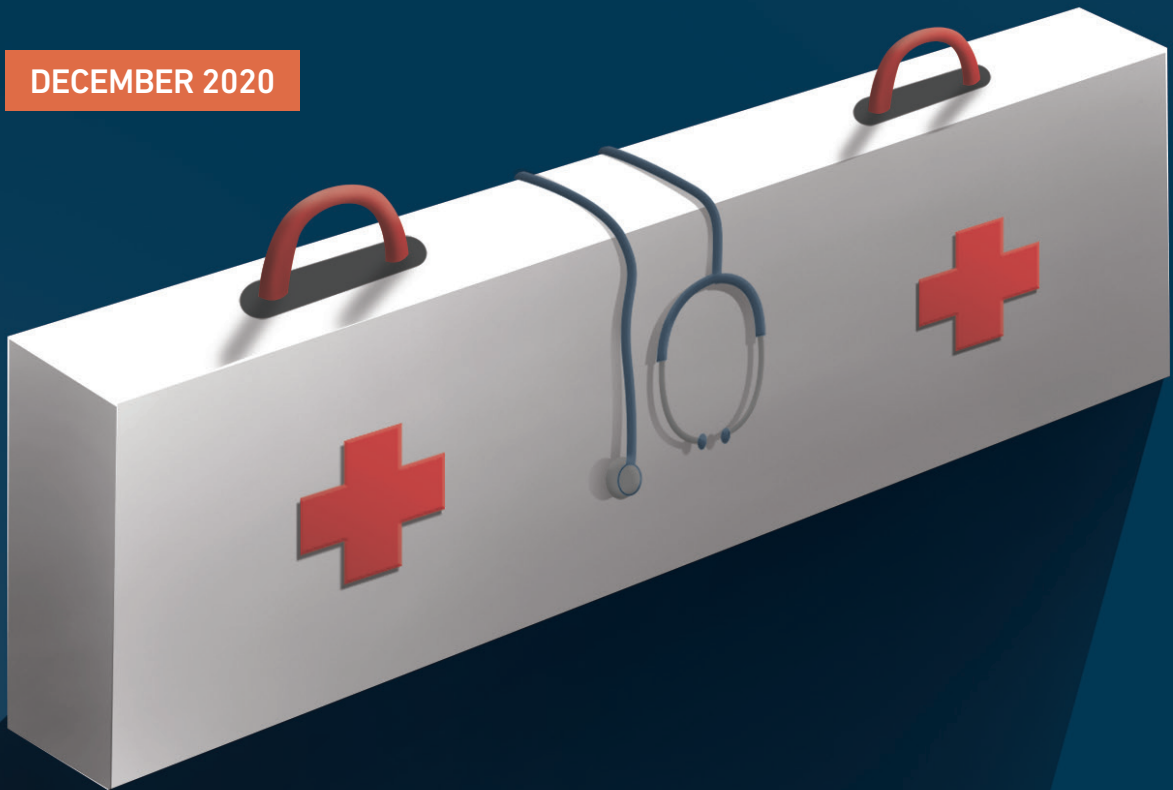


PARALLEL HEALTH SYSTEM IN SERB-MAJORITY MUNICIPALITIES

DECEMBER 2020



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This research aims to provide an overview of the parallel health system in Serb-majority municipalities.

The research examines existing documents and literature on the parallel health system in Serb-majority municipalities. The functioning of this system is examined in the context of the Kosovo-Serbia dialogue.



1. INTRODUCTION

The Law on Health, which regulates the health system in the country, remains largely unimplemented in the ten Serb-majority municipalities. This is due to the non-integration of healthcare institutions of these municipalities into the unique health system of Kosovo. Although a separate budget is allocated from the consolidated budget of the Republic of Kosovo for health services in these municipalities, most of this budget remains unused. On the other hand, millions of euros are allocated each year by the Republic of Serbia, which enables the functioning of these institutions outside the health system of the Republic of Kosovo.

The non-inclusion of the health institutions of the Serb-majority municipalities in the health system of Kosovo has caused non-reporting by these institutions, either on the number of employees or the services they provide. Thus, there is a lack of an accurate picture of the health profile and accuracy of the data in Kosovo, due to the limited scope.

This research aims to provide an overview of the parallel health system in Serb-majority municipalities. The research examines existing documents and literature on the parallel health system in Serb-majority municipalities. The functioning of this system is examined in the context of the Kosovo-Serbia dialogue.



2. HEALTHCARE SYSTEM IN KOSOVO

2.1. Organization of the public health care

The health system in Kosovo is regulated by the Law on Health and is organized in three levels: primary, secondary and tertiary level. (Law on Health, 2013)¹. The primary level includes family medicine centres, which provide general diagnostic and medical treatment services. The administration and management of primary level health institutions is conducted by municipalities. Each municipality has a Main Family Medicine Centre (MFMC), while the network of institutions extends further through the Family Medicine Centres (FMCs), a total of 151 of them. The secondary level of health service institutions includes regional hospitals and other centres for specialist services, which are managed by the central level. The tertiary level of the health system includes the University Clinical Centre of Kosovo, the University Dental Clinical Centre, the National Institute of Public Health, the National Centre of Occupational Medicine, the National Centre of Sports Medicine, and the National Centre for Blood Transfusion. This level is managed by the central level. The Ministry of Health is responsible for overseeing these institutions at all three levels. In addition to public healthcare services, there are over a thousand private institutions, which provide various medical services, with

28 of them providing inpatient services as well, in addition to outpatient services.²

Exceptions to this general institutional arrangement are the three Serb-majority municipalities: North Mitrovica, Gracanica, and Shterpce. These three municipalities, in addition to the competencies for the primary level, also manage the provision of secondary healthcare. According to the Law on Local Self-Government, “the enhanced competencies of these municipalities include the right for the registration and licensing of healthcare institutions, recruitment, payment of salaries and training of healthcare personnel and administrators”.³

2.2. Financing

The public health system in Kosovo is financed directly from the state budget. About 8% of the total state budget is allocated to the Ministry of Health. This is about 3% of Gross Domestic Product (GDP), which is the smallest figure in the region.⁴ In addition to the budget allocated to the central level, a separate budget for primary healthcare services is allocated to the country’s municipalities, including Serb-majority municipalities. Meanwhile, for the three municipalities with enhanced competencies, a special budget is allocated for

1 Law on Health, adopted in 2013. Available at: <https://gzk.rks-gov.net/ActDetail.aspx?ActID=8666>

2 Health Sector Strategy 2017-2021. (2016). Ministry of Health. Available at: http://www.kryeministri-ks.net/repository/docs/Strategjia-sektori-ale-e-shendetesise-final-nentor-2016-ALB_.pdf

3 Law on Local Self-Government, adopted in 2008. Available at: <https://gzk.rks.gov.net/ActDetail.aspx?ActID=2530>

4 Stanculescu, M. S., & Neculau, G. (2014). The Performance of Public Health-care Systems in South-East Europe. Friedrich Ebert Stiftung. Accessed on 23.03.2021

secondary health care. In the budget of 2021, 1,140,771 euros have been allocated for the municipality of Gracanica for secondary health care.⁵ For North Mitrovica, this budget was 989,935 euro, while for the municipality of Shterpce, it was 522,371 euro.

Although, in principle, access to health services is free, the budget allocated to health covers only 60% of healthcare costs; while the rest - 40% - are out-of-pocket expenses of patients, to cover the cost of medical services or products.⁶

In 2016, the Ministry of Health drafted the Sectoral Health Strategy 2017-2021. The reorganization of health financing is one of the main objectives during this period, which includes the functioning of the Health Insurance Fund. In 2014, the Assembly of Kosovo adopted the Law on Health Insurance,⁷ which provides for a new model of financing the health system, through compulsory health insurance. However, this financing model has not yet been operationalized. The education and health sectors in the north are not included in the local level budget administered by municipalities, in accordance with Kosovo law on local administration. The exclusion of this sector from payments has caused low execution of the municipal budget. For 2018, the Municipality of North Mitrovica had a budget in the amount of 3 million 265 thousand 409 euros for wages and salaries. Of these, only 2 million or 61% have been spent. According to the National Audit Office, this low level of budget execution was due to non-payment of salaries to employees in the education and health sectors, as a result of political circumstances in the northern municipalities.⁸

⁵ Law on the Budget Appropriations for the Budget of the Republic of Kosovo for Year 2021, adopted by the Assembly of Kosovo

⁶ Kosovo Report (2020), European Commission.

⁷ Law on Health Insurance, adopted by the Assembly of Kosovo in 2014.

⁸ <https://www.koha.net/arberi/184606/shthurja-e-shendetesise-nuk-u-sherua-nga-dialogu-i-brukselit/>

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3. HEALTH SYSTEM IN SERB-MAJORITY MUNICIPALITIES

3.1. Healthcare institutions

Health institutions in Serb-majority areas in Kosovo continue to operate within the Serbian system. This has caused non-reporting by these institutions, to the institutions of the Republic of Kosovo, either for the number of employees or the services they provide. This is also confirmed by the documents of the Ministry of Health. (Health, 2016)⁹. Thus, there is a lack of an accurate picture of the health profile and accuracy of the data in Kosovo, due to the limited scope.

For the needs of this research, the authors of the paper asked the Ministry of Health of Kosovo about the number of healthcare institutions in Serb-majority municipalities, but it did not any provide data. The only document that provides data on health institutions in these municipalities is the Municipal Profile, drafted by the OSCE Mission in Kosovo. (Municipal Profiles, 2018)¹⁰.

According to this document, the largest number of health facilities are located in the four northern municipalities, where the Serb community is most concentrated. North Mitrovica has the main hospital which provides free services to all Serbs living in Kosovo. They are also equipped with health cards, where the issuing authority is the Government of Serbia. While Kosovo still does not apply health insurance, in the north, there is also the Office of the Republican Health Insurance Fund of the Republic

of Serbia, with its branches in Zubin Potok, Priluzha, Leposavic and Zvecan.

In the Municipality of North Mitrovica there is also a polyclinic that provides health services for students of this part. In the "Miner Hill", where Serbs and Albanians live, services are provided by one health centre.

In the Municipality of Zvecan, there is a health house and 4 ambulantas for providing primary health care. This municipality has approximately 155 health workers employed, including doctors, nurses and other accompanying staff.

In the Municipality of Zubin Potok, there is a health house and 6 ambulantas for providing primary health care. A total of 77 health workers are employed in this municipality. Also, in the village of Caber inhabited by Albanians, there is a health house which operates within the Kosovo health system.

In the Municipality of Leposavic, there is a health house and 8 ambulantas, of which only two are functional. There is a total of 135 health workers in this municipality. Meanwhile, a medical centre is in the village of Bistrice e Shales, populated by Albanians, which operates within the health system of Kosovo.

In the Municipality of Shterpce, there is a family medicine

⁹ Health Sector Strategy 2017-2021. (2016). Ministry of Health. Available at: http://www.kryeministri-ks.net/repository/docs/Strategjia-sektori-ale-e-shendetesise-final-nentor-2016-ALB_.pdf

¹⁰ Municipal Profiles. (2018). OSCE Mission in Kosovo. Available at: <https://www.osce.org/mission-in-kosovo/municipal-profiles>

centre and 7 health houses in villages populated by Albanians and Serbs. This municipality has a total of 22 health workers.

There are two medical centres in the municipality of Klllokot, which are managed by Serbs. There is a total of 15 health workers.

In Partesh, the healthcare system includes a maternity hospital run by Serbia, as well as three healthcare facilities in the villages of Pasjan, Donja Budriga and Partesh.

There are 8 medical centres in Ranillug, all funded by the municipality budget. There is a total of 28 health workers in this municipality.

In Novoberde, there is a Main Family Medicine Centre (MFMC) which operates within the health system of Kosovo. Meanwhile, there are 9 other medical centres, 8 of which operate under the Serbian system. There is a total of 36 health workers in this municipality.

Finally, in the Municipality of Gracanica, there is a Hospital Clinical Centre, as well as two hospital institutions, paediatrics and internal medicine ward. There are also 15 ambulancias in the villages of this municipality. After the end of the war in 1999, Gracanica became the main health centre for Serbs, as this centre and other institutions were moved there from Prishtina. But the hospital in Gracanica, which also operates under the umbrella of the Serbian health system, has no facilities of its own and operates in several metal containers. In 2018, the Government of Serbia promised to allocate funds for the construction of the hospital, but so far only the location where this facility will be built has been determined. (Cvetković, 2020).¹¹

3.2 Financing of healthcare institutions in Serb-majority municipalities

Belgrade has influenced these institutions not to be integrated in the Kosovo system. Obstacles coming from Serbia are related to the payments or financial incentives made to these health institutions. Serbian officials have announced the transition of the health system, but only in the framework of joint projects with the Serbian Ministry of Health. (New Perspektiva, 2017)¹² They have consistently made it clear that transformation does not mean the integration of Serbian health within the laws of Kosovo.

Based on data from the portal kolikokostakosovo.info, which has collected data on the expenditures of the Serbian state for Kosovo, in average, about 300 thousand euros are allocated each year for the health system in Serb-majority municipalities. (Koliko Kosta Kosovo, n.d.)¹³ Half of these funds are for the salaries of health workers in these municipalities.

Prishtina's lack of official control over Serb-majority municipalities was also confirmed during the COVID-19 pandemic. The decisions of the northern mayors and the staffs they created were coordinated with the Belgrade government, not the Prishtina government¹⁴ (Office for Kosovo and Metohija, Government of the Republic of Kosovo, 2020).

Serbia's interventions continued during the COVID-19 pandemic, trying to supply the institutions in the northern municipalities with vaccines. On 21 January 2021, the Inspectorate operating within the Ministry of Health of Kosovo, accompanied by members of the Kosovo Police,

¹¹ Gracanica Hospital operating in containers for two decades. (2020). Evropa e Lirë: <https://www.evropaelire.org/a/spitali-i-gracanices-ne-kontejnere-/30988585.html>. Accessed on 23.03.2021

¹² Parallel health in northern Kosovo. New Perspektiva. (29.09.2017). Available at: <https://www.new-perspektiva.com/sq/shendetesia-paralele-ne-verite-kosoves/>. Accessed on: 23.03.2021

¹³ Koliko Kosta Kosovo. Available at: <http://kolikokostakosovo.info/en/>. Accessed on: 23.03.2021

¹⁴ Website of the Government of the Republic of Serbia. (18.05.2020). Available at: <http://www.kim.gov.rs/lat/v3829.php>. Accessed on: 23.03.2021

raided the Health Centre in Shterpce, which operates within the health system of Serbia. The control was performed in the Vaccination Department, the COVID-19 ambulanta and the Surgery Department of this municipality. Although inspectors did not find vaccines, the Mitrovica Basic Prosecution Office authorized police to gather information about possible criminal acts of drug smuggling and illegal medical activities. (State Prosecutor, 2021)¹⁵

Also, in the north, Belgrade extended the vaccination of Serb citizens. Kosovo institutions have not had any official communication with Serbian institutions on this issue, neither directly through the Liaison Offices of both countries nor with the mediation of the international community.

Meanwhile, great controversy was caused by the introduction of 1000 tests from Serbia, with the permission of the Government of Kosovo, after the outbreak of the COVID-19 pandemic. In April last year, the health ministers of the two countries, through a video conference organized by the Ambassador of Italy in Prishtina, Nicola Orlando, pledged mutual cooperation in managing the pandemic¹⁶

The supply of health centres with medicines and other accompanying materials continues to be carried out by Serbia. But in some cases, Kosovo Customs has banned the unauthorized entry of medicines and cards of the Serbian health system in the territory of Kosovo. (Kosovo Customs, 2016)¹⁷ Three years ago, the Customs returned 918 health cards, dedicated to the Serb population in Kosovo.



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¹⁵ "Following the received information and media reports regarding the potential entry of anti-COVID vaccines in the northern part of Kosovo, ignoring the applicable legal provisions, the Basic Prosecution Office in Mitrovica, in close cooperation with the Police, are gathering information to assess whether the vaccines were brought to Kosovo, as well as whether their import was done in accordance with the relevant protocols for the protection of public health and the legal requirements governing these issues ". Press release from the State Prosecutor: <https://prokuroria-rks.org/psh/lajm/6314>. Accessed on: 23.03.2021

¹⁶ Ambassador Orlando, in a post on "Facebook" said that he "appreciates their commitment to overcome distances and to focus on the health of all citizens as a top priority". 15/04/2020

¹⁷ Customs prevents drug smuggling in the Gjilan region. (17.11.2016). Kosovo Customs. Available at: <https://dogana.rks-gov.net/dogana-parand-alon-kontrabanden-e-barnave-ne-rajonin-e-gjilanit/>. Accessed on: 23.03.2021

4. HEALTH IN THE CONTEXT OF THE KOSOVO-SERBIA DIALOGUE

4.1. History of the Kosovo-Serbia dialogue

Since declaring independence, dialogue with Serbia in Brussels has dominated Kosovo's state agenda. In addition to the impact it has had on the European integration process, the dialogue has also affected the internal organization of the state. Negotiations had taken off after the 2011 resolution adopted by the Kosovo Assembly, which mandated the government and the prime minister to lead the process. (Resolution on the dialogue between the Republic of Kosovo and the Republic of Serbia, 2011)¹⁸ But on the condition that in no case is the sovereignty of Kosovo, subjectivity, territorial integrity, as well as internal and constitutional regulation affected.

But the issues discussed by the technical dialogue, that later turned into political, have been about internal regulation. In the name of abolishing the parallel structures of Serbia and integrating the Serb community within the jurisdiction of Kosovo, new laws have been adopted and existing ones have been amended. During these years, developments have taken place, from the organization of elections for the first time in the Serb-majority municipalities, to the legalization of dualism in local governments. Meanwhile, on 19 April 2013,

the process culminated with the signing of the so-called First Agreement for the Normalization of Relations between Kosovo and Serbia. (First Agreement of Principles Governing the Normalization of Relationships, 2013)¹⁹ But the deadlines set for the implementation of the agreements that followed that of 2013 have been violated several times and many of the documents have not been implemented even after 10 years of dialogue.²⁰ (KDI, 2018)

Lack of transparency and lack of accountability have accompanied the process. "Constructive ambiguity" - an element applied in the facilitated negotiations by Brussels has created the ground for the parties to interpret their versions of the agreements blaming the other party for not implementing what they have agreed on. Consequently, many of the technical and political dialogue documents continue to be unfulfilled even though they have been negotiated and renegotiated several times.²¹ The European Union in the role of facilitator, has only reported on the meetings held, through press releases, but has not interpreted the agreements. Also, the lack of a supervisory mechanism and interpreting authority of the agreements has made it difficult to measure the level of their implementation.

The official websites of the governments of Kosovo and Serbia have been the only platforms where some of the agree-

¹⁸ Resolution on the dialogue between the Republic of Kosovo and the Republic of Serbia. Approved by the Assembly of Kosovo in 2011.

¹⁹ The First Agreement of Principles Governing the Normalization of Relationships. (2013, 04 19). Available at https://kryeministri-ks.net/wp-content/uploads/docs/Marreveshja_e_Pare_per_Normalizimin_e_Marredhenieve_19_prill_2013.pdf. Accessed on 23.03.2021.

²⁰ Kosovo-Serbia Dialogue: Challenges and the way forward. (2018). Democratic Institute of Kosovo (KDI)..

²¹ Ibid.

ments and periodic reports have been published. Regular reporting to the Assembly of Kosovo was lacking except in cases of interpellations, parliamentary questions or reports to the Committees. The latest report on the state of implementation of the Brussels agreements was published in July 2017. (Office of the Prime Minister, 2017)²²

Interruption of Serbia's interventions in Kosovo in other areas that were not addressed in the Brussels Agreements, which included health, was supposed to be negotiated within the topics for the next phase²³.

While the final phase has started with the aim of reaching a comprehensive and legally binding agreement, a scan of the agreements so far has been lacking.

There are two main agreements for which Kosovo and Serbia are supposed to have not fulfilled their commitments. Serbia has so far prevented the opening of the bridge over the Ibar River in Mitrovica, while Kosovo has not fulfilled the obligation to establish the Association/Community of Serb majority municipalities, which Serbia sees as a mechanism under whose umbrella it will introduce health. Among the objectives listed in the Association Principles Agreement, signed in 2015, is the objective "d) exercise full overview to improve primary and secondary local health and social care"²⁴. But the Constitutional Court in its interpretation of this agreement had found violations in all points of the agreement, including the one on health²⁵.

4.2. Discussions about the health sector

Of the 33 agreements reached so far in the dialogue facilitated by Brussels, none of them speak in detail about health. However, there are some aspects addressed in the dialogue that have to do with health. On 27 June 2015, an agreement was reached for mutual recognition of certificates of medicinal products between Kosovo and Serbia, after the communication that both parties made to the European Union, which confirmed the acceptance of the agreement on this matter.²⁶

The agreement means that drugs manufactured in Serbia which have so far been placed on the market in Kosovo without undergoing registration procedures, will henceforth be subject to this process and will be placed on the Kosovo market in accordance with applicable law. Producers in Kosovo are also enabled to place their products in the Serbian market. As a result of the mutual acceptance of the Certificate of Pharmaceutical Product (CPP), each drug/medication for which the application is made will be registered in the other country.

The health sector has been treated in the context of the abolition of parallel structures, in addition to structures in the field of police, justice and civil protection. Thus in 2015, the government had approved the agreed conclusions for the Dissolution of the so-called "Civil Protection" which has operated in the northern municipalities of Kosovo, and has supported the commitments set out in these conclusions. (Decision no. 06/39 dated 22.07.2015, 2015)²⁷ Through this de-

22 Brussels Agreements Awaiting Implementation. (6 July 2017). Office of the Prime Minister. Available at: <https://kryeministri-ks.net/documents/raport-marveshjet-e-brukselit-ne-prijete-te-zbatimit-06072017/>

23 The former Minister of Dialogue, Edita Tahiri, on 29 March 2014, had drafted a document for the next phase of the dialogue, but which had not taken official form.

24 Association/Community of Serb majority municipalities in Kosovo – General principles/Key elements. Office of the Prime Minister. Available at:http://www.kryeministri-ks.net/repository/docs/Asociacioni_perkthimi_shqip_-_final.pdf

25 The Court is concerned that the meaning of the term in English "exercise full overview" is ambiguous and does not conform to the terms used in the text of the Principles in the Albanian language nor with those in the text of the Principles in the Serbian language. The Court notes that the term in Albanian used in the Principles is "ushtrimin e veshtrimit te plote", which in English roughly translates as "exercise of full view", which is similar to simply observing. The Court further notes that the term in Serbian used in the Principles is "obavljanje potpunog pregleda", which in English translates approximately as "conduct a full review", which is similar to conducting an audit. https://gjk-ks.org/wp-content/uploads/vendimet/gjk_ko_130_15_shq.pdf

26 <https://kryeministri-ks.net/arrihet-marveshja-per-njohjen-reciproke-te-certifikatave-te-produkteve-medicinale-mes-kosoves-dhe-serbise/>

27 Decision no. 06/39 dated 22.07.2015, approved by the Government of the Republic of Kosovo.

cision, the relevant ministries and agencies were obliged to implement the conclusions according to legal responsibility.

Pursuant to the agreement on the abolition of Serbian parallel structures in the north and their integration into public institutions, 22 members of the Serb community entered into indefinite employment contracts with the Ministry of Health (MoH) in January 2015. In addition to the contract, they had also signed the 'Pre-integration Declaration', which states that they are ready to be transformed and integrated within the health institutions of Kosovo, by being provided with an identification document of the Republic of Kosovo and applying for a license in the Ministry of Health.

So far, there has been a lack of accountability from the former "illegals". Furthermore, employees who have entered into contracts with the Ministry of Health have been paid without going to work at all. This data is also evidenced in the reports of the National Audit Office for the Ministry of Health, for the years 2018 and 2019. (Audit report for the Ministry of Health for the year ended December 31, 2018, 2019)²⁸ According to this report, this omission occurred due to a lack of management control, which must ensure that all public servants are present at the workplace during office hours. The payment of these employees, in the absence of evidence of attendance at work has damaged the budget of the Ministry of Health for about 90 thousand euros.

Following the agreements in Brussels, the Ministry of Health has also financed several projects in the health infrastructure in Serb-majority municipalities, worth more than one million euros. The projects were related to Primary Health

Care health centres²⁹

According to the Law on Local Self-Government, North Mitrovica, Gracanica and Shterpce have competencies to provide secondary health care, including registration and licensing of health care institutions, employment, payment of salaries and training of health care staff and administrators³⁰. But the municipality of North Mitrovica, nor other municipalities in the north - Leposavic, Zvecan and Zubin Potok - have established municipal health directorates.

According to the so-called Office for Kosovo, which functioned within the government of Serbia, on paper, they control 29 health centres³¹. Following the elections of 14 February, in which the Serb List won in Serb-majority municipalities, Serbian President Aleksandar Vucic promised a hospital for Gracanica and North Mitrovica. (Koha.net, 2021)³²

While Serbia plans to put these institutions under the umbrella of the Association of Serb-Majority Municipalities, Kosovo government officials have consistently stated that there will be no decision to establish the Association of Serb-Majority Municipalities. Among the points of the agreement signed in August 2015, is also the one that talks about "exercising full overview over primary and secondary local health". (Association/Community of Serb majority municipalities in Kosovo - General Principles/Key elements)³³ But the Constitutional Court in its interpretation of this document had found violations in all seven chapters, including the one which speaks of competencies in local health. (Judgment in Case no. K0130 / 15, 2015)³⁴

28 Office of the Auditor. (2019). Audit report for the Ministry of Health for the year ended 31 December 2018. Available at <http://www.zka-rks.org/wp-content/uploads/2019/05/Raporti-final-i-MSH.pdf>.

29 <https://www.koha.net/arberi/184606/shthurja-e-shendetesise-nuk-u-sherua-nga-dialogu-i-brukselit/>, 18 September 2019.

30 Law on Local Self-Government adopted in 2008

31 Parallel health in northern Kosovo. New Perspective. (29.09.2017). Available at <https://www.new-perspektiva.com/sq/shendetesia-paralele-ne-verite-kosoves/>. Accessed on 23.03.2021

32 Association of Serb-majority municipalities in Kosovo - General principles / Key elements. Found at https://kryeministri-ks.net/wp-content/uploads/docs/Asociacioni_perkthimi_shqip_-_final.pdf.

33 Association/Community of Serb majority municipalities in Kosovo - General principles / Key elements. Available at https://kryeministri-ks.net/wp-content/uploads/docs/Asociacioni_perkthimi_shqip_-_final.pdf.

34 Judgment in Case no. K0130 / 15. (2015). Constitutional Court.

5. CONCLUSIONS

- Parallel structures continue to exist in the health sector, and with the funding provided to them, Serbia exercises control over Serb-majority areas. Non-unification of health continues to be a challenge for the state of Kosovo.
- The deep division between the two systems has not been resolved even after 21 years, where efforts to regulate this sector have been minimal. Meanwhile, Belgrade officials have announced the transition of the health system as part of joint projects with the Serbian Ministry of Health.
- The non-integration of the Serb community is also manifested in the health system in general, as most medical records for Serbs are not reported to the Kosovo authorities.
- Consequently, an accurate picture of Kosovo's health profile is lacking due to limitations in the scope and accuracy of the data.
- A comprehensive approach to existing parallel services should be applied and their integration into a unified system should be done through solutions that guarantee sustainability in this sector.
- The health sector in the north, in addition to the education sector, is not included in the local level budget administered by municipalities under Kosovo laws, and this has led to low municipal budget execution.
- Serbia's interventions continued during the COVID-19 pandemic, trying to supply Serbian institutions with vaccines, a situation that led to the intervention of the authorities and produced fierce political debates within the country.
- The supply of health centres with medicines and other accompanying materials continues to be provided by Serbia, although in some cases the Kosovo authorities banned their entry.
- Kosovo institutions have so far not presented any strategy or action plan for the steps to be taken in the eradication of Serbian parallel health and its integration within the Kosovo system.

6. RECOMMENDATIONS

- Kosovo institutions need to identify obstacles that have prevented the integration of parallel health care structures into a unified system in Kosovo.
- Due to the complexity of the issue, a pragmatic approach, political will and a comprehensive strategy with all stakeholders are needed, in order to unify the health system.
- Parallel health should be one of the topics of the final phase of the dialogue with Serbia and the proposed solution should be part of an eventual comprehensive and legally binding agreement.
- Serbia plans to bring health institutions under the umbrella of the Association of Serb-Majority Municipalities, with expanded powers that go beyond the Ahtisaari Package. The Government of Kosovo should not accept such a thing, nor the establishment of a mechanism without the complete abolition of parallel structures, including those in the health sector.
- The Ministry of Health should consider building facilities and providing multi-ethnic health care services, which would employ Albanian and Serbian staff.
- The institutions of the Republic of Kosovo, especially the Ministry of Health, should try when the Health Information System (HIS) becomes operational, to extend it to Serb-majority municipalities, in order to have access to data related to the health of the population and health institutions.
- Aim to, when health insurance is operational, extend it to Serb-majority municipalities, in order to remove from use health cards, the issuing authority of which is the Government of Serbia.
- Provide Serbian medical staff with opportunities for professional development within Kosovo, as one way to break their dependence on Belgrade.

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