematic follow-up and care for all children up to 5 years of age,

In 2002 vital health indicators in Kosovo remain alarming, especially for women and children. This is despite a successful WHO programme and investment in the health care system for maternal support, capacity building and training of staff in local health facilities and the provision of technical support to MoH at the central policy level. These programmes have been co-ordinated with other UN agencies, including UNICEF and UNFPA and implemented in co-operation with NGOs. Further improvements will be achieved by the continued training of relevant health staff and the development of appropriate protocols and guidelines to prevent further premature birth, reduce still births and prevent hypothermia and infections in the newborn. WHO has also supported UNFPA during the emergency rehabilitation period of maternity and paediatric unit in Pristina hospital.

To reduce maternal, infant and child morbidity and mortality, WHO is supporting the Integrated Management of Childhood Illnesses (IMCI) into family medicine services and the integration of the Expanded Programme of Immunisation (EPI) introducing the Baby Friendly Hospital and supporting further development of safe pregnancy initiatives and child health services. UNICEF has also conducted a more in-depth assessment study on the nutritional status of women and children. WHO and UNICEF are also supporting the programme for youth, focusing on reproductive health, psychoactive drug abuse, prevention of HIV/AIDS and sexually transmitted infections, and reduction of alcohol and tobacco use.
WHO Operations in Kosovo

STRENGTHS

- MCH programmes presented are evidence based
- MCH programmes presented are multidisciplinary and holistic
- MCH programmes address the major aspects of Kosovo MCH health problems
- Values and principles of WHO MCH programmes in Kosovo are in context with European Principles and values
- MCH Programmes are a good base for Health Promotion and Education
- Very good technical support from technical unit at WHO EURO
- Wide range of health workers trained
- MCH programmes have been well accepted by health workers
- Very good co-operation with Family Medicine Team, UNICEF, UNFPA, Doctors of the World (DOW)
- Strong support from Head of Office (Sue Woodward)
- Good coverage at all levels of health care system
- Good orientation of relevant Health Authorities about MCH programmes
- Good review and evaluation of effects of MCH programmes in Health Indicators and performance of health workers trained

OPPORTUNITIES

- Healthy start in life (first goal of Health Policy document for Kosovo)
- Orientation to FM concept of primary health care
- Good technical material prepared and adapted for Kosovo situation (IMCI and Promoting Effective Perinatal Care - PEPC)
- Solid base of trained health workers as future facilitators of MCH programmes
- Good monitoring tool created
- Establishment of MCH Kosovan Committee
- Commitment and willingness of health workers to changes
- Commitment of MoH to support MCH activities
- Partnership with UNICEF and UNFPA and other local and International Organizations

WEAKNESSES

- In the beginning MCH activities did not have access to proper planning of human and financial resources
- MCH programmes still not adapted by MoH
- No close co-operation with IPH during the early phase
- Inability to raise funds

THREATS

- Political and economical instability
- Funding
- MCH programmes not adopted by MoH and included into Health Policy for Kosovo
- Not a well functioning of Professional Association
- An unregulated Private Health System
- Staff motivation to attend and participate in courses if not stimulated by good facilitators
High infant (35 per 1000), and perinatal (29 per 1000) mortality rates

\[ \text{Political turmoil during the past decade that prevented health care providers from receiving up-to-date and continuing medical education. Poor quality of MCH -services} \]

\[ \text{Inadequate antenatal, perinatal, postpartum and child care at all levels of health system. Low level of Health education.} \]

Human Resources
- Misdistribution of OB/GYN and Paediatricians
- limited skillbase of PHC-doctors
- limited skillbase of midwife and nurses
- curative oriented training
- Inter professional collaboration very weak

Status of infrastructure, facilities and equipment
- 80% infrastructure destroyed and inadequate MCH services
- poor equipment
- facilities very big at HQ’s and small in rural areas
- poor maintenance

Problems related to the service process - Management
- Very weak preventive care for women and children
- Maternal and child care are mainly curative and mainly at secondary and tertiary level
- Overuse of injections / drugs
- Under strict responsibility of OB/GYN and Paediatricians
- Lack of multidisciplinary approach
- Not existing or outdated mandatory protocols of care
- Numbers, locations and activities of sites for reproductive health care provision are undecided
- Fragmentary health services

Instability of the population. The most vulnerable age groups in this transitional population are women in childbearing age and children under 5 years of age

Structural problems
- Lack of population based health care
- Lack of coordination between different health care institutions
- Inadequate/inefficient feedback between the primary, secondary, and tertiary health care;
- Inappropriate coordination of paediatricians, gynaecologists and GP.
- Inadequately functioning referral system
- Inadequate prevention and promotion for children and women health
- Family planning is available but with low uptake and is regarded as part of gynecological practice and is not an integral part of maternity care
- Professional midwifery training currently does not exist in Kosovo

Scarce financial resources

Low esteem for PHC / Family medicine
**OBJECTIVE TREE – Mother and Child Health – The Strategy**

- **“Healthy Start in Life”-First Goal of Health Policy Document for Kosovo 2000**
  - MCH established the capacity building programme for early implementation of IMCI and PEPC in Kosovo 2000 -2001-2002
  - Strengthened integrated and holistic care for Mothers and Children. Improved quality of MCH -services 2001 - 2002 ongoing

**PURPOSE**

- Right work force with right skills in right place doing the right things at right cost by 2003
  - improve knowledge base of 1500 health workers (OB/GYN, Paediatricians, FD, midwives and nurses)
  - more family centred care
  - more evidenced based care
  - more decentralised care
  - improved teamwork
  - More competencies and responsibilities for FD and nurses dealing with mothers and children.

- Satisfactory status of infrastructure, facilities and equipment 2001 -2002
  - rehabilitated and Improved infrastructure and buildings of Birthing Centres and Maternities
  - adequate equipment available
  - efficient NGO -coordination
  - maintenance systems in place

- Improved service process - Management 2001- 2002
  - management training organised and impact of IMCI and PEPC programmes were evaluated
  - case management of sick children based on IMCI guidelines
  - more holistic care
  - more rational use of drugs
  - Introduction of the practice of rooming-in (100 %)
  - Early breastfeeding in most birthing centres and maternities
  - Improvement of early newborn care

**RESULTS**

- Health system not unified
- Scarce financial resources
- Positive esteem for PHC / Family medicine

**ACTIVITIES**

- Scope of MCH programme is defined by 2003
  - Developing of IMCI family and community component
  - Expansion phase of IMCI should take place
  - Introduction of IMCI and PEPC into Curricula of Medical schools
  - Functioning referral system(chain of services)
  - Developing and using Mother and Well Child booklet
  - Role of Paediatrician and OB/GYN within PHC well defined
Success and Activities of Mother and Child Health Programme in Kosovo 2000 – 2002

WHO leading the process supported by Kosovan health professionals in development and implementation of the MCH strategies 1999-2002

- Developed, Implemented and Evaluated Promoting Effective Perinatal Care 1999-2002
- Developed and Implemented Integrated Management Of Childhood Illness 1999-2002
- Collected and analysed Institutional Perinatal Indicators for 2000 and 2001
- Developed Reproductive and Child Health of FM Programme 2001
Hospital and Secondary Care

During 2001 the strengthening of the hospital sector was achieved through regular meetings of a working task force, training and seminars and workshops with all secondary hospital management teams. In this area of hospital management, WHO supported this strengthening of hospital management as part of the referral structure for PHC at regional level and participated in the reorganisation of the Kosovo tertiary hospital master plan for re-engineering of services with DFID (Department for International Development).

This process also included the creation of a stipend payment system covering all health sectors.

Pharmaceuticals

The Pharmaceutical programme has been successful in the introduction of the essential drug concept, a regulatory basis, and the fundamentals of a drug procurement system. During 2001 WHO focused on improving rational use of pharmaceuticals and the development of treatment guidelines and the Kosovo drug formulary with training provided to improve the quality of prescribing. Through the WHO FM training programme.

2002 brought no resource for a prescribing consultant to maintain and sustain good practice within the WHO team.

Administration support programme

WHO administration in Kosovo has dealt with a complex and demanding range of programme activities, which required strong support from administration and logistics. The Kosovo office has experienced the biggest WHO presence in any country. Logistics and administration managing the needs of the highest number of personnel. This has decreased sharply during the past two years due to lack of funding, However there was an expectation to complete the same number of projects started in year one. We should also keep in mind that almost all of the personnel working in these units had little or no experience in administration or logistics before taking on their roles from internationals. This has led to a strong capacity building programme in the field supported at arms length by the WHO Regional Office for Europe personnel and DPR to maintain the standards of WHO expectations. This has placed a heavy burden on the Head of Office and supports the fact that this professionalism to the job was raised with these employees whilst supporting the same number of projects with 60% less staff from the first year of WHO in Kosovo. This to be commended at the highest levels that a transfer of skills from international to national positions has been successful during this time of added pressure to deliver good quality outcomes for the donors.
Over the past three years of experience working in Kosovo related to Information services and IT, there has been a big need for training of health care providers at all levels of the health system in Basic Computer skills. The move of offices as we reduced in size and the networking of eight outreach WHO primary care offices has created the need for a very high quality service from our information manager. However dedication and willingness to be flexible to the needs of our programmes and that of our team has succeeded in bring many of our successes to the notice of donors and our partners with the editorship of the Health Action/Health Talks and the health co-ordination meetings and presentations.

Establishment of computerised health information system as long-term strategy for Kosovo Health Information System.

Health Action in Kosovo is a very important information tool both inside and outside in Kosovo as it provides information on the Kosovo Health sector. Early editions of Health Action also functioned as the minutes of the general health coordination meetings. The content of this review report of our achievements owes much to the dedication and expertise of our technical information expert and information manager.
Group work lessons learned

The output from the retreat discussion working group was conducted and recorded by the Kosovar programme staff. They reported back their findings to the international head of programmes and the Head of Office for comment and agreement.

Lessons learned:

- Working only through emergency principle is not enough, the need for a developmental approach is necessary for long term results.
- Involvement of local professionals is necessary in order to gain ownership of the programme.
- Need for international collaborations, taking into consideration the long isolation of the local professionals for example stronger links with WHO collaborating centres and the possibility of further collaboration with WHO technical units will be important even if WHO cannot remain in Kosovo during 2003 - 2004.
- The importance of concrete interventions, to complete cycles of improvement and provide an environment for implementation of the strategy and principles otherwise we risk only having theoretical approaches.
- Need for close collaboration with other agencies working in the field of public, environmental and community health and sharing of the Kosovo recovery plan responsibilities with those agencies.
- The training of local staff is very necessary for good outcomes.
- The lack of early information to the staff regarding benefits is important to field staff.
- The lack of early guidelines on the initial emergency response for example delegated authority to act resulted in difficulties which emerged later.
- Late responses to requests, from Regional office caused poor relations of the projects in the field.
- Probability of misunderstandings between logistics and technical programmes is much higher so there is the need for more flexibility on both sides.
- Earlier notice for specific requests to logistic unit is needed.
- Excellent cooperation with the public institutions (MoH, Medical Faculty, Health Houses and Hospitals) was good progress.
- The understanding of the necessity for team working.
- Importance of Continuing Professional Development.
- Clarification of duties and responsibilities was good.
- Strengthening of our monitoring and evaluation was important to the outcome.
- Regular follow up visits from our desk officer was needed.
- Managerial aspect has been strengthened a lot during the past 18 months.
- Involvement of the local experts in our programmes is a good way to capacity build our knowledge.
Involvement of others:

- Co-ordination meetings are vital for efficiency and effectiveness of co-ordination of the interventions in the field
- Establishment of working task groups on the ground for the local professionals to develop strategic plans was important
- Involvement of other agencies such as UN, bilaterals and NGOs in the implementation of our strategic plans has been very important

Roles and responsibilities:

- Roles where clearly defined in all of our programmes as well as the role of WHO as the supporting factor in the development of the strategic planning and implementation of the Kosovo recovery plan

Managerial structure:

- Regular contact and access with our Head of Office has improved our working and knowledge.
- In certain periods over the past three years a managerial “crisis” was experienced in asking for formulas for management that didn’t work out.
- The communication with Copenhagen and Geneva was satisfactory

Communication:

- Main means of communication have been health action, seminars, conferences, coordination meetings and media. These methods where used to inform the public and the professionals about the achievements and plans in the field of our programmes
- Communication inside the office was good, however time after time there were some difficulties in communication with other NGO’s and agencies due to the number of agencies
- Communication with the Ministry of Health was facilitated with recognition of our work as the official technical advisory and consulting body
- Some WHO staff worked in the MoH building but communication was difficult in contacting them on a daily basis.
- Personal problems of the staff sometimes had an impact in daily communication early in the programme
- Very effective communication between different WHO programmes, other organizations and health institutions of Kosovo resulted with excellent preparation presentation and early implementation of our programmes
- Despite the considerable progress made on the implementation of our programmes there is a need for further steps to be undertaken in order to complete planned activities
- As the relevant institutions and the new health reforms are new a complete handover of the programmes is difficult as confidence needs to be built and international support should be provided for at least another year
**Summary and outstanding programme issues**

**Maternal Child Health**

Over the past three years of activities in Kosovo, the WHO MCH programme has concentrated in several aspects of development and implementation of strategies toward “Healthy start in life” which is the first goal of the Health Policy Document for Kosovo.

Despite considerable progress made with the introduction and implementation of IMCI and PEPC strategies in Kosovo the infant, perinatal and maternal indicators are still amongst the worst in the European region. Therefore further efforts are needed to significantly impact on the spectrum of clinical care as it relates to the health of pregnant women, unborn babies, newborn infants and children in Kosovo. Equally important is that these efforts, are in collaboration with local partners and international agencies with shared interests will strengthen the capacity of national staff aiming to reach “Healthy Start in Life.” The concern from the SWOT is that WHO and UNICEF have to respond to lack of donor funds and reduce the sustainable presence at the end of 2002.

**Health Policy Programme**

Health policy during complex emergencies is desired. WHO and the DSHW initiated a health policy process in Kosovo providing the interim and revised health policy guidelines. There was a tension between having policy in place rapidly and the desire to be participatory. Considering complex emergency in the interim period efforts have been made to point the health sector in an appropriate, sustainable and affordable direction. However it is important that the nature of the health sector in Kosovo is finally determined by legitimate political structures directly responsive to people of Kosovo.

**Mental Health**

WHO mental health programme has concentrated in several aspects and the development of the strategic plan on mental health together with the local professionals has been a success. Implementation of the strategic plan has been made possible through donations from the Japanese government. The work on the relevant aspects of mental health such as establishing legislation on mental health and supporting income-generating activities for the users is still to be completed. However the setting of international collaborations at the Kosovar centres with WHO collaborating centres in Europe for sustainable change has been an important and successful step for Kosovo. During the last three years five new mental health structures have built with the main support of Japanese government and ECHO, Swiss Government, Health Net International, Swiss Red Cross. These structures have enables a 65% increase in the numbers of staff in the mental health services of Kosovo. Accordingly this has provided a sound base for community based mental health system in Kosovo. However there is a great need for continuation of sustained support, our major concern is the lack of community based structures for long term psychiatric patients and availability of emergency and forensic beds for the severely disturbed person and offenders.
**Primary Health Care - Family Medicine Programme**

According to the Interim Health Policy Guidelines for Kosovo PHC based on FM was seen as a cornerstone of the health care system and was to have a strong gate-keeping role. WHO responded to this major policy reform by establishing the Family Medicine Training Programme in Kosovo through Medical Faculty teaching facility and eight satellites outreach teaching resource sites based in PHC facilities. The aim of this widely lauded programme is to raise knowledge and skills, develop and implement complete Family Medicine training programme in Kosovo.

This has been very successful and complimentary through WHO action in the field with NGO partners to upgrade the knowledge and skills of primary care physicians to help meet the present and future healthcare needs of the population. Completion of training for the 245 doctors will however only bring us almost to the 50% mark target of training 700 FM doctors needed to update knowledge and skills. Considering the new MoH is still not consolidated or well developed and the new Department of General Practice has just opened its doors it is necessary to continue with international support to confidence build the trained Kosovan teachers. In order to achieve outlined targets defined in Interim Health Policy Guidelines for Kosovo. The Licensing and Registration board for doctors has been put in place and the Kosovo nurses are following similar training curricula to that of the established, and evaluated (through the IRCGP) programme developed by WHO. This programme is Kosovo wide and works well with the WHO mental health, maternal child health and the public and environmental health programmes.

**Public Health Programme**

WHO supported MoH, IPH and NGOs in Kosovo since 1999 to review, establish and implement their short and long-term public health policies, strategies and programmes. Infectious disease prevention and control, child immunisation, food control and laboratory, microbiology laboratory, health promotion, tuberculosis, HIV/AIDS control and prevention and public health emergencies like outbreak control have been main areas of concern during last three years. WHO improved the infrastructure, conducted in country and abroad training programmes to improve knowledge and skills of the health professionals at each level of public health institutions. A set of measurable indicators was elaborated to follow disease morbidity and mortality trends.

In collaboration with IPH, WHO has established Surveillance and Response Commission for active monitoring epidemic situations and co-ordination of response. It has also established central and regional epidemic response teams and trained team members and other epidemiologists in outbreak investigation techniques. In addition stockpiles of essential drugs and materials for epidemic response were established. Capacity building and refresher training courses were provided to laboratory personnel to improve their diagnostic skills. National commissions for Tuberculosis and HIV/AIDS were established. HIV/AIDS Office in the MoH is established and functioning. WHO also conducted the training of trainer’s course for the establishment of second-generation surveillance and counselling for HIV/AIDS. The system remains fragile, but is functioning, however continued investment is required to establish quality assurance needs.
**Environmental Health programme**

The WHO Humanitarian Assistance Programme in Kosovo included from the outset of its work in June 1999 a series of environment and health (EH) activities. WHO decided to work on: drinking water quality monitoring and enforcement; rural hygiene and sanitation; healthcare waste management and waste-related hygiene in hospitals; and municipal solid waste management.

On drinking water quality control, WHO worked with IPH and fostered step-by-step improvements to sampling, testing and enforcement of drinking water standards. This approach to establishing a functional water system of public health monitoring of water has been successful. A service involving an agreed division of tasks between the IPH and municipal-level sanitary inspectors is now well established and technically and financially sustainable. The rapid initiation of a drinking water AI in 1999, albeit only a relatively simple set of regulation (Information Notices), gave an early impetus to the IPH to monitor drinking water and fulfil its role to protect against the spread of communicable diseases.

WHO brought together leading NGOs, IPH and other agencies to develop an approach to provide a comprehensive package of improvements to villages, in which improvements to sanitation, water supply and personal hygiene initiatives were all conducted at the same time through community participation.

The Healthy Village Programme has been a successful implemented in 50 villages and it is now used as a model for Health Promotion programme in Kosovo.

WHO also worked on healthcare waste management in medical centres. This involved working closely with medical personnel to initiate waste segregation to separate general waste from potentially infectious materials and used sharps items. A training and mentoring approach was adopted. In each hospital the two or three departments that showed most interest were trained first and then over the proceeding weeks, other departments were encouraged to begin waste segregation.
Who operations in Kosovo

Head of Office comments

This report demonstrates that WHO emergency intervention and sustainable development can work hand in hand. The mechanics of the funding and administration constraints are not discussed fully within the context of this report, but have played a major role in the difficulties encountered by the Head of Office in trying to access and respond quickly and efficiently to needs. The ability and skills of any Head of Office is to be able to work closely with regional counterparts to forecast, project and manage the funds related to the programmes supported by the donors. However the activities of those programmes also need to be closely monitored with the donors to be able to respond to changing needs within the environment of those programmes.

This office has made a good success of all that it has been involved in and has demonstrated beyond doubt it has the ability to deliver and report well to its regional office team offering an open and transparent process. This confidence to act and deliver needs to be further supported by our regional headquarters. By offering enhanced delegated authority to lead the office from the field with the authority to act but also to be accountable.

The retreat has proved to be a great success in the bringing together valuable information to support lessons learnt and sustain good practice. Many of the staff from this team will have left the employ of WHO, due to the downsizing programme of emergency intervention by the time this report is completed.

However I wish to place on record my sincere thanks to all the staff who have supported the WHO programmes in Kosovo at both national and international level and the donors and other agencies who have worked with WHO on the Kosovo recovery plan. Although the current WHO team is now much reduced from its original numbers I wish to thank all those persons who have provided personal support to me during my period of leadership. Their wisdom and strength to make things better during a time of personal suffering for most of them and their families is one to be commended. Perhaps this is the greatest lesson of all.
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Mr. Arbnor Zena  
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**List of abbreviations:**

- CCHF: Crimean Congo Haemorrhagic Fever
- DEP: Department Environmental Protection
- DFID: Department for International Development
- DHSW: Department of Health and Social Welfare
- DOW: Doctors of the World
- DPR: Disaster Preparedness and Response
- ECHO: European Commission Humanitarian Office
- EH: Environmental Health
- EPI: Expanded Programme of Immunization
- EU: European Union
- FM: Family Medicine
- GO: Governmental Organization
- GP: General Practitioners
- HCIC: Humanitarian Community Information Centre
- HCFW: Health Care Waste
- HCWM: Health Care Waste Management
- HFA: Health for All
- HIS: Health Information System
- HP: Health Policy
- HQ: Headquarters
- HVP: Healthy Village Project
- ICD: International Classification of Diseases
- IPH: Institute of Public Health
- IMCI: Integrated Management of Childhood Illnesses
- IRCGP: International Royal College of General Practitioners
- JIAS: Joint Interim Administration Structure
- KFOR: Kosovo NATO Forces
- MCH: Mother and Child Health
- MESP: Ministry of Environment and Spatial Planning
- MNH: Mental health
- MoH: Ministry of Health
- NGO: Non – Governmental Organization
- OB/GYN: Obstetricians / Gynecologists
- PEPC: Promoting effective perinatal care
- PHC: Primary health care
- SHC: Secondary Health Care
- SJRC: Saudi Joint Relief Committee