

**Report on the Training Workshop: Reconstruction of Health  
Systems in a War-Torn Society  
John Knox Center, World Health Organization, Geneva  
26 August – 1 September 2001**

**Introduction**

The WHO Department of Emergency and Humanitarian Action requested the coordination of a training workshop for a group of health care experts from Kosovo from 26 August until 1 September, 2001 at the John Knox Center, Geneva. The workshop was organized by the European Center for Minority Issues (ECMI), which together with WHO selected participants from a broad spectrum of Kosovo's health sector. This workshop was a follow-up activity from previous ECMI workshops and seminars on policy making in Kosovo, focusing on the existing gaps in health policies in Kosovo.

**Objectives**

The training workshop had the objective to familiarize the participants with existing health policies guidelines for Kosovo and strategic plans of the UNMIK Department of Health and Social Welfare, the European Union for the further development of Kosovo's health sector.

The workshop also intended to activate the participants to identify the health need priorities of their respective communities, as well as to familiarize participants with some technical tools in planning health programmes (logical framework methodology).

Participants were selected by ECMI to reflect all ethnical groups living in Kosovo and were drawn from a broad spectrum of the main political parties, public associations and different areas of the health sector.

The two documents, forming the basis for discussions included the 'Health Policy Guidelines for Kosovo', developed by the WHO office in Kosovo and updated 2001 and the health strategy 2001/2002 developed by the European Agency for Reconstruction in Kosovo.

The participants were asked to focus on specific objectives in the field of health during the workshop, to identify priorities and to develop strategies for implementation of these agreed health priorities.

These topics included:

- to identify the major problems of the health system and provision of health care prevalent in Kosovo with the aim of developing solutions to these problems;
- to develop concrete proposals – in smaller working groups – to address the most pressing health problems in the different population groups in Kosovo
- to integrate the skills acquired in previous workshops and experience from WHO to adapt general policy guidelines to local conditions.

The emphasis of this workshop was to develop feasible answers on how to address the known gaps in Kosovo's health system including to suggest specific steps to the Department of Health proposing priorities for funding to Kosovo's main donor in the health sector, the European Agency for Reconstruction.

Together with colleagues from WHO and ECMI we developed the agenda for the workshop (Annex 1).

### **Activities of the workshop**

The activities of the workshop aimed specifically:

- to broaden the participants knowledge of relevant health topics for Kosovo
- to facilitate the discussion between the different population groups living in Kosovo.

The workshop was divided into two parts: the first included presentations by WHO experts on selected topics in health care relevant to the situation in Kosovo. The second component included group work on the topics identified with the aim to develop specific recommendations for the planning and implementation of priority health programmes for Kosovo.

The presentations were delivered by colleagues from WHO (Annex 2) with either personal experience in the health sector in Kosovo or with expertise in relevant fields in other countries supported by WHO.

The first day presentations aimed to provide the participants with information relevant to the prevailing health problems in Kosovo's health sector, the second day concentrated on sharing with participants the principles of policy-making methodology and policy-making tools.

The third day was designed for the participants to engage in small group discussions in which the presentations were discussed and priorities in the health sector were identified.

The fourth day was used to solidify the ideas developed during the previous day and to develop specific strategies and priorities for the health sector. The fifth day served to present the finding of the two working groups and to exchange views of the finding with all participants and WHO experts.

## Summary of proceedings

As Ms Camille Monteux (ECMI) has submitted the comprehensive report on the individual programmes of the four days, I will summarize the content of the discussions and the conclusions following the deliberations of the working groups.

After the presentation of the Kosovo Health Policy document, participants were asked to identify the main areas where improvements were mandatory to make the health sector work more effectively.

The problems included six areas, such as

- health infrastructure,
- health care management of budget and human resources,
- improvement of health education for family doctors,
- the management of communicable and non-communicable diseases,
- the implications of decentralized health services and
- some specific sectors such as cardiac surgery or oral health care.

The participants identified the implementation of existing regulations and rules as the main problem for the sustainability of health care reforms in Kosovo. The specific areas of concern included almost every sector, with the emphasis on special areas such as care for handicapped people living in Kosovo, the inclusion of different communities into the general health care system and the lack of preventive medicine in Kosovo.

The trainers encouraged the participants to identify specific steps to achieve improvements in the above-mentioned areas of concern. There was general agreement among the participants, to promote health care education, strengthening the health information system and to introduce the principle of quality control and the enforcement of quality standards as an important tool to improve the quality of health services rendered.

In particular, the problem of equity access for minority populations to health care was comprehensively discussed and it was interesting to note that in the neutral environment of this workshop representatives of all population groups agreed to the equity access to health care for all people living in Kosovo, an attitude which is not matched by the reality of day to day health care delivery in Kosovo.

All participants were unanimous in pointing to the low salaries for health workers as one of the main obstacles to more effective health care. The ensuing discussion between the trainers and participants attempted to identify ways to achieve improvements in health care on the basis of the existing salary structure, bearing in mind, that the consolidated budget of Kosovo would not allow for major salary increases in the foreseeable future. One option identified was the partial or total privatization of health services, a model that obviously appealed to most of the participants. However, cautioned by the trainers on the exclusive effects of privatizing health care

services for the high proportion of unemployed people in Kosovo, the participants realized that public health care needs to be strengthened for the time being to provide equity access to health care for all population groups.

General agreement was reached on the need for strengthening health care management and both, Dr. Vandam and Dr. Reinicke pointed out the necessity for more professional health management. In this context the participants were made aware on the extensive training activities carried out by WHO ( training of family medicine practitioners ) and the EU ( management training for health care workers at all levels).

Related to the affordability of health care in Kosovo, Dr. Reinicke explained to the participants the envisaged cost recovery scheme (called the Health Care Commissioning Agency) which is currently prepared for implementation by the by the World Bank and EU and is scheduled to be introduced in steps as from 2002. Participants learned that this model aims to enable the Department of Health to contract health care services out to health facilities at all levels and hold health care providers accountable for their services rendered.

In discussion on the viability of an independent health care system in Kosovo the participants developed the concept of regional cooperation between health institutions in Kosovo and neighboring regions to gain access to tertiary care services (the example in case was cardiac surgery, where a regional approach presently was seen as the only affordable means presently). Also the private sector was identified as a tool to provide – at least for those who can afford the financial means – highly specialized services.

The presentation of the logical framework methodology was well received by participants, who were interested to gain deeper knowledge of the method as a tool for implementing health strategies.

### **Synopsis of the working group sessions**

The results of the working groups during day three and four are well reflected in ECMI' report. The following paragraphs will concentrate on the main findings of the working groups.

It became evident that topics centered on specific issues, highlighted by the participants according to the interest groups they were representing. The three topics identified included handicapped people, women and rural populations. It might be added that problems tackled would have been different depending on the choice of participants. Bearing this in mind, the general feeling however was that participants regardless of their professional or ethnical origin were highly motivated and had very constructive and plausible ideas about how to tackle the main health problems. The fact, that participants were highly interested in learning new methodologies (log frame) was especially encouraging, as it was indicator for the preparedness to adapt new means of management to improve health services.

The evaluation of the workshop by the participants demonstrates that the topics chosen were well received by participants and obviously thought to be relevant. The presentation on equity access to health care by Dr. Goede well presented, but probably too theoretical to catch fully the imagination of participants (as reflected in the evaluation scores).

### **Conclusions and recommendations**

This workshop was extremely helpful to bring together some of the relevant stakeholders of Kosovo's health care system.

As indicated in the ECMI report the choice of participants was a problem for technical reasons. It would certainly be desirable to have follow up workshops with more specific topics to be dealt with by participants who represent policy and decision makers, health care providers and health clients.

The timeframe and location was very helpful, as the neutral environment made discussion possible which probably would not have taken place in such way in Kosovo itself.

The selection of lecturers met the expectations of participants and organizers, future workshops could include experts on specific issues.

### **Acknowledgements**

First and foremost I thank Dr. Alessandro Loretto, WHO for having given me the privilege to coordinate and design the workshop. I sincerely thank Dr. Stephan Vandam, WHO, for his great and very professional support and his excellent presentations during the workshop. I also appreciate Dr. Goede's presentation Dr. Goede, WHO, on equity access to health care.

I thank ECMI for their excellent organization and logistical preparation of the workshop and last but not least I want to congratulate all participants for the quality of their contributions and very disciplined and fruitful deliberations on health care priorities in Kosovo.

Pristina, 10 February, 2002

Matthias Reinicke, MD, MPH

## Annex 1

### Programme of Activities

#### Day one, 26 August 2001

Arrival of participants and transfer to John Knox Centre, Geneva

#### Day two, 27 August 2001

9:00 a.m. to 9:30 a.m.	Welcome address	Dr. Alessandro Loretti
9:30 a.m. to 10:30 a.m.	Kosovo Health Policy Guidelines I	Dr. Matthias Reinicke
10:45 a.m. to 10:45	Coffee break	
10:45 – 12:15	Kosovo Health Policy Guidelines cont.	Dr. M. Reinicke
12:15 - 13:45	Lunch	
13:45 - 15:15	Kosovo Health Policy Guidelines II	Dr. M. Reinicke
15:15 – 15:30	Coffee break	
15:30 – 17:00	Kosovo Health Policy Guidelines cont	Dr. M. Reinicke

#### Day three, 28 August 2001

9:00 – 10:30	European Agency for Reconstruction Discussion of Health Strategy 2001 For Kosovo	Dr. Stephane Vandam
10:30 – 10:45	Coffee break	
10:45 – 12:15	Access to Health: Issues of Equality and Equity in Reconstructing a Health Care system	Ms. Hedwig Goede
12:15 – 13:45	Lunchtime	
13:45 – 15:15	Introduction to Techniques of Policy Formulation (Log frame)	Dr. M. Reinicke
15:15 – 15:30	Coffee break	
15:30 – 17:00	Applying the Log Frame to Health Policy	Dr. M. Reinicke

#### Day four, 29 August 2001

9:00 – 10:30	Working Groups Group I: Development of a Mid-term Health Strategy for Kosovo	Dr. M. Reinicke
	Group II: Development of a Strategy for Access to the Health Care System in Kosovo	Dr. St. Vandam
10:30 – 10:45	Coffee break	
10:45 – 12:15	Group work cont.	
12:15 – 13:45	Lunch time	
13:45 – 15:15	Group work cont.	
15:15 – 16:15	Coffee break	
16:15 – 17:00	Group work cont.	

#### Day five, 30 August

9:00 – 17:00	Presentations and recommendations of group I and group II	
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## **Annex II**

Presenter/Trainers at the Workshop

Dr. Alessandro Loretto, WHO- EHA

Dr. Stephan Vandam, WHO – EHA

Dr. Matthias Reinicke, WHO- EHA

Ms. Hedwig Goede, WHO