PUBLIC HEALTH MONITORING REPORT 2011
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List of abbreviations

FMA – Family Medicine Ambulance

HCCA – Health Care Commissioning Agency

BIRN – Balkan Investigative Reporting Network

CBM – CommunityBuilding Mitrovica

UHFK – The Trade Union Health Federation of Kosova

NIPH – National Institute of Public Health

IOSM – Institute of Occupational and Sports Medicine

CIC – Central Intensive Care

MoH – Ministry of Health

WHO – World Health Organization

MFHC – Main Family Health Centre

FHC – Family Health Centre

UCCK – University Clinic Centre of Kosova

QKUSK – University Dentistry Clinic Centre of Kosovo

NBTC – National Blood Transfusion Centre

RH – Regional Hospitals
METHODOLOGY

For the development of this report, Balkan Investigative Reporting Network (BIRN) has used qualitative and quantitative methods of data collection. As of March 2008, BIRN monitors have continuously monitored public health institutions. This includes three levels: primary, secondary and tertiary healthcare.

In addition to observing challenges, the monitoring also included interviews with key people in the health sector, from receivers of healthcare services – patients, service providers – medical staff, managers of health institutions, to Health Ministry officials.

In particular, for the drafting of this report, in June and July 2011, BIRN has interviewed managers of MFHCs and Health Directors in Kosovo's main cities: Prishtinë, Prizren, Pejë, Gjilan, Ferizaj, Gjakovë, Istog, Klinë, Vushtrri, Mitrovicë, Skenderaj, Drenas, Kamenicë, Viti, Kaçanik, Fushë-Kosovë, Obiliq, and Rahovec. Interviews were also held with MDs, patients and their family members.

In addition to interviews, the report includes summarized information from conferences, seminars and reports on the country's healthcare sector.
INTRODUCTION

Since its reorganization after the war, Kosovo's health system operates in three levels. Primary healthcare, including Main Family Health Centres (MFHC), Family Health Centres (FHC) and Family Medicine Ambulances (FMA); Secondary healthcare, with regional hospitals and city hospitals (Vushtrri and Ferizaj) and Mental Health Professional Services in Regions (MHPS), and; Tertiary healthcare - University Clinic Centre of Kosovo (UCCK), National Institute of Public Health (NIPH), University Dentistry Clinic Centre of Kosovo (UDCCK), National Blood Transfusion Centre (NBTC) and Occupational and Sports Medicine Institute (OSMI).¹

Many governments have declared health as their top priority. However, after more than a decade since the end of the war, challenges are many, to the extent that there are talks of a complete lack of a health system. Regulation of the healthcare system, according to human rights institutions, should have been an emergency priority of the Kosovo Government.²

To have an adequate health system, its main pillars must ensure an adequate operation, providing effective health services to patients, and making health service providers content with their work. In most cases, Kosovo's public health has neither. Patients walk out of hospitals dissatisfied with the services they receive, and doctors and nurses, on the other hand, continuously raise their voices in protest for lack of basic working conditions, low wages and non-payments of nightshifts.

Only around 1.5 percent of the Kosovo population have health insurance, mainly private packages, commonly contracted by big and highly profitable companies for their staff members.³

A significant part of drugs in the market are unregistered, and citizens face a difficult situation – to use unregistered (potentially unsafe) drugs, or endure their illnesses.⁴

The Health Information System (HIS), another important pillar of healthcare, remains non-functional. As a result, there is no adequate patient referral system,

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¹ Law on Health 4/2004
² Ombudsperson Institution 10th Annual Report, p. 87, Prishtina 2011
⁴ Television report in the programme “Jeta në Kosovë”, April 8, 2011 - http://www.jetane Kosovo.com/shikovideo/753/Alb -
from one level to the other, and data reported by health institutions are not considered reliable. It often happens that two institutions have completely different figures on the same issue, many of which are outdated. Moreover, even basic information system, such as the Ministry of Health website, in the second half 2011 only contains official reports from 2008 and 2009, and no reports for 2010 and 2011.  

UCCK, the largest hospital centre in the county, faces problems with its reorganization. This centre has adopted its statute four years ago, which, however, has issues in implementation, due to undefined relations with the Faculty of Medicine (FM), and because the allocated budget for UCCK is insufficient to be redistributed among clinics, as envisaged.

On the other hand, MoH, which has the powers to adopt health policies, doesn't address health policies but rather only manages health institutions.

This Ministry handles purchases of medicines for the primary, secondary and tertiary healthcare institutions, which should be carried out by health institutions. The Ministry also manages specialization studies, announces and manages many capital tenders of health institutions, and manages doctors' licenses. Kosovo also has with a lack of basic laws and administrative instructions on health, as a result of inefficient policies. The current Law on Health is under an amendment procedure, and the Law on Health Insurances is in a drafting phase.

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5 Ministry of Health website – (http://www.msh-ks.org), and UCCK website – (http://www.UCCK.org) – in the second half of 2011, only contain official reports of 2008 and 2009

6 http://www.UCCK.org/sq/statuti-i-UCCK-se UCCK statute, adopted in 2007
Chapter I

PRIMARY HEALTHCARE

Kosovo’s health system is regulated by the Law on Health 2004/4. This law, which is currently being amended, defines health at three levels: primary, secondary and tertiary healthcare.

In 2011, a budget of €117 million was allocated for the health sector in a country of two million inhabitants. This budget is considered rather low, compared to other countries with a similar population.

Primary healthcare institutions are mandated to prevent, cure, treat, and rehabilitate diseases, disorders and injuries. Another responsibility of primary healthcare sector is health awareness, immunisation and vaccination. This level also provides the preliminary diagnosis and basic healthcare for patients, including small surgical interventions. According to the current Law on Health, primary healthcare level entirely falls under municipal management, and should provide equitable treatment for all citizens of Kosovo.

There is an MFHC in every city of Kosovo, and FHCs and FMAs operate under them as smaller units providing primary healthcare services. They also provide dental care services. Some MFHC also have women’s welfare centres, whereas Centres for Emergency Medicine are supposed to operate in municipalities with over 150,000 inhabitants.

According to the existing data of the Ministry of Health (MoH), Kosovo has a total of 32 MFHCs, 155 FHCs and 235 FMAs. However, due to the inadequate information systems and the overlapping competencies of central and local governments, this is not considered as reliable information.

a) (Non-) Homogenisation of Primary Healthcare Services

MFHCs, with FHCs and FMAs, operate on the basis of special statutes, adopted in

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7 Law on Health 2004/4, Article 28 – Primary Healthcare
8 Ilir Begolli, Organization of the Health System in Kosovo, Clinical Guideline – Diabetes Mellitus, p. 9, Prishtinë
9 Faik Hoti, Spokesperson for MoH, information dated 19 July 2011
10 Curr Gjocaj, (gynaecologist), former Director of the Department of Health Services, MoH, interview held on 15 July 2011
Municipal Assemblies, which define their responsibilities. This occurs irrespective of the fact that the health system should be equal Kosovo wide, and that the statutes of such institutions must be unified.

Exceptions in municipal statutes may only occur in cases such as Malishevë, where special diseases such as Crimean-Congo Hemorrhagic Fever exist, or in Mitrovica, due to the high presence of lead in blood among part of the Roma, Ashkali and Egyptian communities (RAE). Statutes of MFHCs are regulated according to the specific illnesses which could differ between regions.

BIRN research of the MFHCs of most municipalities of Kosovo and Health Directorates has shown that, with the exception of Malishevë, Mitrovicë and Prizren, no special diseases have been reported, which means that their municipal statutes must be unified.

One reason for some MFHCs providing other services is foreign donations. Donations received after the war led health institutions to carry out their activities in accordance with the requirements of donors rather than their legal requirements. This was a result of the immense need to enhance services and extremely low budgets available for the health sector. A concrete example is the MFHC “Nënë Tereza” in Klinë, where donors have invested in gynaecology services enabling women of Klinë to give birth at the MFHC. In this particular case, the MFHC adjusted to the requirements of the donor. However, having childbirths in MFHCs is in contradiction with the principles of family medicine, which is only responsible for primary healthcare.

Childbirth services are also provided in MFHCs of Podujevë, Skenderaj, Kaçanik, Istog, Drenas and Rahovec municipalities. In fact, according to the concepts of family medicine, this service is not appropriate to the level of health services they must provide. There are, however, directors of health institutions, such as Ali Ahmetxhekaj, Director of MFHC in Klinë, who feel proud for having the possibility to provide such health services. This is, nonetheless, in contradiction with the concepts of, and strategies for, family medicine, according to which family doctors only provide healthcare for patients of the area, village or settlement in which they...
work, and refer such patients to the secondary level only if they need specialist services.

Blerim Gojani, head of the Administration Department at the MFHC in Pejë, says that the failure to adopt family medicine statutes has resulted in primary healthcare services overlapping with the secondary level care. According to him, healthcare should be homogenised across Kosovo. Primary healthcare institutions should hire only specialists of family medicine, and specialised doctors, who have been working there for years, must be used only as consultative staff. Patient’s health doesn’t differ from town to town and that is why our policies should uniform, not the way they are now, he said.  

**b) Medicine Supply at the Primary Healthcare Level**

The List of Essential Medicines includes drugs which the Government of Kosovo is obliged to provide for its citizens. This list contains 168 pharmaceutical products and medical disposable equipment, guaranteed for the citizens.

The Ministry of Health is responsible for securing drugs and reagents for primary healthcare, although the primary healthcare level is accountable to municipalities. However, MoH has failed in providing the essential list of medicine to Kosovo citizens. Director of the MFHC in Prishtinë, Abdullah Hoti, says that there are cases when MFHCs are forced to buy drugs from their own budgets, including hypodermic needles and syringes, because the Ministry of Health has failed to provide such supplies. Supply with essential drugs varies between cities. In our interviews with managers of primary healthcare institutions in various municipalities it emerged that the MoH supplies between 15 percent and 70 percent of essential medicine, with the rest being bought directly by the MFHCs. The lowest levels were recorded in Kaçanik, and highest in Prishtinë.

In Gjilan, eastern Kosovo, the MFHC Director, Valbon Milazimi, has raised concerns about the absence of essential drugs. However, he is reluctant to provide a percentage of missing drugs. This is also due to the fact that supplies vary from day to day. The Ministry of Health has provides only insulin in sufficient supplies to the residents of Gjilan. The MFHC, managed by Valbon Milazimioften needs to

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16 BIRN interview with Blerim Gojani, Head of the Administration Department, MFHC in Pejë, held on 27 June 2011
17 http://www.msh-ks.org/attachments/article/436/Lista%20e%20Barnave%20Esenciale-gjendja%20akteale%20h%C3%A8%20stok%20(20%2004%202011).xls - Link to the List of Essential Medicine, official website of the Ministry of Health
18 Interview with Avdullah Hoti, Director of MFHC in Prishtinë, held in July 2011
intervene to purchase essential drugs and other expendable materials.\textsuperscript{19}

In Drenas there are reports of 40 percent of essential drug being supplied by the MoH.\textsuperscript{20}

In the MFHC of Klinë, according to the Director Ali Ahmetxhekaj, the drugs’ supply is also deficient. Roughly 65 percent of drugs and disposable equipment are not provided by the MoH. Ahmetxhekaj says that only insulin comes in sufficient supplies. “When the MoH doesn’t supply us with drugs, we are forced to purchase them through other budget lines,” he said.

The MFHC in Pejë reports a better drug supply than in Klinë with half coming directly from the MoH.\textsuperscript{21}

The Health Directorate in Istog, which has reported an improved supply in 2011 compared to previous years, says that the MoH meets 40 per cent of the demand.

As far insulin is concerned, Anton Gega, Director of Health in the Municipality of Istog, said that in the first four months of 2011 they were forced to purchase Kristal branded insulin as the MoH had not adequately supplied insulin.\textsuperscript{22}

Supply of the items from the essential drug list to the MFHC in Vushtrri in the first half of the year was at around 40 percent. In June 2011, supply had reached 63.85 percent.\textsuperscript{23}

At the MFHC in Mitrovicë the situation was reported as poor by its Director Fevzi Sylejmani. “Poor: in general, the situation with drugs is poor. There are many reasons for this. We are unable to meet the demand. We also receive drugs near their expiry date, which we don’t even need. The only up-side is insulin supply,” said Sylejmani.\textsuperscript{24}

c) MFHCs with unneeded drugs, with a short expiration date

Not only are the MFHCs not well supplied, but there are cases when they are supplied with drugs which they do not need, or which are out-of-date. Such cases were recorded in Skenderaj, where the lack of drugs is not the only problem.

\textsuperscript{19} Interview with Valbon Milazimi, Director of MFHC in Gjilan, held on 26 June 2011
\textsuperscript{20} Interview with Gani Halilaj, Director of MFHC in Drenas, dated 11 July 2011, taken by BIRN monitor
\textsuperscript{21} Interview with Blerim Gojani, Head of the Administration Department MFHC of Pejë, held on 27 June 2011
\textsuperscript{22} Interview with Anton Gega, Director of Health in the Municipality of Istog, held on 27 June 2011
\textsuperscript{23} Interview with Shefki Zhushi, director of MFHC in Vushtrri, held on 28 June 2011
\textsuperscript{24} Interview held in June 2011
The MFHC Director, Fazli Kadriu, says that in 2010 they have been short of supplies. “The beginning of 2011 was also poor. Since roughly a month ago there is an improving trend visible. However, the percentage of supplies with drugs this year didn’t exceed 40 percent”. The MFHC in Skenderaj is frequently supplied with drugs they never need.25

This MFHC received 1002 vials of “Oikamid” for the first six months of the year. This medicine helps patients with a history of bleeding, and is usually supplied to hospitals rather than to primary medicine points. “They got us enormous amounts which we wouldn’t use in years”, said Osman Veliu, Director of Health in Skenderaj, according to whom, they use a maximum of 200 doses of such vials. 26

A similar problem was recorded at the MFHC in Fushë-Kosovë. According to Ali Prebreza, director of the MFHC in Fushë-Kosovë, until March 2011, storage rooms of the MFHC were heavily stocked with drugs not intended for use by the primary healthcare level. 27

d) Level of essential medicine supplies

The town of Kaçanik has reported an alarming situation with supplies of drugs and expendable materials. Supply of medicine in Kaçanik hasn’t exceeded 15 percent, which is not sufficient to cover even basic needs. According to Ekrem Dollovi, director of MFHC, the lack of supplies is only one of the problems they face with essential drugs. Expired drugs located in the storage rooms of the MFHC in Kaçanik have left a bad smell. Dollovi says that he does not have a solution for dealing with these drugs.

In Ferizaj, the situation is somewhat better. However, it also has a maximum supply of 30 percent of its demands.28 In Viti, there is only a 5 percent difference with Kaçanik. “We have received no more than 20 percent of the “essential” drugs,” said Taip Alidema, Director of the MFHC in Viti. 29

In Kamenicë, drug supplies from the essential list in the MFHC are insufficient. It seems that the MoH here also provides supplies which do not meet the demand of the MFHC management.30

25 Interview with Fazli Kadriu, director of MFHC in Skenderaj, held on 28 June 2011
26 Confirmation of Osman Veliu, director of Health, Municipality of Skenderaj, July 2011
27 Interview with Ali Prebreza, director of MFHC in Fushë-Kosovë
28 Afrim Abazi, Director of MFHC in Ferizaj, interview held in July 2011
29 Information from Director of MFHC in Viti, Taip Alidema, in July 2011
30 Information from Ismet Morina, Director of MFHC in Kamenicë, dated 15 July 2011, reference number 274, addressed to the BIRN monitor
Prishtinë’s family medicine also faces difficulties with the supply of essential drugs. The Director of MFHC in Prishtinë, Avdullah Hoti, said that the supply of essential drugs doesn’t exceed 60 percent of the demand. “The essential list is very short. It doesn’t meet the basic needs.” Hoti also said that they often purchase syringes and hypodermic needles with MFHC funds. He said that the centre doesn’t receive unneeded drugs but Prishtinë there are cases when the medicine is soon to expire. In Prizren, the MFHC director, Mehmedali Gashi, talks of a good drug supply, contrary to other centres of Kosovo. The Ministry of Health has provided supplies covering 60 to 70 percent of required drugs. The deficit is covered with their own funds. In Rahovec, the drug supply is less, albeit average compared to other cities. Qazim Cana, coordinator of MFHC in Rahovec, said that the drug supply from the MoH covers on average between 50 to 60 percent of requirements. Insulin supply covers 100 percent.

The percentage is not higher in Gjakovë. Similar to other cities, they calculate this percentage based on their requests and drugs delivered by the MoH. “Supply with medicine and disposable equipment, rarely reaches 60 percent,” said Yllzim Dula, Director of the MFHC in Gjakovë.

Faik Hoti, spokesperson for the Ministry of Health, admits that the supply of medicine is not 100 percent.

However, he said that percentages of drugs supplied to MFHC are often stated without thoroughly analysing the planned demand of such centres and the level of deliveries.

He took Kaçanik as an example, where its management reported a drug supply of no more than 15 percent.

According to the information presented by Hoti, supplies to this centre covered 65 percent of its demand. He also provided letters of deliveries of drugs and disposable equipment, signed by officials of MFHCs.

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31 BIRN interview with Avdullah Hoti, Director of MFHC in Prishtinë, held in July 2011
32 Interview with Mehmedali Gashi, Director of MFHC in Prizren, held in July 2011
33 Interview with the Coordinator of MFHC in Rahovec, Qazim Cana, held on 29 June 2011
34 Interview with Yllzim Dyla, Director of MFHC in Gjakovë, held on 29 June 2011
e) Misuse of essential drugs

The amount of medicine the MoH provides to health centres may be insufficient; however, as a result of a lack of adequate control, drugs, insulin in particular, are misappropriated from MFHCs and sold to private pharmacies. Pharmacist F. V. indicated that essential list drugs are frequently offered to him for sale.

“We were recently offered insulin. A couple of days ago I had an offer to buy “Tetabulin” vials. But I never buy drugs from the Essential List to sell in my pharmacy. I am disgusted by it.”  ➤

Pharmaceutical Chief Inspector Haki Ejupi says that this is a focus of inspections, but that this has yet to have an impact on the ground. In an interview for the TV programme Jeta në Kosovë, he confirms that three pharmacies have been sanctioned after they were caught selling Essential List medicines stolen from public health institutions. However, Ejupi could not “recall” the names of the private pharmacies involved. However, sources at the Kosovo Medicines Agency told BIRN the names of the three pharmacies sanctioned by the Inspectorate. The three pharmacies sanctioned were “MedFarm” in Vushtrri, and two pharmacies in Ferizaj: “EmenFarm” and “Fidani”.

➤ Interview with F. V. Pharmacist, Prishtinë 18 July 2011
➤ Interview with Haki Ejupi, Pharmaceutical Chief Inspector, Prishtina 19 July 2011
f) Zoning of Primary Healthcare Patients

Zoning means that every citizen may receive healthcare services in his/her nearest MFHC, FHC or FMA. According to the concept of family medicine this is particularly important for the continuous monitoring of the patient by one doctor, who could be considered as the patient’s or the family’s doctor. With the use of zoning, family medicine can be adequately implemented.

However, in Kosovo, irrespective of the division of patients into zones (districts) in Prishtinë, Mitrovicë, Gjilan, Ferizaj, Pejë, Gjakovë and other smaller towns, this is not being implemented, or only partially. Kosovo identification documents include no home address and when a patient needs medical treatment, he/she goes to their current or other chosen centre. Family doctors cannot reject them as patients claim they have changed addresses, and that they live near the medical centre, for example.

As a result, there is no functioning filing system, which worked before the war. Some municipalities of Kosovo, however, own manual filing systems.

The lack of a proper filing system prevents the creation of strong doctor – patient relations. A concrete case is the FHC in Prishtinë, near the Llapi Mosque, which is near the Podujevë-bound bus stop. Many patients receiving services in this centre are from Podujevë, whose their time waiting for the bus back for medical checkups. Doctors face a difficult situation, because there have been cases when patients object, sometimes violently, when doctors refuse services to them. Director Avdullah Hoti said that they only accept some patients from other districts.

Director of the MFHC in Skenderaj Fazli Kadriu confirms they were obstructed by stakeholders in their efforts to implement zoning. According to him, they started to use zoning only this year. “In five FHCs there is one general practitioner. IDs do not contain accurate addresses. But we are a small municipality and we all know each other.”

The zoning project in the municipality of Obiliq started in 2006. However, patients were only divided using rough estimates, as no Census was organized in Kosovo until 2011. Approximately, one doctor was allocated with 3,000 inhabitants. Thus,

37 Interviews with directors of MFHCs in the main centres of Kosovo
38 Interview with Avdullah Hoti, director of MFHC in Prishtinë, held in July 2011
39 Interview with Fazli Kadriu, director of MFHC in Skenderaj, held on 28 June 2011
the MFHC in Obiliq, similar to other Kosovo centres, posted announcement and notifications in visible public places with information as to where residents of various settlements can receive medical examinations.

“This long term approach has also raised awareness, and now they regularly ask for their own doctor,” said Atifete Shulemaja, director of the MFHC in Obiliq. Cases when patients from outside of the territory of Obiliq ask for medical services are usually recorded as “passersbys”. They are allowed to receive treatment, although the director admits they try to refer them to their nearest doctor.  

**g) Patient Referral from Primary Healthcare to other Levels**

As a result of the poor implementation of family medicine in the primary healthcare sector of Kosovo, many doctors unnecessarily refer patients to regional hospitals or to UCCK. This has led to many complaints from regional hospitals, particularly from the UCCK Emergency Centre. Director Basri Lenjani has regularly spoken of being overloaded with “banal cases”, as he calls them, which could have been treated in MFHCs and other primary healthcare ambulances.

UCCK’s main problem is the absence of a city hospital for the capital, which would provide secondary healthcare services to patients from Prishtina region. However, there are cases when patients go directly to the hospital and are recorded as referred there by the primary healthcare institution.

Such actions show that the primary healthcare sector is not a good gatekeeper for the secondary sector. The director of the MFHC in Gjakovë, Yllzim Dula, said that they have referred approximately 19 percent of patients. “We can find plenty mistakes. There are mistakes because access to secondary and tertiary healthcare is very poor. They admit patients they personally know, and record them as patients that should have been treated at the primary level. In reality, only about 20 percent of their patients are referred on by us.”

In Ferizaj, complaints of uncontrolled referral and an overload of cases are made by both the MFHC and the city hospital. Despite continuous complaints from regional hospitals and the UCCK that there is uncontrolled referral of patients from the primary healthcare level, records only indicate a normal level of patient referral.

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40 Interview with Atifete Shulemaja, Director of the MFHC in Obiliq, held on 19 July 2011
41 Basri Lenjani, Director of EC, information of July 2011 obtained by BIRN
42 Lulzim Emini, Acting Director of UCCK, information of July 2011 given to BIRN
43 Interview with Yllzim Dula, Director of MFHC in Gjakovë, held on 29 June 2011
The Health Strategy stipulates that the primary healthcare system is the cornerstone of the provision of healthcare services. According to the regulation, the primary healthcare level should treat up to 85 percent of patients requesting healthcare services.\(^4^4\)

According to the existing records and data, referrals of MFHC managements are in line with the standard. These data, however, are refuted by the secondary and tertiary healthcare staff, particularly by the emergency departments, and according to them the main issue is with referral of patients which have, what they call, “banal” diagnosis.

MFHC in Gjilan reported a referral rate of 15 percent of patients to the regional hospital in Gjilan.\(^4^5\) In Kamenicë, the referral rate to the secondary and tertiary levels is under 20 percent\(^4^6\), in Drenas 11.8 percent\(^4^7\), Prizren 19.6 percent\(^4^8\), Vushtrri 5 percent\(^4^9\), Viti 11.4 percent\(^5^0\), and Mitrovicë 18 percent\(^5^1\). In Rahovec, they state that this number is insignificant, although they do not provide an accurate number of referrals. The small number of referrals is said to be in connection with the specialist staff of the MFHC in Rahovec.\(^5^2\) In Kaçanik, there are reports that 20 percent of patients are referred.\(^5^3\) In Ferizaj 80 percent of patients are treated in the primary healthcare, and there are cases when they are returned back from hospitals. 12 percent of Ferizaj residents seek treatment directly at the UCCK.\(^5^4\) Obiliq – Family Medicine, 17.96 percent, 12.10 per cent are cases from Paediatrics and 3 per cent from Gynaecology\(^5^5\), whereas in Fushë-Kosovë, in the last half of the year, referral rate of patients to UCCK was around 13 percent.\(^5^6\)

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\(^{4^4}\) Ilir Begolli, Organization of the Health Sector in Kosovo, Clinical Guideline – Diabetes Mellitus, p.9, Prishtinë 2007

\(^{4^5}\) Interview with Valbon Milazimi, Director of MFHC in Gjilan, held on 26 June 2011

\(^{4^6}\) Information from Dr Ismet Morina, Director of MFHC in Kamenicë, dated 15 July 2011, reference number 274, addressed to the BIRN monitor

\(^{4^7}\) Interview with Gani Halilaj, Director of MFHC in Drenas, dated 11 July 2011, given to BIRN monitor

\(^{4^8}\) Interview with Mehemdali Gashi, Director of MFHC in Prizren, held in July 2011

\(^{4^9}\) Interview with Shefki Zhushin, director of MFHC in Vushtrri, held on 28 June 2011

\(^{5^0}\) Information from director of MFHC in Viti, Taip Alidema, in July 2011

\(^{5^1}\) Interview held in June 2011 me Fevzi Sylejmani, director of MFHC in Mitrovicë

\(^{5^2}\) Interview with the coordinator of MFHC in Rahovec, Qazim Cana, held on June 29 2011

\(^{5^3}\) Interview with Ekrem Dollovi, director of MFHC in Kaçanik, held in July 2011

\(^{5^4}\) Afrim Abazi, Director of MFHC in Ferizaj, interview held in July 2011

\(^{5^5}\) Interview with Atifete Shulemaja, director of the MFHC in Obiliq, held on July 19 2011

\(^{5^6}\) Interview with Ali Prebreza, director of MFHC in Fushë Kosovë, July 2011
Table 2. Patients' referrals from family medicine, according to the statistics of primary healthcare institutions.
Chapter II

PUBLIC SECONDARY HEALTHCARE INSTITUTIONS

Secondary healthcare services are offered in Regional Hospitals (RH) and city hospitals. In Kosovo there are five regional public hospitals: in Mitrovicë, Pejë, Gjakovë, Prizren, and Gjilan. City hospitals are found in Ferizaj and Vushtrri. Secondary healthcare offers on-site treatment and specialist services. Secondary healthcare services are also provided in private healthcare institutions, and in Mental Health Centres.\(^{57}\)

\textit{a) Referrals and use of capacities in regional hospitals}

Secondary healthcare also faces problems with supplies and working conditions similar to those faced by primary healthcare. In addition, there is at the secondary level an inflow of patients referred unnecessarily, because treatment could have been provided in their nearest primary healthcare points. This is considered to be a key issue, related to the inactivity of the primary sector and the absence of a Health Information System (HIS). However, secondary healthcare also performs rather poorly in terms of the underuse of capacities and referral of patients to the UCCK.

The Director of Regional Hospital in Gjilan, Xhavit Hajdari, says that in their facility they have an intensive care unit with eight beds, and four semi-intensive ones. BIRN monitoring in the Gjilan Intensive Care Unit, in July 2011, observed that only one patient was in a vegetative state (with all organs functioning except the brain) and the other two patients were receiving treatment after a surgical operation. Different from regional hospitals, where many post-surgery cases are treated in intensive care, in UCCK, such cases are mainly treated in open wards, as the intensive care unit of the Centre is overstretched.\(^{58}\) Therefore, data show that hospitals do not functionalise their services, and refer patients to the UCCK.

Data disclosed by hospital institutions are not always commensurable. The Emergency Centre of the UCCK reports that a total of 464 patients from the Gjilan Region have sought medical assistance.\(^{59}\) The Director of the RH Gjilan, Xhavit Hajdari, said that there is only 1 percent referral to the UCCK. According to Hajdari, patients stay on average five to six days at the RH Gjilan.

\(^{57}\) Ilir Begolli, Organization of the Health System in Kosovo, Clinical Guideline – Diabetes Mellitus, p.9, Prishtinë
\(^{58}\) BIRN monitoring visit in the region of Gjilan, in the RH Intensive Care
\(^{59}\) Internal Report of the Emergency Centre on the number of visits of patients for the period January-June 2011
Patients treated in neurology, psychiatry and the lung clinic are treated for a longer periods, from two to three months.\(^60\)

The Management of the City Hospital of Vushtrri claims that they refer the smallest number of patients to the UCCK: “Compared to other regional hospitals, patient referral to the UCCK is the lowest. Patients are only referred to the UCCK in emergency cases, due to the lack of certain medical equipments or specialist medical staff.” \(^61\)

This is, however, refuted by the reports of the Emergency Centre. The number of patients from the region of Vushtrri seeking medical treatment in this Centre was 1,052, which makes Vushtrri the city with the highest number of referrals, more so than other larger cities with a bigger population.

This discrepancy in information comes as a result of the non-functioning of a Health Information System. Hence, institutions can conceal, or even exaggerate, the number of cases, including their use of capacities.

The Head of the WHO Office in Prishtinë, Skënder Syla, said that they do not have accurate data on the referral of patients from one level to another. This happens because Kosovo lacks a functioning referral system. In the absence of an HIS, according to Syla, statistics are not commensurable. \(^62\)

\textit{b) Lack of Qualified Staff in Regional Hospitals}

According to the Director of the City Hospital of Vushtrri, Vedat Mulaku, usability of capacities in this hospital (use of beds and hospital infrastructure) does not exceed 50 percent. The hospital argues that this is a result of the small number of health employees. However, he also says there is a lack of many associated services, which a Regional Hospital should have. Mulaku has publicly admitted that they need 60 additional medical staff, but recruitment is not allowed by the government, and that the existing staff continues to work at full capacity. According to Director Mulaku, the number of patients treated by one paediatrician in one shift in the City Hospital of Vushtrri is around 100 per day. There are only four paediatric specialists, working on different shifts. The Internal Ward has only two specialists of Internal Medicine, whereas the Surgery Ward operates without a nightshift. \(^63\)

\(^{60}\) Xhatavit Hajdari, Director of RH Gjilan, interview held in July 2011 from the BIRN monitor in Gjilan
\(^{61}\) Vedat Mulaku, Director of the City Hospital in Vushtrri, interview held in June 2011
\(^{62}\) Skënder Syla, Director of WHO Office in Prishtina, interview held on 18 November 2011
\(^{63}\) Story aired on the programme “Jeta në Kosovë”, on 23 September 2010
http://www.jetankosove.com/shikovideo/567/Alb
Intensive Care in the Regional Hospital of Pejë has seven beds. Usability of the intensive care unit in this hospital is 53.5 percent. Until April 2011, the hospital’s Intensive Care unit offered treatment for one patient in a coma vigil, and the next month post-surgery cases were treated.

According to Skender Dresha, Director of RH in Pejë, the intensive care unit cannot be used to full capacity due a lack of anaesthesia. Insufficient anaesthesia in RH Pejë has led to long queues pending surgery. However, in general, the hospital uses 55.6 percent of its maximum capacity.

The referral percentage of the Regional Hospital of Gjakovë, according to internal reports of the hospital, is 3.82 percent. Of 183 treated cases, seven have been transferred to the UCCK, and the use of capacities of the Hospital of Gjakovë is 24.53 percent.

Specialist staff is also missing in the RH in Mitrovicë. This hospital, according to the medical director Zahir Muja, has only two surgeons and as of June two paediatric surgeons have been hired.

The hospital also lack anaesthesiologists. Currently, there is only one anaesthesiologist working, and he is unable to meet the immense needs of the hospital. Until now, the hospital hasn’t operated at full staffing capacities. Ismet Rexhepi, lawyer at the Mitrovicë hospital told the local magazine “M-Magazine” that the absence of qualified staff in the RH of Mitrovicë could be resolved with only 20,000 euro a year, allocated by the Government to pay for young MDs.

He said the Ministry of Health has overstaffed the administration with unnecessary posts, whereas the hospital, despite a modern surgery rooms, has insufficient staff. The hospital in Mitrovicë has a modern laparoscopy, on which 186,000 euro has been spent. However, the laparoscopy cannot be used due to the lack of staff. Total investments in the RH Mitrovicë reached 2.2 million euro, which is not being fully exploited due to the lack of medical staff. In 2010, 186,000 euros was spent in Mitrovicë hospital’s surgery rooms alone, 177,000 euros for a laboratory, and 273,000 euros for radiology. A total of 42,000 euros was spent on 10 beds for intensive care. Beds are modern and can be split into six parts. However, the hospital only has one anaesthesiologist, which impedes the function of intensive care.

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64 Skënder Dreshaj, Director of RH of Pejë, interview held in July 2011
65 Written response dated 20 July 2011 from Dr Arsim Hoxha, Executive Director of the CH in Gjakovë
66 Zahir Muja, Medical Director of the RH in Mitrovicë, interview held in June 2011
67 Magazine “M - Magazine”, June 2011, p. 37
However, after many complaints from the hospital, in November this year, the Ministry of Health said that it had found a solution to functionalize the operational tract in the Regional Hospital of Mitrovicë. The solution came in the form of an agreement between the director of the UCCK, RH in Mitrovicë, and the hospital of Vushtrri, which set out that UCCK would provide two surgeons and two anaesthetists every day for night shifts at the RH in Mitrovicë. The agreement also specifies that the Hospital in Vushtrri will be on permanent stand-by with a team of surgeons and anaesthetists to assist the RH in Mitrovicë, depending on the needs of the hospital.

Minister Ferid Agani promised that 30 specialization programmes will be allocated soon for doctors from Mitrovicë, according to a proposal of the municipal authorities, with the aim of building the capacities and resources of the hospital and the municipality. 68

The public health sector has a total of 12,314 employees: 2546 doctors, 366 dentists, 22 pharmacists, 14 physiotherapists, 7184 nurses, 96 healthcare assistants and 2086 nonmedical staff. Thousands of hygiene maintenance and security workers are not included among the nonmedical staff, as these services have been privatised. 69

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68 Communique of the MoG, dated 15 November 2011
69 Faik Hoti, spokesperson of the MoH, information given on November 12, 2011
The Organization for Education, Science and Health “KISCOMS” in its report on the situation with the Faculty of Medicine recommended to the MoH that municipal assemblies develop long-term strategies for the creation of new jobs in primary and secondary healthcare sector, and create conditions and space for the provision of more specialist doctors. According to Xheladin Ujkani, executive director of the organisation, the majority of newly graduated doctors have to wait for years to find a job and because of a lack of long-term strategies and poor allocation of doctor specialisation programmes, hospitals are dysfunctional, despite significant investments. The primary and secondary healthcare sectors have had no proper planning for which specialist doctors they need.

According to a report of another nongovernmental organisation - Community Building Mitrovica – CBM, in the city of Mitrovicë 45 percent of residents feel discriminated against when using healthcare. Some 15 percent have said they frequently feel discriminated against.

The Permanent Secretary of the Ministry of Health, Ilir Tolaj, who was arrested in January on charges of abuses at the ministry and subsequently dismissed from office, said that only 60 per cent of the regional hospitals’ capacity is used up. He also said that the budget for 2011 which had been allocated for healthcare facilities would be used to restructure the entire health sector.

“UCCK is involved in issues which should be the responsibility of regional hospitals, when it should implement its own duties. For this reason, the funds will be used to restructure the system, in order for it to function adequately.”

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70 KISSCOMS report on the general situation in the Faculty of Medicine, May 2011
71 Interview with Xheladin Ujkani, executive director of the Organization for Education, Science and Health, “KISSCOMS”, held on July 28 2011
72 CBM Report on the monitoring and implementation of the charter on the rights of the patient, February to May 2011
c) Essential Medicine Supply in Regional Hospitals

The drug supply is slightly better in secondary healthcare compared to primary. However, the difference in supply is not significant.

Whereas minimal supply in the primary healthcare is 15 percent, in Regional
Hospitals the formal reporting of the supply of essential medicine indicates a minimum of 50 percent. However, the demand is very high, and citizens are also forced to purchase drugs. There are differences between various wards in hospitals. Surgery rooms, emergency and intensive care have priority in supply.

In the period January to June 2011, supply of the Hospital in Prizren with medicine and disposable equipment disposable equipment from the Essential List faced certain deficiencies. The hospital management considers them small shortages; the patients disagree.

Irfan Hoxha, a resident of Prizren, tells how he had to buy drugs in a nearby pharmacy for around 11 euros. According to him, throughout his stay in the hospital, they had to buy medicine. 74

However, the director of the Prizren Hospital said that his facility was supplied with essential medicines up to 70 percent, although he admits that there might have been certain shortages. “The haemodialysis ward was covered for 100 percent with drugs and specific dialysis materials, and other interrelated medicine and materials. The operational bloc, birthing rooms and emergency area were in most cases supplied with over 70 percent of needed medicine and disposable equipment disposable equipment. A shortage of some types of threads and absorbent gauzes was occasionally felt. Other parts of the hospital had a stable supply, with occasional shortages of medicinal disposable materials”, said Myzafer Kalenderi, Director of RH Prizren. 75

It was reported that in the City Hospital of Vushtrri, without mentioning specific percentages, there are shortages of certain amounts of essential drugs. 76 The City Hospital of Ferizaj reported of a supply of the Essential List of up to 70 percent. 77

In 2010, medicine supply in the Regional Hospital of Pejë was 58.7 percent, and in March 2011 it declined to 52 percent. According to the director, supply varies according to the time of year, and the main delays are caused due to tendering procedures, which may be extensive. 78

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74 Interview with Irfan Hoxha, resident from Prizren, July 2011
75 Interview with Myzafer Kalenderi, Director of RH Prizren, July 2011
76 Interview with Vedat Mulaku, Director of the City Hospital in Vushtrri, June 2011
77 Interview with Sevdie Bajraliu, Medical Director, City Hospital of Ferizaj, July 2011
78 Interview with Skënder Dreshaj, Director of RH Pejë, July 2011
Table 5. Secondary healthcare medicine supply

<table>
<thead>
<tr>
<th>Location</th>
<th>Supply Percentage</th>
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<tbody>
<tr>
<td>Prizren</td>
<td>70%</td>
</tr>
<tr>
<td>Ferizaj</td>
<td>70%</td>
</tr>
<tr>
<td>Pejë</td>
<td>52%</td>
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Chapter III

TERTIARY HEALTHCARE

Tertiary healthcare includes specialist medical services provided by healthcare institutions. This includes lectures at the Faculty of Medicine for basic studies in medicine, dentistry, pharmacy and physiotherapy; and postgraduate studies and relevant scientific studies. One of the largest institutions providing tertiary healthcare services in Kosovo is the University Clinical Centre of Kosovo (UCCK).

a) University Clinical Centre of Kosovo (UCCK)

In addition to healthcare, UCCK also carries out scientific activities, education and research. UCCK is organised in clinics, institutes, centres, services and administrative units. UCCK has 23 clinics providing various healthcare services, including institutes. UCCK also has 26 surgery rooms for the regular surgery programme, six other rooms are for emergency cases, two of which in the Emergency Centre, one in the Obstetrics and Gynaecology Clinic, one in Orthopaedics, one in Neurosurgery, and one in the Eye Clinic. On a daily basis, non-emergency operations are performed in other surgery rooms, in accordance with the waiting list and the registration protocol for the waiting lists of each clinic.

UCCK faces numerous challenges, including a vague and undefined statute, shortages of essential medicine for patients, medical equipment for diagnosing diseases, sub-specialised staff for areas such as anaesthesiology, oncology, cardio surgery, etc.

b) Use of Capacities in UCCK

The largest hospital centre in the country, despite being busier than other hospitals, does not utilise its capacities fully. According to the centre’s official reports, it works at around 70 percent capacity. For every 100 beds in the UCCK, around 70 are in continuous use; there are always free beds in the centre.

Lulzim Emini, Acting Director of UCCK, says that this percentage is quite satisfactory.

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79 Ilir Begolli, Organization of the Health System in Kosovo, Clinical Guideline – Diabetes Mellitus, p. 10, Prishtinë
80 http://www.UCCK.org/sq/per-ne UCCK website, where basic information on the functioning of the institution are provided
81 http://www.UCCK.org/sq/sallat-e-operacionit Surgery waiting lists
He said that they are reviewing the possibility of changing the intended use of spaces, in order for the hospital to be used at full capacity. According to Emini, renovations are the main cause that hospital spaces are not used.  

However, some services are oversubscribed, such as the radiology service. This service has 19 radiology specialists working in 24 cabinets. Arben Kutlovci, Director of Radiology, said that this service covers more than the 2,700 beds of UCCK, which according to him, is a referral centre for all of Kosovo for CT scans, radiography, and particularly Magnetic Resonance Imaging (MRI) scans.

Around 8,500 patients are examined on average per month, on whom are performed radiographies, MRI scans, CT scans, and ultrasound. In one day, UCCK Radiology carries out 60-70 CT examinations. Patient examination is prioritised by the urgency of the situation. In addition to the lack of staff in radiology given the number of patients, Kutlovci said that defects with equipment represent a significant obstacle. Not all doctors’ requests to UCCK clinics for radiology examinations are rational. This causes delays in the work of radiology staff. He said that he has asked dozens of times, even publicly, from clinical doctors, to request the CT scans and MRI scans for patients only when they truly need it. Due to the large number of patients, it is difficult to interpret all results to a high standard. “If we have to read 30 CTs, we have to be hasty, and there could be errors. If we only have ten patients, the potential of quality reading is higher.” It also saves us from unnecessary costs from patients who should access CT and Resonance examinations.

Sami Rexhepi, a former official at the Ministry of Health and specialist doctor at the Mental Health Centre in Prishtinë, says that it is absurd to ask for a Regional Hospital in Prishtinë. He believes investments in capacity building at the UCCK are a higher priority.

“Our UCCK uses only 45 percent of current capacities. Even if everything is free of charge, the building and other things; it will require heating, cleaning, staffing, maintenance, let alone medicine and other costs. If we had them all in UCCK, the situation would have been better”.

The most used clinics at UCCK are Gynaecology and Internist. However, the Ophthalmology and Dermatology Clinics have large amounts of unused space.

82 Interview with Lulzim Emini, Acting Executive Director of UCCK, held in July 2011
83 Interview with Dr Arben Kutlovci, director of the Diagnosis Centre in UCCK, July 2011
84 Interview with Dr Sami Rexhepi, Mental Healthcare Centre, July 2011
Medical technology has also played its part in reducing demand for space in healthcare institutions. For example, in the Ophthalmology Clinic, after surgery, patients now return to their homes.

Haxhi Avdyli, neurosurgeon and director of the Centre for Medical Research, referring to data from World Health Organization, WHO, said that Kosovo has the least number of beds per 100,000 inhabitants in the region. “Albania has 296 beds per 100,000 inhabitants, Bosnia has 303, Serbia 542, and Kosovo has only 148 beds.”

**c) Intra-hospital Infections in UCCK**

The level of intra-hospital infections is an excellent indicator of the quality of healthcare services in an institution. Kosovo and Albania are leaders in Europe in terms of such infections. For every 100 patients treated in the public healthcare system of Kosovo, 17 catch hospital infections. The situation is even worse in Albania, where 19 out of 100 treated patients in public hospitals become infected. The level of infections in European Union countries is around 7 percent.

As a result of intra-hospital infections, in 2010, there were reported cases of deaths in the UCCK. A report by the National Institute of Public Health, addressed to the UCCK management in 2010, states that two infants have been affected by “sepsis”, a deadly infection, in the neonatology ward of the gynaecology clinic.

The report also provides a series of recommendations on how to prevent intra-hospital infections at UCCK, including strict steps to increase collective hygiene in the largest hospital centre in the country.

However, Skënder Krasniqi, director the company “Krasniqi”, responsible for cleaning at the UCCK, says that the level of hygiene in UCCK, since the service was privatised, is relatively good. “We cannot claim it is in the best possible level, but it is not poor,” he said. Doctors disagree with Krasniqi’s statements. Sokol Ajdini, chief of Central Intensive Care, CIC, in an interview for the programme Jeta në Kosovë, said that the company which was awarded the tender for cleaning and hygiene maintenance in UCCK is not using adequate equipment.

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85 Interview with Dr Haxhi Avdyli, neurosurgeon and director of the Centre for Medical Research
86 Interview with Dr Lul Raka, Committee on the Prevention of Intra-hospital Infections, aired on the programme “Jeta në Kosovë” on July 8, 2010,
87 NIPH Report, addressed to the UCCK management in June 2010, stipulating that two infants were affected with sepsis; The report was obtained by BIRN from sources in UCCK
Cleaning of floors and walls in CIC, where the likelihood of contracting an intra-hospital infections is greater, according to Dr. Ajdini, requires special products. Ajdini claims that the company uses simple soap, without adequate disinfectant. 88

Another problem is the failure to respect visiting hours. The security company at the UCCK complex claims that they have difficulties in stopping visitors from entering the facility to visit their relatives outside of visiting hours. Visiting hours cannot be implemented strictly because the UCCK has a significant shortage of medicine, and patients’ relatives usually go outside to purchase them. The lack of sufficient patient care is another reason for visitors entering UCCK, directly affecting the spreading of intra-hospital infections. 89

Surgeon Avdyl Krasniqi, former director of the UCCK’s Steering Board, says that many analyses have been carried out with the aim of reducing the inflow of visitors, who are the main cause of infections. However, it was always argued that there are insufficient medicines available. Another reason, according to him, is corruption. “It is alleged that a part of the medical staff is corrupt, hence they cannot prevent family members from wandering through wards.”

He also states that there are many cases of post-surgery infections. “There were cases of complications, which could end fatally, but we try to reduce them to the minimum.”

Despite the public’s negative perception of the UCCK, Krasniqi says that they carry out many highly complex surgeries. However, under the circumstances, when hygiene is not satisfactory, antibiotics are prescribed unnecessarily, leading to an increased number of infections, complicating the lives of patients and increasing the price of healthcare services. 90

Lul Raka of the Committee on the Prevention of Intra-hospital Infections says that in Kosovo, intra-hospital infections have been long underestimated, with people concealing or rejecting them as an issue.

Kosovo healthcare experts have no clear position on comparisons between Kosovo, the region and the EU on this issue. 91

88 Interview with Sokol Ajdini, Head of CIC, aired on the programme “Jeta në Kosovë”, on 8 July 2010, http://www.jetanekosove.com/shikovideo/508/Alb
89 Interview with Shemsi Haxholli, Head of Operations, Company “Rojet e nderit”, aired on the programme “Jeta në Kosovë”, on July 8, 2010,
90 Interview with Dr Avdyl Krasniqi, aired in the programme “Jeta në Kosovë” on 8 July 2010, http://www.jetanekosove.com/shikovideo/508/Alb
91 Interview with Dr Lul Raka, Committee on the Prevention of Intrahospital Infections in the programme “Jeta në Kosovë” on 8 July 2010,
Shemsedin Dreshaj, Director of the Infection Clinic in UCCK, said that intra-hospital infections are avoided in Kosovo to an extent which doesn’t differ significantly from the region. Kosovo and the Balkans, according to him, do not represent the height of medical standards. “We learn from experiences of western Europe and the US, which have an excellent evaluation of intra-hospital infections. Causes of infections are similar in Kosovo, Albanian, Macedonian, and the US.” 

However, Lul Raka, from the Committee for the Prevention of Intrahospital Infections, says that Kosovo lags ten years behind other regional countries in terms of infections. However, when compared to developed countries, in terms of infections, Kosovo is 50 years behind, he says.

Despite differences in opinions related to infections, Raka and Dreshaj share the same views on the risk from infections.

Each infection presented may have numerous complications. The most severe complication may result in death. The impact of such infections is important because they are associated with a high level of diseases, mortality, and they increase treatment costs. According to some estimates of the EU and USA, average costs for each hospital infection is from USD480 to USD4500.

In addition to patients, healthcare staff are also threatened by infections. Those working for tertiary hospitals, such as UCCK, are most at risk, CIC and Surgery in particular. Rexhep Gjyliqi, anaesthesiologist – intensive care doctor in CIC, UCCK – says that intensive care staff are threatened by intra-hospital infections. This is particularly true given that CIC suffers from a shortage of disposable equipment. Gjyliqi says that he cannot believe urinary bags are cleaned and reused, instead of replacing them with new bags.

**d) Dilemma regarding “New Delhi” bacteria in UCCK?**

A new issue in the field of intra-hospital infections to have affected UCCK was the so called “New Delhi” bacteria, which is alleged to have been found in one patient, a former employee of UCCK, treated in CIC. Rizah Binishi, renowned doctor in UCCK and former professor in the Faculty of Medicine, died in March 2011 in a hospital in Germany.

92 Interview with Dr Shemsedin Dreshaj, Director of the Infection Clinic in UCCK, aired in the programme “Jeta në Kosovë” on 8 July 2010, [http://www.jetanekosove.com/shikovideo/508/Alb](http://www.jetanekosove.com/shikovideo/508/Alb)

93 Interview with Dr Lul Raka, Committee on the Prevention of Intrahospital Infections aired in the programme “Jeta në Kosovë” on 8 July 2010,

94 Interview with Dr Rexhep Gjyliqi, Anaesthesiologist, aired in the programme “Jeta në Kosovë” on 8 July 2010,
His family members claim that during treatment in UCCK he was affected by the “New Delhi” bacteria, which was fatal. Professor Binishi’s health deterioration in UCCK made his family members take him to Germany for further treatment. However, as soon as he arrived there, it was concluded after detailed analyses that he reached Germany with an infection caused by the “New Delhi” bacteria.

Jehona Binishi, the late Professor’s daughter, alerted all authorities on the potential risk to the patients and the CIC staff.

CIC Director Nehat Baftiu admitted that he had received information on the presence of this virus by the family members of the late patient. He claims that he has called the National Institute of Public Health, NIPH to conduct the necessary analyses and that NIPH concluded that the bacterium was not present. Isme Humolli from NIPH claims that the last samples in the clinic were received a month ago, and that they are currently being tested.

She is particularly concerned about DDD (Disinfection, Disinfestation and Deratisation) in UCCK carried out by a private company in the Epidemiology Department. According to her, the company carrying out this work must be held responsible for the success or failure of DDD.

Several days after the publication in the media that “New Delhi” is present in the Central Intensive Care, NIPH reported that there is no confirmed presence of the superbacteria inside the facilities of the University Clinical Centre Hospital. A communiqué issued by the UCCK spokesperson, Shpend Fazliu, stated that several inspections have been carried out by specialised teams of NIPH on the presence of intra-hospital bacteria. Inspections included hospitalised patients and healthcare staff. The last inspection was carried out on March 15, with microbiological sampling from hands of the medical staff, working surfaces, sterile equipment, disinfected equipment and medicines present. The results delivered to the executive directorate showed no presence of the “New Delhi” bacteria. However, Binishi’s family members, based on the findings of the German hospital, insist on the fact that the cause of death of their loved one was the “New Delhi” bacteria.

While the debate continues on whether dangerous bacteria, such as “New Delhi” bacteria, are present in UCCK facilities, one thing is clear: this centre has become a shelter of stray cats and dogs. This is a result of poor management of medical waste, and lack of controls in the hospital’s entrances.

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95 Afërdata Uka, Daily “Zëri” - “Nju Delh mijët nëpër UCCK”, 18 mars 2011
96 Communiqué issued by Shpend Fazliu, spokesperson of UCCK, on March 22, 2011
During monitoring of the Gynaecology and Paediatrics Clinic, BIRN monitors observed cats in different wards. UCCK spokesperson Shpend Fazliu also confirmed that there were cases when cats had entered clinics. However, according to him, this is no longer the case, after the clinics were renovated. 97

On its front page on June 8, 2011, Daily Newspaper “Zëri” showed a stray dog resting in the hallway of the chronographic room. 98

97 Statement of the UCCK Spokesperson, Shpend Fazliu, dated January 21, 2012
98 Daily Newspaper “Zëri”, p. 1, Wednesday June 8, 2011
99 Daily Newspaper “Jeta në Kosovë”, “Termokos freezes over the patients”, December 6, 2011
http://www.gazetajnk.com/?cid=1%2C979%2C817
99 “Gazeta Jeta në Kosovë”, December 5, 2011 “Termokos i mërdhin pacientet”
(http://www.gazetaexpress.com/?cid=1,14,44518)

**e) Weather Conditions – inevitable problems for UCCK**

Other causes of intra-hospital infections also include the temperature. In winter, UCCK temperatures are almost unbearable. Low temperatures in January forced patients to leave the hospital, or find their own heating. In the Neonatology Clinic, babies were heated with hot water bottles. Patients hospitalised in the Orthopaedic Ward used electric heaters they brought along from their homes. 99

UCCK Spokesperson Shpend Fazliu confirmed that as a result of low temperatures in some UCCK wards, patients were better off at home. 100
During the summer, temperatures are extremely high, which can make conditions in the hospital difficult. Rooms where patients are treated have no air conditioning, and, even worse, no curtains. Many patients, during the summer, leave as soon as they arrive, unable to bear the heat.

Patient E.K. hospitalised in the Internal Medicine Clinic said that he took a sheet and hung it in the window, to block out the sun. The UCCK spokesperson, Shpend Fazliu, says that surgery rooms have adequate air conditioning. He added that central heating, ventilation and air conditioning would cost millions of euros, and that such a project is impossible currently. Fazliu said that the Psychiatry Clinic has installed several air condition units, but, because of their high costs, it cannot be rolled out to all clinics.

\textit{f) Capital Investments}

Capital investments in UCCK in 2011 included: work on the roof of the pulmonology and dermatology, and orthopaedic clinics. Other projects planned for 2011, include the, air conditioning of surgery rooms, medical gas system, and renovation of toilets. Contrary to the projects in the pulmonology, dermatology and orthopaedic clinics which were follow-ups of 2010 projects, new projects were also planned for 2011. Although the Emergency Centre requires a new, separate facility, due to a lack of funds, the project has been postponed to the upcoming years. Completed projects in 2011 are: air conditioning of surgery rooms, systems for medical gases, and renovations of toilets. For 2011, 2012 and 2013, UCCK has planned a total capital investment of more than 33 million euro. In 2011, for ongoing and completed projects, UCCK has planned around 18 million euro. However, only a part of these funds have been allocated. At the end of the year, planned projects had not been completed. Work on the roof had not been implemented at the pulmonology clinic. The UCCK blames the contracted company. It has been fined 20,000 euros. However, to find a temporary solution for the insulation of the roof, this centre has allocated 5,000 euro to another company. Meanwhile, the air conditioning project has been completed within the legal deadline.

\textit{g) Medicines Supply}

University Clinical Centre of Kosovo faces significant shortages of essential
medicines and disposable equipment. The Ministry of Health is responsible for ensuring medicine supplies for UCCK.

Lulzim Emini, acting director of UCCK, said that it would be more practical if UCCK managed the purchases itself. Currently, medicines for UCCK are purchased by the MoH. According to Emini, UCCK knows best its needs, thus, it would be more appropriate if it would purchase its own medicine. This competency, according to Emini, could be delegated to the UCCK soon. Several months later, it has yet to happen. UCCK has appointed Njazi Gashi director, who says that until the end of 2011, ordering medicine will remain under the management of the Ministry of Health. However, the new director says that a positive change in the supply shall is expected at the beginning of 2012. Medicines shall no longer be stored in Ministry of Health’s storage rooms, but rather, a tender will be announced to supply units directly. However, units will not decide which drugs to use. This remains a competency of the Ministry.

To alleviate the crisis at the Centre regarding medicine, the former UCCK Director, Ali Sadriu, secured a memorandum of understanding with Customs. According to this MOU, all smuggled medicine which has been intercepted should be supplied to the UCCK.

Drugs confiscated from private pharmacies by Kosovo Customs would also end up on UCCK shelves, according to the plan. In the course of the survey on UCCK Clinics, BIRN has identified numerous Serbian-made medicines, produced by “Galenika”, which are not registered in Kosovo, and which have not been subjected to any prior quality control. After a story on this issue was published on April 8, 2011, the Minister of Health reacted immediately. He ordered the termination of the MOU between Customs and UCCK, ensuring that patients do not receive suspicious drugs. This happened after an enhanced control of pharmacies by Kosovo Customs, during which various smuggled drugs of a suspicious origin were found. However, although such drugs were considered suspicious in the private sector, they were again used for UCCK patients. Teuta Dulaj, pharmacist from Klina, in an interview with the programme Jeta në Kosovë said that customs have confiscated drugs in her pharmacy, claiming they were suspicious, but then deliver them to hospital. However, several months later, UCCK renewed the MOU with customs, including a third party, the Kosovo Medicines Agency, which would

105 Interview with Lulzim Emini, acting director of UCCK, held in July 2011
106 Interview with Njazi Gashi, director UCCK, held on December 9, 2011
107 TV stories on smuggled drugs ending up in UCCK, aired on April 8, 2011 on the programme Jeta në Kosovë http://www.jetanekosove.com/shikovideo/752/Alb
control the quality of these medicines. However, by December 2011, the laboratory was not functional, and the practice of introducing uncontrolled drugs in the hospital continues.

**h) The lack of coordination between different levels of healthcare – the absence of Health Information System (HIS)**

The chapters above demonstrated how little the primary level of healthcare is coordinated with tertiary levels. Scarce resources are further stretched because of bad planning and bad information flow. This issue could be addressed if Kosovo applied a computerised Health Information System where every patient had his or her information stored.

Health Information System, HIS, is a healthcare database. It important for planning purposes, and, based on the data the system provides, it would reveal what are the main diseases and what the leading cause of mortality is, for example. Without such a system in place, there is no adequate planning for health protection of the population, which is the main objective of HIS.

Two health institutions often have contradictory data on the same issue. As a result, healthcare institutions in Kosovo cannot accurately plan, as basic statistics and data are missing. Sami Rexhepi from the MHC in Prishtinë says that Kosovo does have a health information system, providing only historical data. “The information we get is on the number of patients treated in the previous months. Today, HIS should be used as a tool to assist health staff.”

Kosovo’s Health Statistics System is facing numerous challenges affecting the timely preparation of various reports on the needs of the Ministry of Health, and analyses on the health of the population.

Health Statistics Centre in NIPH conducts monitoring and surveys of statistical services in all healthcare institutions of Kosovo, and identifies anomalies in terms of the volume and the quality of data, and their collection. According to a NIPH report, obtained by BIRN, in 86 public healthcare institutions, data collection is made manually on a computer through module 1.6 of the HIS, which does not work in many healthcare institutions as it has not received maintenance for more than three years.

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108 Dr Sami Rexhepi, Kosovo Mental Health Centre, public statement in the roundtable “Health Insurances: A right denied”, organised by the Human Rights Centre of the UP, on 8 July 2011
With the support of the Ministry of Health, new software has been installed in three public health institutions. However, its modules are not compatible and reports cannot be generated from them.  

Naser Ramadani, Director of NIPH, in an interview for BIRN, stated that there is a discrepancy between the real number of medical visits recorded manually, and the computer sheets issued to patients, which raises suspicions that sheets are not being completed for every patient, or that patients are taking computer sheets with them.

The quality of spreadsheets is not good. In addition, incomplete information is concerning, as there are frequent deficiencies in completing data in statistical spreadsheets.

According to Ramadani, there are public healthcare institutions which gave up the use of computer generated health statistics because of the databases no longer work and they cannot fix them. The MFHC in Shtime produces no reports alongside Serbian-majority municipalities and private sector institutions.

Institutions, such as the MFHC in Prishtinë, where data collection is done at 18 locations (FHC and FMA), are not connected with a network and it is impossible to merge databases or extract reports.

There are issues with the input of data, due to the low number of operators. The financial data is also not connected with the reports on services.

As the Ministry of Health has an executive role, NIPH has recommended reworking the data collection, reporting and processing system for the entire health system, by improving computer infrastructure and ensuring data maintenance.

However, another defect in HIS is the failure to implement orders. Therefore, NIPH has asked the MoH to enforce the Administrative Instruction on the obligations of healthcare institutions for regular reporting.

Responsibilities of the MoH and NIPH, in terms of National Health Statistics, are not clearly defined, and NIPH, in a report, has requested that his situation is remedied.

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109 Report of the Health Statistical Office of the NIPH
110 Interview with Dr Naser Ramadani, Director of the NIPH, July 2011
Undertaking such measures would contribute to the improvement of the quality and quantity of healthcare statistical reports for decision-making institutions. Results of such data would motivate health employees to improve their reporting and use the reports.

It would prove a valuable instrument in planning for the real needs of the health system, across all sectors. \textsuperscript{111}

\textsuperscript{111} Report of the Office of Health Statistics under the NIPH
Chapter IV

PHARMACEUTICAL ISSUES

Pharmaceutical market regulation, or the prevention of drug smuggling, is one of the major issues of the Kosovo health sector. This is due to the small number of registered medicines in Kosovo and excessive bureaucratic procedures of the KMA, which puts off large producers from registering their products in Kosovo.

Until now, there are around 600 types of registered drugs in Kosovo. However, there are more than 600 other medicines which are widely used but not licensed for Kosovo imports. Aware of the demand for such drugs, pharmacists choose to import them illegally.\(^{112}\)

\textit{a) Customs raids and closure of pharmacies}

In April 2011, Customs and the Pharmaceutical Inspectorate intensified their attempts to control the market, confiscating illegal drugs in several pharmacies across Kosovo. Confiscated drugs came from regional and European countries, predominantly from Serbia.

Pharmacists have strongly opposed such raids, and in a sign of protest, all pharmacies in Kosovo were shut for one day. They called for the registration of new drugs to be made easier, particularly those produced by EU countries, so that smugglers have no reason to bring them through informal channels.

Customs confiscated a considerable amount of drugs from the Pharmacy “Jon”, in Fushë-Kosovë. The owner of the pharmacy, Shkumbin Jusufi, said that there are smuggled drugs in all Kosovo’s pharmacies. He said that the Ministry of Health has not registered all necessary drugs, while they are in high demand and are prescribed by doctors.\(^ {113}\)

However, in an interview for the programme Jeta në Kosovë, Customs spokesperson Adriatik Stavileci said that Customs have a legal obligation to prevent smuggling of all products, without any exceptions.\(^ {114}\)

\(^{112}\) TV story on the smuggling of drugs, aired on April 8, 2011, on the programme Jeta në Kosovë
http://www.jetanekosove.com/shikovideo/753/Alb

\(^{113}\) Interviews with pharmacists Gjon Gega and Shkumbin Jusufi aired on the programme Jeta në Kosovë on April 8, 2011 http://www.jetanekosove.com/shikovideo/753/Alb

\(^{114}\) Interview with Adriatik Stavileci aired on the programme Jeta në Kosovë, on April 8 2011 http://www.jetanekosove.com/shikovideo/753/Alb
Pharmacist Gjon Gega said that the situation in the pharmaceutical sector is worrying. He said that access to drugs is a human right, whereas Kosovo’s citizens are deprived of this right. According to Gega, KMA’s drug registration process is excessively complex and bureaucratic. Gega said that they have made efforts to register the drugs in order to operate legally, however, the high demand for unregistered drugs forces pharmacies to keep them on the shelves.

On the other hand, in a suspicious process, KMA has registered over 200 Serbian products. To register medicines, a Certificate of Pharmaceutical Protection (CPP) is required. This certificate is issued by the state of origin of the medicine, exclusively for the country where it will be consumed.  

Although CPPs of Serbian producers “Hemofarm”, “Jugoremedia” and “Zdravlje” were presented in Kosovo, the Serbian Medicine Agency has stated that no CPP is issued for the territory of Kosovo.

KMA authority was reluctant to give any information on the medicine registration process. Nadire Lleshi, acting director of the Department of Marketing Authorisation for Medicines, refused to give any explanation on the drug registration process in Kosovo, stating that the Ministry of Health is responsible to provide information.

However, Faik Hoti, spokesperson of the Ministry, said that the responsibility for medicine registration lies exclusively with the Marketing Authorisation Department.

**b) Prescription of Drugs**

During a BIRN study for a story aired on the programme Jeta në Kosovë, BIRN has observed even the Customs’ approach, in some areas, was selective. BIRN journalist, for the purposes of the study, purchased non-registered drugs in Pharmacies “Ar & Di”, and “Dea”, in Fushë-Kosovë. One is opposite, and the other adjacent to the pharmacy “Jon”. In “Ar & Di”, the drug “Sinoderm” was purchased, which is from the Serbian producer Galenika, and the pharmacy even issued an invoice. In the Pharmacy “Dea” the drug “Jugocilin” was purchased, and an invoice was issued. The paradox is that Kosovo doctors prescribe such drugs, not by their generic Latin name, but rather by the name of the producer.

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115 Interview with Besim Muzuqi, president of the Kosovo Pharmacists' Association, December 2011
Pharmacist Besnik Nura said that this is done by doctors because pharmaceutical companies give a percentage to doctors prescribing drugs of companies which are in heavy competition in the small Kosovo market. 117

While pharmacists have no right to prescribe unregistered drugs, some professionals still prescribe drugs that are unregistered in Kosovo because they claim that the patient may get them abroad rather than in Kosovo. 118

117 Interview with Besnik Nura, pharmacist, aired on the programme Jeta në Kosovë, on November 11, 2010 http://www.jetanekosove.com/shikovideo/604/Alb

118 On Jeta në Kosovë debate on April 8, 2011, http://www.jetanekosove.com/shikovideo/753/Alb the minister of health, Ferid Agani was challenged for prescribing a patient with a drug that is unregistered in Kosovo. However, Minister Agani has argued that doctors should prescribe the best drug for the patient, and it is up to the patient as to where will they purchase the drug.
Chapter V

SPECIAL DISEASES and MORTALITY – HEALTH CHALLENGES

a) Infant mortality

Despite the declining trend, the perinatal mortality rate in Kosovo remains high. The report “Perinatal situation in Kosovo in the period 2000-2010”, published by the Gynaecologists and Obstetricians Association of Kosovo in 2011, indicates that the foetal mortality rate has declined from 14.5 per thousand in 2000, to 11.37 per thousand in 2010. Perinatal mortality rate has declined from 29.1 to 19.1 per thousand.\(^\text{119}\)

Compared to the perinatal mortality rates of other European countries, Kosovo is ranked 21st, ahead of Kazakhstan, Georgia, Kyrgyzstan, etc.\(^\text{120}\)

According to a report, in 2000, a total of 39,091 births were registered, whereas in 2010, this was 27,517, namely 11,574 fewer births. Put in percentage, ten years later the number of births declined by 30 percent.

According to this report, maternal mortality has declined from 23 per thousand in 2000, to 7.2 per thousand in 2010. In figures, from nine maternal deaths ten years ago, only two deaths were reported last year in childbirth.

Lulaj said that 38 percent of all births in Kosovo are carried out at the Gynaecology and Obstetrics Clinic GOC at the UCCK, of those 29.3 per cent of mothers are from Prishtinë, which means that a vast majority of mothers are self-referred or referred to from other cities of Kosovo, creating an unnecessary overload on the clinic.

Skënder Syla, head of the WHO Office in Prishtinë, said that the health situation of mothers and infants in Kosovo remains a significant challenge for the Kosovo healthcare system, despite an undisputed and hope-giving trend of key indicator improvement. He said that the figures in the report indicated progress.\(^\text{121}\)

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\(^{119}\) Perinatal situation in Kosovo for the period 2000-2010, report published by the Obstetricians and Gynaecologists Association of Kosovo, April 2011

\(^{120}\) Shefqet Lulaj, director of the Gynaecology and Obstetrics Clinic, public statement dated of 22 April 2011

\(^{121}\) Skënder Syla, Head of WHO office in Prishtina, public statement of 22 April 2011
b) Reporting of deaths and medical errors in hospitals

Kosovo’s Health Inspectorate has issued an information circular, which obliges all healthcare institutions to report deaths. However, not all cases are reported in Kosovo.\textsuperscript{122}

In the first six months, perinatal mortality rate reported in RG Gjilan is 12 per thousand. The information circular of the Health Inspectorate of the MoH, instructs that all deaths are reported by every hospital. However, the director of RH Gjilan says that it is not the hospital’s obligation to inform the Health Inspectorate. “We report to the police every accident or intoxication.”\textsuperscript{123}

Advie Mala, Acting Chief Health Inspector, says that UCCK reports on all deaths. According to her, the inspectorate has a clearer view of the causes of deaths and has all information on the patients passing away in clinics. According to her, the best Regional Hospital in reporting deaths is the RH in Pejë.\textsuperscript{124}

In this hospital, in 2010, 202 patients died, whereas in the first half of 2011, 98 patients have been reported dead.\textsuperscript{125}

The director of RH Prizren, Myzafer Kalenderi, says that they report suspicious cases which end with a fatality. According to the director, only deaths from accidents, firearm causalities, and intoxications are sent for autopsies.

Whereas in other European countries, in addition to deaths medical errors are also reported, according to the Minister of Health, Ferid Agani, in 2011, Kosovo reported only three cases of medical errors.\textsuperscript{126}

This occurs as a result of no monitoring, but also because the Health Inspectorate was not strict enough with healthcare institutions that haven’t reported deaths or medical errors.

c) Viral hemorrhagic fever

While there is a gap in accurate data on most diseases in Kosovo, in certain regions there are special diseases caused by climatic and natural factors.

\textsuperscript{122} Information Circular of the Health Inspectorate of the Ministry of Health, for reporting deaths, No. 3\textsuperscript{1}/2007, http://www.msh-ks.org/sq/legisllacioni/inspektoriati-shendetesor/212-qarkoreinformativeperlajmrimterasteve3-doc.html

\textsuperscript{123} Xhavit Hajdari, Director of RH in Gjilan, interview held in July 2011

\textsuperscript{124} Interview with Acting Chief Health Inspector of Kosovo, Advie Mala

\textsuperscript{125} Interview with Dr Skënder Dreshaj, Director of RH in Pejë, July 2011

\textsuperscript{126} Interview with Ferid Agani, Minister of Health, broadcasted on 11 July 2011
Viral hemorrhagic fever – Crimean Congo – is a fatal disease affecting the region of Malishevë, and other villages of the municipality of Klinë, Rahovec, Suharekë and Prizren.

Almost every year, Kosovo records cases of deaths from viral hemorrhagic fever – Crimean Congo – caused by the tick-borne viruses. Although not at the same level as in the previous years, at the beginning of July 2011, five confirmed cases of viral hemorrhagic fever – Crimean Congo – were reported. According to the reports of the Infection Clinic, two of the six persons bitten by ticks were in a serious but not life-threatening medical condition.

Up until the beginning of July, as a result of health complications as a result of tick bites, the UCCK Infection Clinic treated a total of 58 patients. 127

The director of the National Institute of Public Health, Naser Ramadani, and infection experts, claim that in general in 2011, the situation is better in terms of viral hemorrhagic fever – Crimean Congo. A contributing factor, according to the Epidemiologist Ramadani, was lower temperatures in the spring of 2011, and the beginning of summer.

Contrary to the previous years, in 2011 no death was reported as a result of tick bites, despite a lack of preventive measures in the region. 128

Another characteristic disease of the region of Prizren is illnesses related to kidneys. As a result, the Dialysis Centre in the RH Prizren is the largest in Kosovo, with more than 160 patients under a regular dialysis program. 129
RECOMMENDATIONS:

For the Ministry of Health

1. To ensure a nationwide harmonisation of primary healthcare services;

2. To ensure equitable supply of essential medicines in all primary, secondary and tertiary healthcare institutions;

3. To stop the supply of secondary and tertiary medicines to primary healthcare institutions;

4. To enhance the control mechanism of the use of essential medicines, and prevent illegal sale of such medicines;

5. To expand capacities for the registration of medicines in Kosovo;

6. To urgently prevent the prescribing of medicines by the name of production companies;

7. To enhance the level of pregnancy, maternal, and child care;

8. To increase sanctions against healthcare institutions for failing to report deaths and medical errors.

To Municipal Health Directorates

1. To further work on zoning and digitalisation of MFHC filing systems;

2. To undertake efforts to only allow referral of patients from the primary to other healthcare levels on sustainable reasons.

To the UCCK Management

1. To further invest in order to fully use the capacities of UCCK;

2. To prevent unnecessary incoming and outgoing visitors in hospitals, with the aim of providing protection from intra-hospital infections;

3. To ensure sufficient heating during winter, and air conditioning in summer in all UCCK Clinics;
Quotations

Tenth Annual Report of the Ombudsperson

CBM Report on the monitoring and implementation of the charter on the rights of the patient, February-May 2011

Report of the Emergency Centre on the number of visits of patients for the period January-June 2011

KISSCOMS report on the overall situation in the Faculty of Medicine, May 2011

“Perinatal situation in Kosovo for the period 2000-2010”, report published by the Obstetricians and Gynaecologists Association of Kosovo, April 2011
Interviews and Written Information

Interview with Faik Hoti, on 19 July 2011

Curr Gjocaj, director of the Department of Healthcare Services, Ministry of Health. Interview held on July 15, 2011, after his dismissal from the position. Reinstated in January 2012

Interview with Fevzi Sylejmani, director of the MFHC in Mitrovicë, held in June 2011

Interview with Ali Ahmetxhekaj, director of MFHC “Nënë Tereza”, in Klinë, dated June 27, 2011

Interview with Blerim Gojanin, head of the Administration Department in MFHC in Pejë, held on June 27, 2011

Interview with Avdullah Hoti, director of the MFHC in Prishtinë, held in July 2011

Interview with Valbon Milazimi, director of the MFHC in Gjilan, held on June 26, 2011

Interview with Gani Halilaj, director of the MFHC in Drenas, dated 11 July 2011

Interview with Blerim Gojani, head of the Administration Department in MFHC in Pejë, held on June 27 2011

Interview with Anton Gega, director of Health in the Municipality of Istog, held on June 27, 2011

Interview with Shefki Zhushi, director of the MFHC in Vushtrri, held on June 28, 2011

Interview with Fazli Kadriu, director of the MFHC in Skenderaj, held in June 2011

Interview with Osman Veliu, director of Health in the Municipality of Skenderaj, July 2011

Interview with Ali Prebreza, director of the MFHC in Fushë Kosovë, held in June 2011
Interview with Ekrem Dollovi, director of the MFHC in Kaçanik, held in July 2011

Interview with Afrim Abazi, director of the MFHC in Ferizaj, interview held in July 2011

Written information by the director of MFHC in Viti, Taip Alidema, in July 2011

Information from Ismet Morina, director of the MFHC in Kamenicë, dated July 15, 2011; reference number 274, submitted to the BIRN monitor

Interview with Mehmedali Gashi, director of the MFHC in Prizren, held in July 2011

Interview with Qazim Cana, coordinator of MFHC in Rahovec, held on June 29, 2011

Interview with Yllzim Dyla, director of the MFHC in Gjakovë, held in June 2011

Interview with F. V. pharmacist, Prishtinë, held on July 18, 2011

Interview with Haki Ejupi, Chief Inspector of Pharmacy, Prishtinë, July 19, 2011

Interview with Atifete Shulemaja, director of MFHC in Obiliq, held on July 19, 2011

Interview with Basri Lenjani, director of EC, interview in July 2011

Interview with Dr. Lulzim Emini, acting director UCCK, July 2011

Interview with Gani Halilaj, director of the MFHC in Drenas, dated July 11, 2011, carried out by a BIRN monitor

Interview with the coordinator of MFHC in Rahovec, Qazim Cana, held on June 29, 2011

Interview with Ekrem Dollovi, director of the MFHC in Kaçanik, held in July 2011

Interview with Afrim Abazi, director of the MFHC in Ferizaj, held in July 2011

Interview with Ali Prebreza, director of the MFHC in Fushë-Kosovë, July 2011
Interview with Xhativ Hajdari, director of RH of Gjilan, interview held in July 2011, by a BIRN monitor in Gjilan

Vedat Mulaku, director of the Vushtrri City Hospital, interview held in June 2011

Interview with Skënder Dreshaj, director of RH of Pejë, interview held in July 2011

Written information by Arsim Hoxha, Executive Director of RH of Gjakovë

Interview with Zahir Muja, Medical Director of RH of Mitrovicë, held in June 2011

Interview with Xheladin Ujkani, executive director of the Organization on Education, Science and Health “KISSCOMS”, held on July 28, 2011

Interview with Irfan Hoxha, resident of Prizren, July 2011

Interview with Myzafer Kalenderi, Director of the Prizren RH, July 2011

Interview with Vedat Mulaku, Director of the Vushtrri Hospital, June 2011

Interview with Sevdie Bajraliu, Medical Director, Ferizaj Hospital, July 2011

Interview with Skënder Dreshaj, director of Pejë Regional Hospital, July 2011

Interview with Lulzim Emini, acting executive director of UCCK, held in July 2011

Interview with Dr Arben Kutllovci, Director of the Diagnostics Centre in UCCK, held in July 2011

Interview with Dr Sami Rexhepi, Centre of Mental Health, July 2011

Interview with Dr Haxhi Avdyli, neurosurgeon and director of the Health Research Centre

Interview with Sokol Ajdini, head of Central Intensive Care

Interview with Shpend Fazliu, spokesperson of UCCK, held on March 22, 2011

Interview with E.K., patient from the region of Pejë, treated in UCCK. Statement taken in July 2011
Interview with Mehdi Krasniqi, capital investments officer, interview held in August 2011

Interview with Nijazi Gashi, Director of UCCK, held on December 9 2011

Interview with Besim Muzaqi, president of the Association of Kosovo Pharmacists, December 2011

Written response of Pavle Zelic, manager of the Office for International Cooperation of the Agency for Medicinal Products in Belgrade, dated December 9, 2011

Interview with Dr Naser Ramadani, Director of NIPH, July 2011

Interview with Skënder Syla, Head of the WHO Office in Prishtinë, public statement of April 22, 2011

Interview with Advie Mala, acting Chief Health Inspector of Kosovo