Report on preliminary NHA 2005 in Kosovo

 69847

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*Attention: this document is produced as a preliminary report on Kosovo NHA based on year 2005 data. The exercise is done for the first time in Kosovo. Most of the data is either underestimated or not classified precisely and hence does not describe the real situation correctly.*

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# Acronyms

|  |  |
| --- | --- |
| GDP | Gross Domestic Product, |
| HBS | Household Budget Survey  |
| ICHA | International Classification for Health Accounts  |
| LSMS | Living Standards Measurement Survey |
| MEF | Ministry of Economy and Finance |
| MOH | Ministry of Health |
| NA | National Accounts |
| NHA | National Health Account |
| NIPH | National Institute of Public Health  |
| NPO | Non Profit Organisations  |
| OOP | Out-of-Pocket expenditures on health |
| PHC | Primary Health Care |
| SHA | System of Health Accounts |
| SOK | Statistical Office of Kosovo  |
| THE | Total Health Expenditures  |
| … | Data not available |

#

# Introduction

This is a report which includes preliminary data from the year 2005 and description of potential data sources for National Health Account (NHA) in Kosovo. This year was chosen because it was the only year where data on health expenditures from all existing data sources was available. Natalja Jedomskihh-Eigo (consultant) prepared the report after her visit to Kosovo, 15 – 21 April, 2007. The results outlined in this report were presented and discussed at one-day seminar with stakeholders on 26 June, 2007. The report is intended as a discussion document. It represents the first implementation step of NHA in Kosovo to support formation of the Kosovo NHA technical team to lead the future work on health accounts.

This report provides a brief description of existing data, including a review of available sources of information, identification of data gaps and recommendations for improved data collection. It then goes on to present, in tabular form preliminary NHA report based on existing data, with NHA matrices based on international classifications: ICHA-HF, ICHA-HC and ICHA-HP.

# Consultants’ activities

This study aims to support the implementation of the KDSP by focusing on strengthening management and accountability in health and providing baseline data against which progress in KDSP implementation is measured. The objective of this consultancy is to conduct a preliminary NHA based on 2005 data. Terms of reference (TOR) are in Annex II.

The consultant examined relevant documents and reports from previous health sector projects in Kosovo. In Pristine the consultant participated in about 10 meetings with government officials, some of which involved other mission participants. The consultant collected data for the year 2005 and prepared preliminary NHA estimates to the extent permitted by available data. She met with the Director of Policy and Planning, Budget Director and Director of Statistics Office in Ministry of Health (MOH). She several times visited Statistical Office of Kosovo (SOK), where she met with different officials for getting data on household budget survey (HBS) and for discussing issues of establishing the NHA technical team in the future. Annex I contains a list of people met by the consultant during the mission.

In Pristine, the Director of Health Statistics at the National Institute of Public Health (NIPH) demonstrated the record keeping and data collection systems used to routinely record patient activity. This data is not connected with patients’ expenditures and cannot be used for preliminary NHA implementation. Meeting with the Deputy Director of the Treasury has facilitated obtaining data on government health care expenditures. Great support has been provided by the Policy and Planning Unit of MOH. Personal, time and administrative effort was offered to the consultant. Thanks to the unit, meetings with some useful people were organised and necessary data came in time. At the end of the visit the consultant showed and explained the principles of assembling the standard table cells for the NHA to MOH and SOK officials.

# NHA methodology

NHA is a methodology developed by OECD and wide used in the world. For the preliminary NHA in Kosovo “A System Health Accounts (SHA)” manual, version 1.0 was used[[1]](#footnote-1).

NHA is a tool to measure and assess the flow of funds from sources of payment to the users of health care services. One of the main purposes of NHA is to provide a set of internationally comparable health accounts in the form of standard tables. Also the use of international standards for describing the magnitude and channels of spending on health is crucial for monitoring the performance of the health system and making the informed decision in Kosovo. Findings from the NHA report can be used for performance review of the health sector and to guide priority setting and resource allocation in health.

As a system of accounts, NHA tables are based on common concepts, definitions, classifications and accounting rules as necessary prerequisites to comparability over time and across countries. NHA usually takes the form of two-dimensional table of cross-classifying expenditure data on health care providers and sources of funding. Country-specific mixtures of institutional and functional criteria are used to classify health care providers. The items such as “general hospital”, “maternity clinics and “family doctor” have different contents across countries and result in overall boundaries of health spendings which differ among countries and change over time.

The provision of health care and its funding is a complex, multi-dimensional process. The set of core tables in NHA addresses three basic questions:

* Where does the money come from? (source of finding);
* Where does the money go to? (providers of health care service and goods);
* What kinds of services are performed and what types of goods are purchased? (functions of care).

Consequently, the NHA is organised around a tri-axial system for the recording of health expenditure by means of a newly proposed International Classification for Health Accounts (ICHA, see Annex III), defining:

* + Health care **by function** (ICHA-HC);
	+ Health care **service provider industries** (ICHA-HP);
	+ Sources of **funding** health care (ICHA-HF)[[2]](#footnote-2).

# Information sources and knowledge building

Kosovo has already approved the Mid-Term-Expenditure Framework (MTEF), which includes strategic health objectives, the related activities and necessary resource to meet the objectives. Health care data collection consists of several routine reports in Kosovo. Health care data is compiled by NIPH and published by SOK. Methodological coordination comes from MOH. However, these reports do not include questions of payments or expenses. Moreover at present, not much data is available on finance, cost, storage, utilization and quality of care, which could be used for managing health facilities, pharmaceutical procurement and informed policy decisions. The recent regional workshop on NHA held in Slovenia and organized by WHO, Eurostat and the Word Bank was attended by two members from the MOH and SOK from Kosovo.

# Existing data sources and their shortcoming

According to the international method, classification of financial sources provides a breakdown of health expenditure into public, private sectors and rest of the world (donors etc.). Existing data is currently limited and not used to manage facilities or expenditures. The data from private health care providers is not compiled at all. Therefore, the best way to obtain the data for preliminary NHA was to start with financial issue and use so-called top-down approach.

***Level of state budget***

The holder of government health expenditures data is the treasury, department of MEF. The best data source for public health expenditures in Kosovo is the report on implementation of state budget[[3]](#footnote-3). The report is drawn together by the MEF based on data provided by MOH and health facilities funded from state budget. The data on revenues and expenditures is compiled on the regular basis every three months. Thanks to the data provided by each institution separately, it is easy to classify health providers by ICHA-HP. Things are more complicated with identification and classification of health care functions. The report consists of the standard state budget categories (wages and salaries, goods and services, capital formation), which do not allow identifying health care functions more elaborately (Annex VII).

***Level of municipalities***

By the current finance scheme, municipalities are responsible for primary health care. The intergovernmental financial system envisages two sources of financing for municipalities: transfers from the central budget in the form of grants and municipal own source revenues. Municipalities receive a health grant for PHC from the MEF. The shortcomings with classification of health care functions are the same as in the State budget.

***Level of private sector***

The data on health expenditures of non-profit organisations (NPO) is missing.

In the absence of standard accounting systems in hospitals and other health facilities, private health expenditures are to be obtained only from Households Budget Survey (HBS) collected by SOK[[4]](#footnote-4). The questionnaires of HBS 2005 and 2007 are in Annex VI. The HBS is an annual survey, the first round of which was conducted between June 2002 and May 2003. The HBS does not provide consistent information on health expenditures and spending is generally underreported. This problem is known in almost all countries. The measurement of key indicators varies through the years. The lack of a recent population census in Kosovo makes sampling difficult and raises the issues of representativeness. The sample is seemingly too small for producing reliable estimates for certain categories of health expenditures. The HBS format is likely to result in under-reporting of expenditures. Expenses for informal payments and transportation costs for example are not captured. However, currently this is the only existing data source to measure out-of-pocket (OOP) expenditures on health.

***Level of donors***

The third source of financing of health expenditures is “the rest of the world”. The main representatives of this category are donor-organisations. The most important data source on health expenditures funded by the rest-of-the-world-organisations is MEF, which revises donors’ activities in the country. The data is presented in tables and contains information about each program separately, which gives possibilities to detail the classification by health care providers and health care function categories (Annex VIII).

# General shortcomings limiting the construction of NHA

***Data gaps and boundaries***

There are substantial data gaps.

* Issues, such as military health expenditures, health in prisons, or school health etc. are not indicated in the preliminary NHA.
* It is not always possible to classify the data according to the functions of care.
* There is no reliable standardized accounting and financial reporting in private and public health care facilities.
* The data for non-profit organisations’ (NPO) expenditures on health is missing.
* There is no separate data on expenditures on public programs (like maternal and child health; family planning and counselling; prevention of communicable diseases, etc.) and no data on services of long-term nursing care.
* Some parts of services of long-term nursing care are defined in Kosovo as social services. Therefore, the budget of the MOH does not include these expenditures. These cells of the table are not filled.
* As maintained by the international methodology, all data should be grouped on the possibly lowest level. After that, the data should be summed to the high-level categories. In the absence of exact information, some data can be classified only on high-level categories. Consequently, it is not possible to sum some data (e.g. HP.5/HC.6≠ HC.6.1+ HC.6.2+ HC.6.3+ HC.6.4+ HC.6.5+ HC.6.9), and not all sums are correct in the NHA tables (Annex V).

***Capital formation***

Only capital formation as a functional category can be separated for government health spending. However, capital investments cannot be divided between health care providers. The expenditures on ambulance are shown together with whole primary health care spending; and classified under “all other out-patient curative care” (HC.1.3.3).

***HBS***

* Data on expenditures on health care from HBS is underestimated.
* Informal payments are not included at all.
* During data compiling for NHA, the consultant ran into the problem that there is a difference in the same type of categories in different publications. Presently there is substantial disarrangement about HBS data. There are insufficient descriptions, clarifications and explanation produced about HBS data. Sometimes completely different data is shown for the same year and it is difficult to know which is more correct. The publication of HBS data and the results are not coordinated.

***Treatment abroad***

The HBS does not collect information about treatment abroad. Therefore, the out-of-pocket (OOP) expenditures of Kosovo residents for health care abroad are not known. This information is thus missing in the OOP part. Anecdotal evidence suggests that this amount is substantial, which should be further investigated in a household survey on individuals’ care seeking behaviour.

***Rest of the World (ROW)***

There are problems with health care services for Kosovo residents financed by Serbian government. This issue should be classified under category – rest of the world (HF.3). However, the data is not available and is not reflected in the preliminary NHA.

# Preliminary data of Kosovo Health Accounts

Preliminary NHA for Kosovo is based on data for year 2005. This year was chosen because it was the only year where data on health expenditures from all existing data sources was available. HBS data for years 2003-2005 was obtainable. Treasury data are available for 2005-2006 years.

Since NHA is complied for the first time in Kosovo, the data sources are not developed. Thus, detailed categories as well as high level categories are underestimated. It is estimated that in total, in 2005, Kosovo spent 107.3 million € on health, which is 4.4% of the gross domestic product. Kosovo, with a population of around 2 million, spent 54 € per capita, including out-of-pocket expenditures by households. This amount underestimates private expenses by households as the data source is HBS only[[5]](#footnote-5). Both indicators are at the lower end of the range reported by European countries and the Balkan region (see Table 1).

**Table 1. Total health expenditure indicators**

|  |  |  |  |
| --- | --- | --- | --- |
|   | THE\* as % of GDP, 2004, % | PSHE\* as % of GDP, 2004, % | THE per capita, 2004, € |
| Albania | 3.1 (2005) | 2.7 | 106 |
| Bosnia and Herzegovina | … | 4.6 | … |
| Bulgaria | … | 4.3 | … |
| Croatia | … | 6.6 | … |
| Kosovo | 4.4 (2005) | 2.9 (2005) | 54 (2005) |
| Romania | 4.4 (2005) | 3.4 | 231 |
| Serbia | 6.6 (2005) | … | … |
| Slovenia | 8.6 | 6.7 | 1 324 |
| FYR Macedonia | 5.98 (2005) | 5.9 | … |
| European Region | 6.88 | 5.31 | 1 200 |
| EU | 8.74 | 6.55 | 1 696 |
| EU members before May 2004 | 9.43 | 7.06 | 1 979 |
| EU members since 2004 or 2007 | 6.01 | 4.65 | 575 |
| CIS | 3.13 (2005) | 3.05 | 149 |

*\*THE – Total Health Expenditures*

*\*PSHE – Public sector health expenditures*

Data source*: European health for all database, updated January 2007, http://data.euro.who.int/hfadb***-DB)**

NHA has three main dimensions: financing sources, health care functions and health care providers. For each dimension matrix tables are prepared (see Annexe V). Further we go into all dimensions separately.

***Sources of health care financing***

According to international classification, health care financing sources can be divided into public sector, private sector and donors. In 2005 the main health care financier in Kosovo was the public sector (66.6% of total health expenditures (THE)), which can be divided into two sources: central government and municipalities. The focal representative of the central government for health care expenditures is MOH. In 2005, the bulk of the state budgetary resources came from the central government (HF 1.1.1) – 46.9% of THE (see Figure 1).

**Figure 1. Total health expenditure by financing sources, 2005 (see Annex V: Matrix 1)**



A part of the state budget is distributed to municipalities (HF.1.1.3) for primary care by way of the health grant. In 2005, the municipalities contributed through the health grant 19.8 € million to PHC. Municipalities spent a small part on the capital formation of health care provider institutions – 1.3 € million. Totally municipalities spent on health care 21.1 € million, which is 19.7% of THE (see Annex V).

The greatest part of private sector expenditure on health is paid by households. Private insurance does not exist in Kosovo, and employers are not yet apt to spend money on securing employees’ health (see Figure 1). Donor support is limited in Kosovo, only 4.7% of THE in 2005 (Annex V).

**Table 2. NHA main indicators, 2005**

|  |  |
| --- | --- |
| **GDP at current prices (€ Million)** | **2 463** |
| Population (Million) | 2.2 |
|  |  |  |
| **Total Health Expenditures (€ Million)** | **107.3** |
|  | Central Government | 50.3 |
|  | Municipalities | 21.1 |
|  | Out-Of-Pocket | 30.8 |
|  | Donor Spending | 5.0 |
|  |  |  |
| **Per Capita Health Expenditures (€)** | **48.8** |
|  | Central Government | 22.9 |
|  | Municipalities | 9.6 |
|  | Out-Of-Pocket | 14.0 |
|  | Donor Spending | 2.3 |
|  |  |  |
| **Total Health Expenditures (percent of GDP)** | **4.4%** |
|  | Central Government | 2.0% |
|  | Municipalities | 0.9% |
|  | Out-Of-Pocket | 1.3% |
|  | Donor Spending | 0.2% |
|  |  |  |
|  | **Government Health Expenditures (percent of Total Government Spending** | **9.6%** |

***Health care functions***

In 2005, the most financed service in Kosovo was the medical care service (54.2% of THE), which consists of in-patient and out-patient curative care (see Figure 2). Medical products for outpatients were the second largest category of health expenditures[[6]](#footnote-6). The main financer of medical goods and medicines are households (Annex V). 70% of expenditures on medical products came from private out-of-pockets. Expenditures on health administration (HC.7) exceed prevention and public health services by € 1 million (HC.6). Data is missing for several health care function categories. Some health services do not exist in Kosovo; for instance, day cases of health care, services of home care, services of long-term nursing care etc.

**Figure 2. Total health expenditure by functions of care, 2005[[7]](#footnote-7)**



***Flow of fund from sources to functions of care***

The main finance source of both in-patient and out-patient curative care is the MOH. From this finance source came 97 percent of all in-patient and 73 percent of all out-patient curative care. In 2005 it spent 69 percent of all central government expenditures on medical care services (Annex V). In 2005, total public health finances (71.4 € million) were distributed as follows: services of curative care (69.3%), medical goods dispensed to out-patients[[8]](#footnote-8) (12.3%), capital formation of health care provider institutions (15.8%), prevention and public health services (2.8%), and health administration (2.0%). The services of curative care consist of in-patient and out-patient care, and the biggest part of resources for out-patient care was distributed through municipalities. Local government financed 94% of all out-patient care in the public sector (Annex V). However, in the absence of reliable data on out-of-pocket spending, the share financed through municipalities could be smaller.

The private sector (households) in Kosovo spent totally 30.3 € million and the biggest part went on purchasing of medical goods dispensed to out-patients (67% of all private health expenditures). Residual private health finance was distributed as follows: services of curative care (28.0%), including out-patient dental care (11.9%), and services of rehabilitative care (5.0%) (Annex V).

In 2005, donors supported health administration (45.6%), prevention and public health services (13.6%), and the biggest part of finance from donors went to prevention of communicable diseases (11.9%) and services of curative care (1.2%) (Annex V).

***Health care providers***

It is important to know how much health care providers use for investment and capital formation. According to the SHA methodology, the expenditures of health care providers are presented only as total current health expenditures. These expenditures exclude spending on capital formation. However, following the latest trends, the SHA methodology will be revised in the near future to include capital expenditures.

Total current expenditures amount to 95.9 € million or 89 percent of THE in 2005. Public, private and external resource were distributed across health care providers as following: hospitals (29.1%), providers of ambulatory health care (32.5%), retail sale and other providers of medical goods[[9]](#footnote-9) (30.7%), provision and administration of public health programmes (3.8%), general health administration (2.2%), and nursing and residential care facilities (0.9%). Rest of the world (0.7% or 0.8 € million) includes the treatment abroad financed by MOH (see Figure 3). Current expenditures of providers are greatly underestimated, as expenditures paid for by households (e.g. payments made for treatment abroad) are excluded. Sometimes Kosovars go abroad to get cancer and genecology treatment or maternity care etc. in hospitals.

**Figure 3. Current health expenditure by providers of health care, 2005 (Annex V;T2)**



In 2005, the main revenue source for hospitals came from the central government (95.9%) and significantly less from households – OOP (3.2%) and donors (1.0%). Nursing and residential care facilities were financed 100% from the central government. Providers of ambulatory health care got 63.3% of own resources from municipalities, 29.8% from households and 6.6% from the state budget. Provision and administration of public health programmes were financed mainly by the central government (77.9%) and by international organisations (22.1%). General health administration also got finance from donors (66.2%) and government (37.8%) (Annex V. Table 2).

# Recommendations

1. For providing NHA on the regular basis in Kosovo, the institutionalization of the accounts should be done.
	1. First of all, a technical group which includes representatives of different stakeholders like MEF, MOH, SOK, NIPH etc. should be formed.
	2. The implementation of the NHA requires political commitment and financial support through the budget.
	3. An assessment of the relevant institutional capacity and regulations is to be conducted, based on which NHA can be institutionalized.
	4. Organisational changes within the implementing agency are required as well as co-operation among several organisations.
2. Changes in statistical approach and changes in data processing (and often in data gathering) are necessary as well as a development of a conceptual framework for adaptation of NHA (basic principles, terms, classifications, tables and rules for accounting). Standardized accounting should be introduced in all health facilities.
3. It is necessary to register all health care providers in Kosovo of all sectorial belonging, both public and private. For better data quality, the data on expenditures should be compiled based on standardized accounting methods and from all facilities that provide health care. In other words, for better NHA, a mix of bottom-up (data compilation from providers’ side) and top-down (data compilation from financers’ side) approaches should be used.
4. It is important to develop and discover new data sources for NHA. Many categories are still not covered (see chapter: Existing data sources and their shortcoming). Data sources such as Kosovo Medicine Agency, NIPH, Occupational Institute and Sanitary Inspectorate should be processed.
	1. Department of Pharmaceuticals usually has data on sales of pharmaceutics and medical goods.
	2. NIPH deals with prevention and public health services, and has data on this issue.
	3. Occupational Institute can provide data on occupational health care.
	4. Sanitary Inspectorate has the expenditure data on food, hygiene and drinking water control.
	5. Additional data on donors’ health expenditures could be obtained from Head of Donors Cooperation Division, which provides annual report on donor activities in Kosovo.
5. HBS or another household survey should be developed to provide information for NHA needs.
	1. To capture NHA information, an extra HBS health module is needed collecting information on care seeking behaviour in the private and public sector as well as abroad and related expenditures by different categories.
	2. Sample size should possibly be enlarged for representativeness of additional questions’ data.
	3. “The best practice” of other countries on the health module should be studied (e.g. Serbia, Estonia).
	4. More comprehensive survey LSMS (Living Standards Measurement Survey) with more detailed questions on health expenditures was done in 2000 in Kosovo. Future household surveys can draw from the experience of this survey.
	5. It is important to have a strong methodological support of producing HBS data. Help of international experts may be useful.
	6. To provide more relevant data on private health expenditures, other alternative data sources have to be studied. For estimation of final private consumption, for instance, National Accounts (NA) results could be used.
6. In Kosovo health care services are provided both through public and private health facilities. Such detailed deviation of ownership of providers is not important for international comparison. However, it could be significant for domestic policy analysis.

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# Conclusion

This report provides the first preliminary analysis of NHA in Kosovo based on 2005 data. Before that no health accounts were done in the country. Therefore no data sources were developed. Information is insufficient or not complete, and has shortcomings. Private sectors expenditures are underestimated. Not all categories are classified correctly.

This preliminary NHA provides an excellent base for the future improvement of NHA in Kosovo. The next step should be the establishing of an NHA technical group, which consists of experts of NHA, health care budgetary officers, statisticians etc. It is important to have representatives of different data sources in the group as well. The group should start compiling data for the NHA 2006, following the methodology used in this report. Further development of existing and new data sources should be worked out, and the data quality should be improved.

NHA is one of the important tools in decision making. NHA can be used to monitor and evaluate the performance of interventions, as well as to reduce uncertainty by simulating the financial impact of selected policy changes.

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# Annex I

**Persons met during the visit**

|  |  |
| --- | --- |
| Dr Fatime Arenliu Qosaj Mr. Ukshin VllasaMr. Xhevat UkajMr. Nexhat KrasniqiMr. Bashkim BellaqaMs. Violeta ArifajMr. Bekim CanolliMr. Zilif LufiMs. Nazmije FazliuMs. Andriana Meholli | Chief of Health Policy and Planning, MOH Budget Director, MOHStatistical Division, MOH Director of Health Statistics, National Institute of Public HealthStatistical office of KosovoDeputy Director, Treasury, MEFHealth Budget Officer, MEFMEF |

# Annex II

 **Terms of Reference**

**Strengthening Management Accountability in Health**

**Assessment of Health Spending in Preparation for National Health Accounts (NHA) and MTEF**

**P105806**

**TTL: Pia Schneider**

**Consultant: Natalja Jedomskihh-Eigo**

**Background**

Kosovo is preparing a strategy for improvement of the health sector (KDSP). An objective of the strategy is improvement of Management and Accountability of the government health care system. At present, little data is available on finance, cost, storage, utilization and quality of care, which can be used for managing health facilities, pharmaceutical procurement and informed policy decisions. There is also a lack of analysis on the functions of governance and accountability in the health sector, especially as related to the evolving decentralization of management responsibilities to lower levels of government, and to sizeable inefficiencies as identified in the Public Expenditure and Institutional Review (PEIR).

The MOH has asked DFID[[10]](#footnote-10) for support in defining EC standards and integration processes; inter-sectoral links and collaboration; institutional culture and change management; aspects of implementation especially legislation; decentralization processes; budget cycle and spending; and maternal and child health. The World Bank is providing support to Kosovo through the PEMTAG project by supporting the PHC restructuring process and developing and implementing performance-based payments in the health sector. In addition, the Bank also supports a pharmaceutical governance analysis in April 2007, and has been providing technical assistance to the KDSP Technical Working Group since the summer 2006. The MOF is currently working on the Mid-Term-Expenditure Framework (MTEF) which includes strategic health objectives outlined in the KDSP, the related activities and resource needs to meet this objectives. To measure progress made over time, a baseline for health spending and outcomes needs to be established using the international standards such as the National Health Accounts (NHA).

NHA is a tool to measure and assess the flow of funds from sources of payment to the users of health care services. The use of international standards for describing the magnitude and channels of spending on health is crucial for monitoring the performance of the health system and informed decision making in Kosovo. Findings from the NHA report on the performance review of the health sector can be used to guide priority setting and resource allocation in health.

**Objective**

This study aims to support the implementation of the KDSP by focusing on strengthening management and accountability in health and providing baseline data against which progress in KDSP implementation is measured. The objective of this consultancy is to conduct an prelimiary NHA (Phase I), present a workplan for a future full-fledge NHA that would lead to institutionalization of NHA, and present results at the June workshop in Pristina. The consultant will support the PSIG in assessing health sector financial performance in 2005 and 2006, and building local capacities for analyzing, monitoring and evaluating the health sector performance using the NHA methodology. As a result of this support a preliminary first round of NHA is compiled with specific policy issues analyzed, and results are presented to be incorporated into the MTEF.

For this purpose the World Bank intends to hire one **International National Health Accounts Expert** with extensive work experience in NHA. The consultant will work in close collaboration with the Ministry of Health (MOH), the Ministry of Finance (MOF), regional and local administrations, health managers, local information specialists, and other donors.

**Scope of Work**

This is a preliminary NHA assessment (Phase I). The assignment will be implemented over 20 days and finished before June 30 2007. The consultant will collaborate closely with representatives from the health sector and the Ministry of Finance, with other WB consultants working on the KDSP and on a pharmaceutical sector analysis, and with other donors working in Kosovo. The work includes the following tasks:

**Phase I: Preliminary analysis, capacity building, identification of policy questions**

1. Identification of main policy questions to be addressed in a preliminary NHA analysis, based on KDSP goals, previous PEIR, and MTEF baseline data needs.
2. Propose formation of the Kosovo NHA technical team to lead the future work on NHA. Advise on creation of NHA steering committee to provide policy guidance. Collaborate with MOF and MOH technical staff on the job in all the following tasks.
3. Development of a work plan based on an assessment of the situation for developing and implementing preliminary NHA round.
4. Identify all organizations/stakeholders in health sector who will be surveyed for NHA data purpose
5. Evaluation of existing data, including a review of available sources of information and how this information can be used to construct a first version of NHA following international standards.
6. Preliminary NHA report based on existing data submitted by May 15, with NHA matrices from sources to financing agents to users. Compilation of ICHA-HF, ICHA-HC and ICHA-HP based on existing. Identify data gaps and recommendations for improved data collection.
7. The preliminary NHA will include recommendations for conducting disease-specific NHA sub-analysis which can be included in a future first NHA report, and which will serve to monitor and evaluate progress made under the KDSP and MTEF.
8. Present and discuss preliminary NHA findings with all stakeholders at a final workshop in Pristina in week of June 25 2007. During this workshop present powerpoint with NHA results, linkages to MTEF and KDSP, and identify policy questions that need to be addressed in the first NHA.

**Time Frame:**

The work is expected to be implemented during the period of April 12 until June 30, 2007. The duration of assignment is approximately 20 days of time worked during these three months. During the assignment, the consultant is expected to travel to Pristina/Kosovo twice to meet with Government representatives at the Ministry of Health and the Ministry of Finance, donors and Word Bank staff. Travel within Kosovo is expected to be limited to visit regional hospitals.

**Required output:**

1. A planned work structure, by activities, deliverables and deadlines.
2. Data sources relevant for compilation (for public, private and military health expenditures separately) of NHA, complemented with a contact person for each of these data sources;
3. Subject areas (health expenditure categories), for which data sources are needed, although currently not yet identified,
4. *Phase 1* “Preparatory steps” contains activities a) – g), timed to be completed by June 30, focusing on institution and capacity building and evaluation of data availabilities.
5. Preliminary NHA report
6. Present at two-day Seminar with stakeholders to present and discuss results and recommendations. Powerpoint presentations will remain with the MOH.
7. Travel to Prishtina and surrounding communities in Kosovo

**Qualification of the Consultant**

* An advanced degree related to statistics, accounting, health financing or economics
* Demonstrated experience in developing and implementing National Health Accounts.
* Demonstrated at least four years experience in NHA and analyzing health sector performance in several countries, as well as being an internationally recognized NHA expert with credentials from OECD, WHO, Eurostat.
* An experience in working with central and eastern European and transition countries.
* Demonstrated capabilities to communicate effectively;
* Working language is English.

**Logistical Support:**

Will be provided through the WB office in Pristina and the MOH.

# Annex III

**International Classification for Health Accounts**

**ICHA code Sources of funding**

HF.1 General government

 HF.1.1 General government excluding social security funds

 HF.1.1.1 Central government

 HF.1.1.2 State/provincial government

 HF.1.1.3 Local/municipal government

 HF.1.2 Social security funds

HF.2 Private sector

 HF.2.1 Private social insurance

 HF.2.2 Private insurance (other than social insurance)

 HF.2.3 Private households

 HF.2.4 Non-profit institutions serving households (other than social insurance)

 HF.2.5 Corporations (other than health insurance)

HF.3 Rest of the world

#

**ICHA code Health care provider**

HP.1 Hospitals

 HP.1.1 General hospitals

 HP.1.2 Mental health and substance abuse hospitals

 HP.1.3 Speciality (other than mental health and substance abuse) hospitals

HP.2 Nursing and residential care facilities

 HP.2.1 Nursing care facilities

 HP.2.2 Residential mental retardation, mental health and substance abuse facilities

 HP.2.3 Community care facilities for the elderly

 HP.2.9 All other residential care facilities

HP.3 Providers of ambulatory health care

 HP.3.1 Offices of physicians

 HP.3.2 Offices of dentists

 HP.3.3 Offices of other health practitioners

 HP.3.4 Out-patient care centres

 HP.3.5 Medical and diagnostic laboratories

 HP.3.6 Providers of home health care services

 HP.3.9 Other providers of ambulatory health care

HP.4 Retail sale and other providers of medical goods

 HP.4.1 Dispensing chemists

 HP.4.2 Retail sale and other suppliers of optical glasses and other vision products

 HP.4.3 Retail sale and other suppliers of hearing aids

 HP.4.4 Retail sale and other suppliers of medical appliances (other than optical glasses and hearing aids)

 HP.4.9 All other miscellaneous sale and other suppliers of pharmaceuticals and medical goods

HP.5 Provision and administration of public health programmes

HP.6 Health administration and insurance

 HP.6.1 Government administration of health

 HP.6.2 Social security funds

 HP.6.3 Other social insurance

 HP.6.4 Other (private) insurance

 HP.6.9 All other providers of health administration

HP.7 Other industries (rest of the economy)

 HP.7.1 Establishments as providers of occupational health care services

 HP.7.2 Private households as providers of home care

 HP.7.9 All other industries as secondary producers of health care

HP.9 Rest of the world

#

**ICHA code Functions of health care**

HC.1 Services of curative care

 HC.1.1 In-patient curative care

 HC.1.2 Day cases of curative care

 HC.1.3 Out-patient curative care

 HC.1.3.1 Basic medical and diagnostic services

 HC.1.3.2 Out-patient dental care

 HC.1.3.3 All other specialised health care

 HC.1.3.9 All other out-patient curative care

 HC.1.4 Services of curative home care

HC.2 Services of rehabilitative care

 HC.2.1 In-patient rehabilitative care

 HC.2.2 Day cases of rehabilitative care

 HC.2.3 Out-patient rehabilitative care

 HC.2.4 Services of rehabilitative home care

HC.3 Services of long-term nursing care

 HC.3.1 In-patient long-term nursing care

 HC.3.2 Day cases of long-term nursing care

 HC.3.3 Long-term nursing care: home care

HC.4 Ancillary services to health care

 HC.4.1 Clinical laboratory

 HC.4.2 Diagnostic imaging

 HC.4.3 Patient transport and emergency rescue

 HC.4.9 All other miscellaneous ancillary services

HC.5 Medical goods dispensed to out-patients

 HC.5.1 Pharmaceuticals and other medical non-durables

 HC.5.1.1 Prescribed medicines

 HC.5.1.2 Over-the-counter medicines

 HC.5.1.3 Other medical non-durables

 HC.5.2 Therapeutic appliances and other medical durables

 HC.5.2.1 Glasses and other vision products

 HC.5.2.2 Orthopaedic appliances and other prosthetics

 HC.5.2.3 Hearing aids

 HC.5.2.4 Medico-technical devices, including wheelchairs

 HC.5.2.9 All other miscellaneous medical durables

HC.6 Prevention and public health services

 HC.6.1 Maternal and child health; family planning and counselling

 HC.6.2 School health services

 HC.6.3 Prevention of communicable diseases

 HC.6.4 Prevention of non-communicable diseases

 HC.6.5 Occupational health care

 HC.6.9 All other miscellaneous public health services

 HC.7 Health administration and health insurance

 HC.7.1 General government administration of health

 HC.7.1.1 General government administration of health (except social security)

 HC.7.1.2 Administration, operation and support activities of social security funds

 HC.7.2 Health administration and health insurance: private

 HC.7.2.1 Health administration and health insurance: social insurance

 HC.7.2.2 Health administration and health insurance: other private

ICHA code Health-related functions

 HC.R.1 Capital formation of health care provider institutions

 HC.R.2 Education and training of health personnel

 HC.R.3 Research and development in health

 HC.R.4 Food, hygiene and drinking water control

 HC.R.5 Environmental health

 HC.R.6 Administration and provision of social services in kind to assist living with disease and impairment

 HC.R.7 Administration and provision of health-related cash-benefits

#

# Annex IV

**List of some health care providers[[11]](#footnote-11)**

|  |  |  |
| --- | --- | --- |
| 1 | University Clinical Center  | HP.1.1 |
| 2 | Gjilan Regional Hospital | HP.1.1 |
| 3 | Prizren Regional Hospital | HP.1.1 |
| 4 | Gjakove Regional Hospital | HP.1.1 |
| 5 | Peje Regional Hospital | HP.1.1 |
| 6 | Mitrovica Regional Hospital | HP.1.1 |
| 7 | Vushtrri Hospital | HP.1.1 |
| 8 | Ferizaj Hospital | HP.1.1 |
|  |  |  |
| 9 | Institute for Public Health | HP.5 |
|  |  |  |
| 10 | Division of Central Administration | HP.6.1 |
| 11 | Health Care Commissioning Agency | HP.6.1 |
| 12 | Kosovo Drug Regulatory Authority | HP.6.1 |
| 13 | Office of the Minister | HP.6.1 |

# Annex V

**Tabel 1. Current and total expenditure on health by function of care and source of funding (mln €) in 2005**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FUNCTION OF CARE / SOURCE OF FUNDING** | **ICHA** | **TOTAL** | **HF.1** | HF.1.1 | HF.1.1.1 | HF.1.1.3 | **HF.2** | HF.2.3 | HF.2.4 | HF.2.5 | **HF.3** |
| **GENERAL GOVERNMENT** | General government (excl social security) | Central government | Local government | **PRIVATE SECTOR** | Private household out-of-pocket expenditure | Non-profit institutions | Corporations | **REST OF THE WORLD** |
| **SERVICES OF CURATIVE CARE** | **HC.1** | **58,2** | **49,5** | 49,5 | **29,7** | **19,8** | **8,6** | **8,6** |   |   | **0,1** |
| In-patient care | HC.1.1 | **29,31** | **28,4** | 28,4 | 28,4 |   | **0,9** | 0,9 |   |   | 0,06 |
| Day cases of curative care | HC.1.2 |  |   |   |   |   |  |   |   |   |   |
| Out-patient care | HC.1.3 | **28,8** | **21,1** | 21,1 | 1,3 | 19,8 | **7,7** | 7,7 |   |   |   |
|  *Basic medical and diagnostic services*  | *HC.1.3.1* | **0,7** | **0,7** | 0,7 | 0,7 |   |  |   |   |   |   |
|  *Out-patient dental care* | *HC.1.3.2* | **4,3** | **0,6** | 0,6 | 0,6 |   | **3,7** | *3,7* |   |   |   |
|  *All other specialized health care* | *HC.1.3.3* | **4,1** |   |   |   |   | **4,1** | *4,1* |   |   |   |
|  *All other out-patient curative care*  | *HC.1.3.9* | **19,8** | **19,8** | 19,8 |   | 19,8 |  |   |   |   |   |
| Services of curative home care | HC.1.4 |  |   |   |   |   |  |   |   |   |   |
| **SERVICES OF REHABILITATIVE CARE** | **HC.2** | **1,5** |   |   |   |   | **1,5** | **1,5** |   |   |   |
| In-patient rehabilitative care | HC.2.1 |  |   |   |   |   |  |   |   |   |   |
| Day cases of rehabilitative care | HC.2.2 |  |   |   |   |   |  |   |   |   |   |
| Out-patient rehabilitative care | HC.2.3 | **1,5** |   |   |   |   | **1,5** | 1,5 |   |   |   |
| Services of rehabilitative home care | HC.2.4 |  |   |   |   |   |  |   |   |   |   |
| **SERVICES OF LONG-TERM NURSING CARE** | **HC.3** |  |   |   |   |   |  |  |   |   |   |
| In-patient long-term nursing care | HC.3.1 |  |   |   |   |   |  |   |   |   |   |
| Day cases of long-term nursing care | HC.3.2 |  |   |   |   |   |  |   |   |   |   |
| Long-term nursing care:home care | HC.3.3 |  |   |   |   |   |  |   |   |   |   |
| **ANCILLARY SERVICES TO HEALTH CARE** | **HC.4** | **0,4** | **0,4** | 0,4 | **0,4** |   |  |   |   |   |   |
| Clinical laboratory | HC.4.1 | **0,4** | **0,4** | 0,4 | 0,4 |   |  |   |   |   |   |
| Diagnostic imaging | HC.4.2 |  |   |   |   |   |  |   |   |   |   |
| Patient transport and emergency rescue | HC.4.3 |  |   |   |   |   |  |   |   |   | 0,0 |
| All other miscellaneous ancillary services | HC.4.9 |  |   |   |   |   |  |   |   |   |   |
| **MEDICAL GOODS DISPENSED TO OUT-PATIENTS** | **HC.5** | **29,4** | **8,8** | 8,8 | **8,8** |   | **20,7** | **20,7** |   |   |   |
| Pharmaceuticals & other medical nondurables | HC.5.1 | **29,2** | **8,8** | 8,8 | 8,8 |   | **20,4** | 20,4 |   |   |   |
|  *Prescribed medicines* | *HC.5.1.1* |  |   |   |   |   |  |   |   |   |   |
|  *Over-the-counter medicines* | *HC.5.1.2* | **19,5** |   |   |   |   | **19,5** | 19,5 |   |   |   |
|  *Other medical non-durables* | *HC.5.1.3* | **0,9** |   |   |   |   | **0,9** | 0,9 |   |   |   |
| Therapeutic appliances and other medical durables | HC.5.2 | **0,2** |   |   |   |   | **0,2** | 0,2 |   |   |   |
|  *Glasses and other vision products* | *HC.5.2.1* |  |   |   |   |   |  |   |   |   |   |
|  *Orthopaedic appliances and other prosthetics*  | *HC.5.2.2* |  |   |   |   |   |  |   |   |   |   |
|  *Hearing aids* | *HC.5.2.3* |  |   |   |   |   |  |   |   |   |   |
|  *Medico-technical devices,incl wheelchairs* | *HC.5.2.4* |  |   |   |   |   |  |   |   |   |   |
|  *All other miscellaneous medical durables* | *HC.5.2.9* |  |   |   |   |   |  |   |   |   |   |
| **PREVENTION AND PUBLIC HEALTH SERVICES** | **HC.6** | **2,7** | **2,0** | 2,0 | **2,0** |   |  |   |   |   | 0,7 |
| Maternal and child health; family planning and couselling | HC.6.1 | **0,1** |   |   |   |   |  |   |   |   | 0,1 |
| School health services | HC.6.2 | **0,0** |   |   |   |   |  |   |   |   |   |
| Prevention of communicable diseases | HC.6.3 | **0,9** | **0,3** | 0,3 | 0,3 |   |  |   |   |   | 0,6 |
| Prevention of non-communicable diseases | HC.6.4 | **0,0** |   |   |   |   |  |   |   |   | 0,0 |
| Occupational health care | HC.6.5 | **0,4** | **0,4** | 0,4 | 0,4 |   |  |   |   |   |   |
| All other miscellaneous public health services | HC.6.9 |  |   |   |   |   |  |   |   |   |   |
| **HEALTH ADMINISTRATION AND HEALTH INSURANCE** | **HC.7** | **3,7** | **1,4** | 1,4 | **1,4** |   |  |   |   |   | **2,3** |
| General government administration of health | HC.7.1 | **3,7** | **1,4** | 1,4 | 1,4 |   |  |   |   |   | 2,3 |
| **TOTAL CURRENT EXPENDITURE ON HEALTH CARE**  | **HC.1-HC.7** | **95,9** | **62,0** | **62,0** | **42,2** | **19,8** | **30,824** | **30,824** |  |  | **3,0** |
| **Total health-related functions** | **HC.R.** | **13,8** | **11,3** | **11,3** | **10,0** | **1,3** | **0,0** | **0,0** |   |   | **2,6** |
| Capital formation of health care provider institutions | HC.R.1 | **11,4** | **9,4** | 9,4 | 8,1 | 1,3 |  |   |   |   | 2,0 |
| **TOTAL EXPENDITURE ON HEALTH**  |  | **107,3** | **71,4** | **71,4** | **50,3** | **21,1** | **30,8** | **30,8** |  |  | **5,0** |
| Education and training of health personnel | HC.R.2 | **2,4** | **1,9** | 1,9 | 1,9 |   |  |   |   |   | 0,6 |
| Research and development in health | HC.R.3 |  |   |   |   |   |  |   |   |   |   |
| Food, hygiene and drinking water control | HC.R.4 |  |   |   |   |   |  |   |   |   |   |
| Environmental health | HC.R.5 |  |   |   |   |   |  |   |   |   |   |
| Administration and provision of social services in kind to assist living with disease and impairment | HC.R.6 |  |   |   |   |   |  |   |   |   |   |
| Administration and provision of health-related cash-benefits | HC.R.7 |  |   |   |   |   |  |   |   |   |   |
| **TOTAL** |  | **109,7** | **73,3** | **73,3** | **52,2** | **21,1** | **30,8** | **30,8** |  |  | **5,6** |

**Tabel 2. Current expenditure on health by function of care and provider industry (mln €) in 2005**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FUNCTION OF CARE / PROVIDERS** | **ICHA** | **Total** | **HP.1**  | HP.1.1 | HP.1.2 | HP.1.3 | **HP.2** | HP.2.1 | HP.2.2 | HP.2.3 | HP.2.9 | **HP.3** | HP.3.1 | HP.3.2 | HP.3.3 | HP.3.4 | HP.3.5 | HP.3.6 | HP.3.9 | *HP.3.9.1* | *HP.3.9.2* | *HP.3.9.9* | **HP.4.** | HP.4.1 | HP.4.2 | HP.4.3 | HP.4.9 | **HP.5** | **HP.6** | HP.6.1 | **HP.7** | HP.7.9 | **HP.9** |
| **HOSPITALS** | General Hospitals | Mental health and substance abuse hospitals | Spesiality hospitals (other than mental hospitals) | **NURSING AND RESIDENTAL CARE FACILITIES** | Nursing and residental care facilities | Residental mental retardation, mental health and substance abuse facilities | Community care facilities for the elderly | All other residential care facilities | **PROVIDERS OF AMBULATORY HEALTH CARE** | Officies of physicians | Offices of dentists | Offices of other health practitioners | Out-patient care centres | Medical and diagnostic laboratories | Providers of home health care services | Other providers of ambulatory health care | *Ambulance services* | *Blood and organ banks* | *Providers of all other ambulatory health care services* | **RETAIL SALE AND OTHER PROVIDERS OF MED.GOODS** | Dispensing chemists | Retail sale and other suppliers of optical glasses and other vision products | Retail sale and other suppliers of hearing aids | All other sales of medical goods | **PROVISION AND ADMINISTRATION OF PUBLIC HEALTH PROGRAMMES** | **GENERAL HEALTH ADMINISTRATION AND INSURANCE** | Government administration of health | **Other industries** | All other industries as secondary producers of health care | **REST OF THE WORLD** |
| **SERVICES OF CURATIVE CARE** | **HC.1** | **58,1** | **27,7** | **27,6** | **0,1** | **0,0** | **0,9** | **0,0** | **0,9** | **0,0** | **0,0** | **28,8** | **0,7** | **4,3** | **0,0** | **23,9** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,7** |
| In-patient care | HC.1.1 | **29,3** | **27,7** | 27,6 | 0,1 |   | **0,9** |   | 0,9 |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   | **0,7** |
| Day cases of curative care | HC.1.2 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Out-patient care | HC.1.3 | **28,8** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **28,8** | **0,7** | **4,3** | **0,0** | **23,9** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** |
|  *Basic medical and diagnostic services*  | *HC.1.3.1* | **0,7** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,7** | 0,7 |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
|  *Out-patient dental care* | *HC.1.3.2* | **4,3** | **0,0** |   |   |   | **0,0** |   |   |   |   | **4,3** |   | 4,3 |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
|  *All other specialized health care* | *HC.1.3.3* | **4,1** | **0,0** |   |   |   | **0,0** |   |   |   |   | **4,1** |   |   |   | 4,1 |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
|  *All other out-patient curative care*  | *HC.1.3.9* | **19,8** | **0,0** |   |   |   | **0,0** |   |   |   |   | **19,8** |   |   |   | 19,8 |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| **SERVICES OF REHABILITATIVE CARE** | **HC.2** | **1,5** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **1,5** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **1,5** | **0,0** | **0,0** | **1,5** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** |
| In-patient rehabilitative care | HC.2.1 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Day cases of rehabilitative care | HC.2.2 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Out-patient rehabilitative care | HC.2.3 | **1,5** | **0,0** |   |   |   | **0,0** |   |   |   |   | **1,5** |   |   |   |   |   |   | **1,5** |   |   | 1,5 | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Services of rehabilitative home care | HC.2.4 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| **SERVICES OF LONG-TERM NURSING CARE** | **HC.3** | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| In-patient long-term nursing care | HC.3.1 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Day cases of long-term nursing care | HC.3.2 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Long-term nursing care:home care | HC.3.3 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| **ANCILLARY SERVICES TO HEALTH CARE** | **HC.4** | **0,4** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,4** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,4** | **0,0** | **0,4** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** |
| Clinical laboratory | HC.4.1 | **0,4** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,4** |   |   |   |   |   |   | **0,4** |   | 0,4 |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Diagnostic imaging | HC.4.2 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Patient transport and emergency rescue | HC.4.3 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** | 0,0 |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| All other miscellaneous ancillary services | HC.4.9 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| **MEDICAL GOODS DISPENSED TO OUT-PATIENTS** | **HC.5** | **29,4** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **29,4** | **28,3** | **0,0** | **0,0** | **1,1** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** |
| Pharmaceuticals & other medical nondurables | HC.5.1 | **29,2** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **29,2** | 28,3 | **0,0** | **0,0** | **0,9** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** | **0,0** |
|  *Prescribed medicines* | *HC.5.1.1* | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
|  *Over-the-counter medicines* | *HC.5.1.2* | **19,5** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **19,5** | 19,5 |   |   |   |  | **0,0** |   |  |   |  |
|  *Other medical non-durables* | *HC.5.1.3* | **0,9** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,9** |   |   |   | 0,9 |  | **0,0** |   |  |   |  |
| Therapeutic appliances and other medical durables | HC.5.2 | **0,2** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,2** |   |   |   | 0,2 |  | **0,0** |   |  |   |  |
| **PREVENTION AND PUBLIC HEALTH SERVICES** | **HC.6** | **2,7** | **0,2** | 0,2 |   |   | **0,0** |   |   |   |   | **0,4** |   |   |   | **0,4** |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   | **2,1** | **0,0** |   |  |   |  |
| Maternal and child health; family planning and couselling | HC.6.1 | **0,1** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,1** | **0,0** |   |  |   |  |
| School health srvices | HC.6.2 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| Prevention of communicable diseases | HC.6.3 | **0,9** | **0,2** | 0,2 |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,7** | **0,0** |   |  |   |  |
| Prevention of non-communicable diseases | HC.6.4 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** | **0,0** |   |  |   |  |
| Occupational health care | HC.6.5 | **0,4** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,4** |   |   |   | 0,4 |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| All other miscellaneous public health services | HC.6.9 | **0,0** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **0,0** |   |  |   |  |
| **HEALTH ADMINISTRATION AND HEALTH INSURANCE** | **HC.7** | **3,7** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **3,7** | **3,7** |  |   |  |
| General government administration of health | HC.7.1 | **3,7** | **0,0** |   |   |   | **0,0** |   |   |   |   | **0,0** |   |   |   |   |   |   | **0,0** |   |   |   | **0,0** |   |   |   |   |  | **3,7** | 3,7 |  |   |  |
| **TOTAL CURRENT EXPENDITURE ON HEALTH CARE**  | **HC.1-HC.7** | **95,9** | **27,9** | **27,8** | **0,1** | **0,0** | **0,9** | **0,0** | **0,9** | **0,0** | **0,0** | **31,1** | **0,7** | **4,3** | **0,0** | **24,2** | **0,0** | **0,0** | **1,9** | **0,0** | **0,4** | **1,5** | **29,4** | **28,3** | **0,0** | **0,0** | **1,1** | **2,1** | **3,7** | **3,7** | **0,0** | **0,0** | **0,7** |

**Tabel 3. Current expenditure on health by provider industry and source of funding (mln €) in 2005**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROVIDERS / SOURCE OF FUNDING** | **ICHA** | **Total** | HF.1 | HF.1.1 | HF.1.1.1 | HF.1.1.3 | HF.2 | HF.2.3 | HF.2.4 | HF.2.5 | HF.3 |
| **GENERAL GOVERNMENT** | General government (excl social security) | Central government | Local government | **PRIVATE SECTOR** | Private household out-of-pocket expenditure | Non-profit institutions | Corporations | **REST OF THE WORLD** |
| **HOSPITALS** | **HP.1**  | **27,9** | **26,7** | 26,7 | **26,7** |  | **0,9** | **0,9** |  |  | **0,3** |
| General Hospitals | HP.1.1 | **27,8** | **26,7** | 26,7 | 26,7 |   | **0,9** | 0,9 |   |   | 0,2 |
| Mental health and substance abuse hospitals | HP.1.2 | **0,1** |  |   |   |   |  |   |   |   | 0,1 |
| Spesiality hospitals (other than mental hospitals) | HP.1.3 |  |  |   |   |   |  |   |   |   |   |
| **NURSING AND RESIDENTAL CARE FACILITIES** | **HP.2** | **0,9** | **0,9** | 0,9 | **0,9** |  |  |  |  |  |  |
| Nursing and residental care facilities | HP.2.1 |  |  |   |   |   |  |   |   |   |   |
| Residental mental retardation, mental health and substance abuse facilities | HP.2.2 | **0,9** | **0,9** | 0,9 | 0,9 |   |  |   |   |   |   |
| Community care facilities for the elderly | HP.2.3 |  |  |   |   |   |  |   |   |   |   |
| All other residential care facilities | HP.2.9 |  |  |   |   |   |  |   |   |   |   |
| **PROVIDERS OF AMBULATORY HEALTH CARE** | **HP.3** | **31,1** | **21,8** | 21,8 | **2,1** | **19,8** | **9,3** | **9,3** |  |  | **0,0** |
| Officies of physicians | HP.3.1 | **0,7** | **0,7** | 0,7 | 0,7 |   |  |   |   |   |   |
| Offices of dentists | HP.3.2 | **4,3** | **0,6** | 0,6 | 0,6 |   | **3,7** | 3,7 |   |   |   |
| Offices of other health practitioners | HP.3.3 |  |  |   |   |   |  |   |   |   |   |
| Out-patient care centres | HP.3.4 | **24,2** | **20,1** | 20,1 | 0,4 | 19,8 | **4,1** | 4,1 |   |   |   |
| Medical and diagnostic laboratories | HP.3.5 |  |  |   |   |   |  |   |   |   |   |
| Providers of home health care services | HP.3.6 |  |  |   |   |   |  |   |   |   |   |
| Other providers of ambulatory health care | HP.3.9 | **1,9** | **0,4** | 0,4 | 0,4 |   | **1,5** | 1,5 |   |   | 0,0 |
| *Ambulance services* | *HP.3.9.1* | **0,0** |  |   |   |   |  |   |   |   | 0,0 |
| *Blood and organ banks* | *HP.3.9.2* | **0,4** | **0,4** | 0,4 | 0,4 |   |  |   |   |   |   |
| *Providers of all other ambulatory health care services* | *HP.3.9.9* | **1,5** |  |   |   |   | **1,5** | 1,5 |   |   |   |
| **RETAIL SALE AND OTHER PROVIDERS OF MED.GOODS** | **HP.4.** | **29,4** | **8,8** | 8,8 | **8,8** |  | **20,7** | **20,7** |  |  |  |
| Dispensing chemists | HP.4.1 | **28,3** | **8,8** | 8,8 | 8,8 |   | **19,5** | 19,5 |   |   |   |
| Retail sale and other suppliers of optical glasses and other vision products | HP.4.2 |  |  |   |   |   |  |   |   |   |   |
| Retail sale and other suppliers of hearing aids | HP.4.3 |  |  |   |   |   |  |   |   |   |   |
| All other sales of medical goods | HP.4.9 | **1,1** |  |   |   |   | **1,1** | 1,1 |   |   |   |
| **PROVISION AND ADMINISTRATION OF PUBLIC HEALTH PROGRAMMES** | **HP.5** | **2,1** | **1,7** | 1,7 | **1,7** |  |  |  |  |  | **0,5** |
| **GENERAL HEALTH ADMINISTRATION AND INSURANCE** | **HP.6** | **3,7** | **1,4** | 1,4 | **1,4** |  |  |  |  |  | **2,3** |
| Government administration of health | HP.6.1 | **3,7** | **1,4** | 1,4 | 1,4 |   |  |   |   |   | 2,3 |
| **Other industries** | **HP.7** |  |  |   |  |  |  |  |  |  |  |
| All other industries as secondary producers of health care | HP.7.9 |  |  |   |   |   |  |   |   |   |   |
| **REST OF THE WORLD** | **HP.9** | **0,7** | **0,7** | 0,7 | **0,7** |   |  |   |   |   |   |
| **TOTAL CURRENT EXPENDITURE ON HEALTH CARE**  |  | **95,9** | **62,0** | **62,0** | **42,2** | **19,8** | **30,8** | **30,8** | **0,0** | **0,0** | **3,0** |

# Annex VI

|  |  |
| --- | --- |
|  |  |

**HOUSEHOLD BUDGET SURVEY**

 “The Office shall ensure that individual data collected for statistical purposes, whether collected from natural or legal persons, or bodies and organizations of the public administration (hereinafter “Respondents”), are handled in a strictly confidential manner and used exclusively for statistical purposes. … The protection of data shall include, but not be limited to, ensuring that statistics in the form of aggregates are not disseminated in such manner that information on individual respondents is inadvertently disclosed.” UNMIK/REG/2001/14, 3.1.

“All respondents shall be obliged, in accordance with the applicable law, to cooperate and provide timely and accurately statistical data to the Office, and to cooperate with the Office to verify the accuracy of the collected data.” UNMIK/REG/2001/14, 4.1.

Questionnaire number: □□□□

Year: □□□□

Month: □□

**HOUSEHOLD IDENTIFICATION**

1. MUNICIPALITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □□

2. PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □□□□□□□

3. NUMBER OF THE HOUSEHOLD INTERVIEWED: □□□□□□□□□

ADDRESS IF AVAILABLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF THE HEAD OF THE HOUSEHOLD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NUMRI I VIZITAVE TË BËRA NGA INTERVISTUESI

|  |  |  |
| --- | --- | --- |
| Numri | Koha | *Qëllimi* |
| 1 | Para muajit regjistrues | a) të identifikohet ekonomia shtëpiakeb) të paraqitet anketac) të realizohet vizita e parëd) spjegimi dhe dorëzimi i librit regjistrues (ditarit)e) caktimi i vizitave të mëtutjeshme |
| 2 | Pas javës së parë të anketës(dita e 7 – 9 e muajit) | a) Të monitorohet plotësimi i librit të shënimeve dhe përgjegjjeve në pyetje b) Të kompletoj librin e shënimeve për javën e parë dhe të bëhet shifrimic) Bëni kontrollimin  |
| 3 | Pas javës së dytë të anketës(dita e 14 – 16 e muajit) | a)Të monitorohet plotësimi i librit të shënimeve (ditarin) dhe pergjigjeve në pyetjeb) Të kompletoj librin e shënimeve për javën e dytë dhe të bëhet shifrimic) Bëni kontrollin |
| 4 | Pas javës së tretë të anketës(dita e 21 – 23 e muajit) | a) Të monitorohet plotësimi i librit të shënimeve dhe përgjegjjeve në pyetje b) Të kompletoj librin e shënimeve për javën e parë dhe të bëhet shifrimic) Bëni kontrollimin |
| 5 | Drejtpërdrejt pas muajit të plotë(31 – 02) | a) Të monitorohet plotësimi i librit të shënimeve dhe përgjegjjeve në pyetje b) Të kompletoj librin e shënimeve për javën e fundit dhe të bëhet shifrimi |

TË DHËNAT PËR KONTROLLIM TË PYETËSORIT:

NAME OF INTERVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

END OF INTREVIEW

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Did you during | 1st week | 2nd week | 3rd week | 4th week | Item | Whole month | Comments |
| past week buy or pay | €. | c | € | c | € | c | € | c | No. | € | c |  |
| …domestic services |  |  |  |  |  |  |  |  |  |  |  |  |
| …costs for health |  |  |  |  |  |  |  |  |  |  |  |  |
| Medicaments |  |  |  |  |  |  |  |  |  |  |  |  |
| Pharmaceutical applianc. |  |  |  |  |  |  |  |  |  |  |  |  |
| Therapeutic equipment |  |  |  |  |  |  |  |  |  |  |  |  |
| Other medical products |  |  |  |  |  |  |  |  |  |  |  |  |
| Out-patient medical, dental, paramed. services |  |  |  |  |  |  |  |  |  |  |  |  |
| Hospital services |  |  |  |  |  |  |  |  |  |  |  |  |
| Health administration, accom, food, ambul. |  |  |  |  |  |  |  |  |  |  |  |  |
| Traditional medicines |  |  |  |  |  |  |  |  |  |  |  |  |
| Other medical services |  |  |  |  |  |  |  |  |  |  |  |  |

# Annex VII

**The data on health care revenues and expenditures of central government, 2005[[12]](#footnote-12)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Func. / Sub Func. Code** | **Ministries/Institutions** | **Departments** | **Programmes** | **Maximum Number of Staff in 2005** | **Wages and Salaries** | **Goods and Services** | **Subsidies and Transfers** | **Capital Outlays** | **Reserve** | **Total 2005** |
|   | **Ministry of Health** |   |   |  **7 513**  | **17 920 441**  | **25 443 918**  | **724 082**  | **8 100 000**  |  |  **52 188 441**  |
|  |  | **Hospitals Health Services**  |  | **6141** | **13 951 313**  | **12 663 528**  |  | **3 835 928**  |  |  **30 450 769**  |
| 0730 |  |   | University Clinical Center  | 2871 |  6 763 945  |  7 127 000  |   |  1 645 928  |   |  15 536 873  |
| 0730 |  |   | Gjilan Regional Hospital | 540 |  1 206 411  |  786 398  |   |  225 000  |   |  2 217 809  |
| 0730 |  |   | Prizren Regional Hospital | 778 |  1 753 777  |  1 186 836  |   |  863 000  |   |  3 803 613  |
| 0730 |  |   | Gjakove Regional Hospital | 575 |  1 209 384  |  926 820  |   |  285 000  |   |  2 421 204  |
| 0730 |  |   | Peje Regional Hospital | 570 |  1 245 562  |  840 272  |   |  285 000  |   |  2 370 834  |
| 0730 |  |   | Mitrovica Regional Hospital | 324 |  724 548  |  885 222  |   |  215 000  |   |  1 824 770  |
| 0730 |  |   | Vushtrri Hospital | 118 |  271 666  |  248 980  |   |  80 000  |   |  600 646  |
| 0730 |   |   | Ferizaj Hospital | 219 |  450 476  |  340 000  |   |  145 000  |   |  935 476  |
|   |   |   |   |   |   |   |   |   |   |  |
| 0723 |   |   | Dental Clinic | 146 |  325 544  |  322 000  |   |  92 000  |   |  739 544  |
|  |   | **Other Health Services** |  | **814** | **1 913 389**  | **11 334 402**  | **724 082**  | **1 277 872**  |  |  **15 249 745**  |
| 0721 |   |   | Primary Health Care | 10 |  24 083  |  641 940  |   |  530 000  |   |  1 196 023  |
| 0740 |   |   | Institute for Public Health | 287 |  715 361  |  605 000  |   |  150 000  |   |  1 470 361  |
| 0732 |   |   | Kosovo Mental Health Services | 172 |  397 876  |  505 922  |   |  223 000  |   |  1 126 798  |
| 0711 |   |   | Pharmaceuticals Programme |   |   |  8 758 893  |   |   |   |  8 758 893  |
| 0722 |   |   | Occupational Health Programme | 86 |  203 715  |  151 672  |   |  123 632  |   |  479 019  |
| 0950 |   |   | Nursing Division | 10 |  25 838  |  63 440  |   |  5 000  |   |  94 278  |
| 0722 |   |   | Minorities Health Programme | 195 |  420 088  |  352 035  |   |  51 240  |   |  823 363  |
| 0760 |   |   | Overseas Medical Hardship Treatment |   |   |   |  724 082  |   |   |  724 082  |
| 0732 |   |   | National Entity of Blood Transfusion  | 54 |  126 428  |  255 500  |   |  195 000  |   |  576 928  |
|   |   | **Department of Administration** |  | **558** | **2 055 739**  | **1 445 988**  |  | **2 986 200**  |  |  **6 487 927**  |
| 0130 |   |   | Division of Central Administration | 123 |  383 809  |  498 500  |   |  1 760 000  |   |  2 642 309  |
| 0760 |   |   | Health Care Commissioning Agency | 4 |  27 403  |  64 000  |   |  10 000  |   |  101 403  |
| 0760 |   |   | Kosovo Drug Regulatory Authority | 25 |  86 907  |  205 100  |   |  1 155 000  |   |  1 447 007  |
| 0760 |   |   | Other Programmes | 58 |  131 343  |  204 388  |   |  41 200  |   |  376 931  |
| 0111 |   |   | Office of the Minister | 12 |  67 880  |  60 000  |   |  20 000  |   |  147 880  |
| 0941 |   |   | Resident doctors | 336 |  1 358 397  |  414 000  |   |   |   |  1 772 397  |

# Annex VIII

**Donors’ health care expenditures, 2005[[13]](#footnote-13)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Donor** | **Subsector** | **Description** | **Intervention type** | **Committed** | **Contracted** | **Spent** | **Aid Modality** | **Project Status** |
| EU (EAR) | Health Care System Administration and Management | Support to Ministry of Health | T |   |   | € 695,97 | P | O |
| UNDP | Public Health | HIV/AIDS in Kosovo  | TA |   | € 71,00 | € 15,00 | P | O |
| UNDP | Public Health | Preventive Development Advocacy for HIV/ AIDS in Kosovo  | TA |   | € 71,00 | € 64,00 | P | O |
| USA | Public Health | HIV/AIDS-FSHI | TA |   |   | € 156,19 | P | C |
| Luxembourg | Hospitals | Refurbishment and strengthening of the Prizren Hospital | CI | € 881,17 | € 881,17 | € 1 417,72 | P | O |
| UK | Health Care System Administration and Management | Support to the Ministry of Health | TA | € 855,00 | € 855,00 | € 855,00 | P | O |
| Finland | Health Care System Administration and Management | Development of Nursing in Kosovo | TA | € 733,76 | € 733,76 | € 733,76 | P | O |
| Italy | Public Health | Technical Assistance, Re-trainig and Professional Training for the staff of the Peja Regional Hospital | TA | € 558,91 | € 558,91 | € 558,91 | P | O |
| Switzerland | Mental Health | Intensive Care Psychiatric Unit | CI | € 502,67 | € 502,67 | € 502,67 | P | C |
| Other Governmental | Public Health | Tuberculosis Prevention and tretment activities in Kosovo | TA | € 447,61 |   |   | DDG | N |
| USA | Public Health | Health Partnership AIHDA / DMS | TA | € 415,85 |   |   | P | O |
| EU (EAR) | Health Care System Administration and Management | Support to the Ministry of Health | TA | € 300,00 | € 300,00 |   | P | O |
| EU (EAR) | Health Care System Administration and Management | Emergency Medical Care Enhancement | TA | € 305,06 | €305,06 |   | P | O |
| Sweden | Hospitals | Regional programme to fight HIV/aids Support to local NGOs and clinical sector | TA | € 215,52 | € 215,52 | € 215,52 | P | N |
| UNICEF | Public Health | Immunization Plus | TA | € 83,91 | € 83,91 | € 83,91 | P | N |
| Japan | Health Care System Administration and Management | Medical Equipment for Ambulance | TA | € 72,35 | € 72,35 | € 72,35 | DDG | C |
| UNICEF | Public Health | Parentig Initiative - BPI | O | € 65,00 | € 65,00 | € 65,00 | P | C |
| UNICEF | Public Health | Mother and Child Health Care Services | TA | € 41,23 | € 41,23 | € 41,23 | P | N |
| UNICEF | Public Health | Policies, legislation on Safe Motherhood and Early Childhood | TA | € 28,97 | € 28,97 | € 28,97 | P | C |
| UNDP | Public Health | Health Education for Novo Bërd | TA | € 13,17 | € 13,16 | € 13,16 | DDG | N |
| UNICEF | Public Health | Universal Salt Iodisation and reduction of IDD | TA | € 8,53 | € 8,53 | € 8,53 | P | C |
| UNDP | Health Care System Administration and Management | Health - Shterpce Municipality | TA | € 7,21 | € 7,21 | € 7,21 | DDG | C |
| IOM | Public Health | Counter Trafficking Programme | T | € 6,40 | € 5,12 | € 1,92 | DDG | N |
| UNICEF | Public Health | Mother and Child Health Care Serices | O | € 4,69 | € 4,69 | € 4,69 | P | C |
| UNDP | Public Health | Health | TA | € 4,18 | € 1,23 | € 1,23 | DDG | C |
| USA | Mental Health | Iniciative for inclusion of people with mental disabilities | TA | € 241,02 | € 241,02 | € 59,81 | P | O |
| Denmark | Mental Health | Treatment of Traumatized Persons | TA | € 0,39 | € 0,39 | € 0,35 | P | O |
|  |  |  |  | **€ 5 792,60** | **€ 5 066,90** | **€ 5 603,10** |  |  |

1. [http://www.oecd.org/document/8/0,3343,en\_2649\_201185\_2742536\_1\_1\_1\_1,00.html](http://www.oecd.org/document/8/0%2C3343%2Cen_2649_201185_2742536_1_1_1_1%2C00.html) [↑](#footnote-ref-1)
2. Manual “System Health Accounts (SHA)”, version 1.0. [↑](#footnote-ref-2)
3. Budget 2005, Mr. Zilif Lufi, Deputy Director, Treasury, MEF, April 20, 2007 [↑](#footnote-ref-3)
4. HBS 2005, Mr Bashkin Bellaqa, director of department of social statistics, April 19, 2007 [↑](#footnote-ref-4)
5. In report „Kosovo Public Expenditure and Institutional Review” (13 April 2006, Poverty Reduction and Economic Management Unit, Europe and Central Asia Region. Health Financing, Main Indicators 2001 – 2004) health care expenditures per capita for 2003 were 61.1 € and 2004 – 81.5 €. LSMS 2000, HBS 2002 and authors own estimations were used in the report. Therefore it proves once again that preliminary NHA data is underestimated. However this time it was not possible to use old data from LSMS 2000 for NHA 2005. [↑](#footnote-ref-5)
6. In the circumstances of NHA 2005 medical products for outpatients= pharmaceuticals. [↑](#footnote-ref-6)
7. Deviation by primary, secondary and tertiary health care is not an issue for NHA. Therefore it was not conducted in the preliminary NHA. However if country is interested in such kind of distribution, it should be done in future. [↑](#footnote-ref-7)
8. In the circumstances of NHA 2005 medical products for outpatients= pharmaceuticals. [↑](#footnote-ref-8)
9. Usually - pharmacies and chemist's shops. [↑](#footnote-ref-9)
10. Meeting with Valbona from DFID in January 2007. In April 2007DFID plans to bring a team of experts to work with MOH in designing a future project. [↑](#footnote-ref-10)
11. The list of the health care providers is far from complete. However it was not possible to classified health care providers by ICHA-HP, because no final list of health facilities exists. Firstly, all entities that deliver health service should be list, both public and private. [↑](#footnote-ref-11)
12. Source: MEF, Treasury [↑](#footnote-ref-12)
13. Source: MEF, Treasury [↑](#footnote-ref-13)