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Universal Healthcare Coverage and the Future of Healthcare in Kosovo

An Honors Society Project

by

Jona Jaha

In Partial Fulfillment of the Requirements for Membership in the Honors Society of RIT Kosovo

Supervisor Venera Demukaj, Ph.D

August, 2019

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List of Acronyms

EU – European Union

FFS – Fee-For-Service

FM – Family Medicine Centers

MCSR – Medical Centre for Sport and Recreation

NIOH – National Institute for Occupational Health

NIPHK – National Institute for Public Health of Kosovo

NTC – National Transfusion Centre

OOP – Out-of-pocket payments

P4P – Pay for performance

SDGs – Sustainable Development Goals

UCCDK –University Dentistry Clinical Center of Kosovo

UCCK – Universal Clinical Center of Kosovo

UHC – Universal Healthcare Coverage

WHO – World Health Organization

Executive Summary

The aim of this Honors project paper is to identify and analyze policy issues that will affect the health sector in Kosovo once universal health coverage scheme is implemented. More specifically, the study will focus on three pillars of the health sector, namely health institutions, medical personnel and citizens. Besides assessing changes on the pillars of the health sector, this study aims at evaluating the receptiveness of stakeholders to this policy issue, more specifically the citizens' perspective on the implementation of universal health coverage in Kosovo. This study is based on a combination of qualitative research methods—primary and secondary research. The research methodology is encompassed the coupling of literature review, large-scale survey and semi-structured interviews.

1. Introduction

Even after the approval from the Assembly of the Republic of Kosovo on the Law on Health Insurance, Kosovo has yet to be introduce a universal health coverage scheme. However, the government of Kosovo has announced that this coverage scheme will start its implementation by 2020. The purpose of universal health coverage in Kosovo is to ensure that citizens have universal access to quality health care services and provide financial protection from impoverishment and improving health indicators. The Law on Health Insurance aimed at adhering to fundamental principles of equity, universal access to healthcare services, reciprocity, solidarity, individual responsibility and protection against financial risks (Degjoni et. al., 2018).

The aim of this paper is to identify and analyze policy areas that will affect the health sector in Kosovo once universal health coverage scheme is implemented. More specifically, the study will focus on three pillars of the health sector, namely health institutions, medical personnel and citizens. In the first pillar, health institutions, the focus will be on the effect of the scheme in the number of services, quality of services, and medical operators. In the second pillar, medical staff, the focus will be on the changes in performance, distribution of work and responsibility, and organogram of medical institutions. Lastly, in the third pillar, the study will focus on benefits and drawbacks of universal health coverage system pertaining the wellbeing of the citizens of Kosovo. Besides assessing changes on the pillars of the health sector, this study aims at evaluating the receptiveness of stakeholders to this policy issue, more specifically the citizens' perspective on the implementation of universal health coverage in Kosovo.

This paper starts with a literature review on the definition of universal health coverage, an elaboration of the current health systems in the Balkan region and Kosovo, followed by an analysis of Kosovo's path towards the institutionalization of universal health coverage. It further continues with a representation of data and result from primary and secondary research on the topic. Lastly, discusses the research results and recommends potential areas of improvement.

2. Literature Review

2.1. Universal Healthcare Coverage Scheme

As defined by the World Health Organization (WHO), universal health coverage (UHC), is a system that offers all people and communities “the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship” (WHO, par.1-2). This framework is built upon three pillars, namely (1) equity in access to healthcare services, (2) qualitative healthcare services to improve the health of individuals getting treatment, and (3) protection of individuals from financial risk by ensuring rational costs of services. Universal health coverage is substantially based on the WHO Constitution of 1948 which aims at promoting health as a fundamental human right and consequently is part of the all of the health-related Sustainable Development Goals (SDGs) (WHO, par.3-6).

2.2. Health Coverage Schemes in the Balkan Region

Since the break-up of former Yugoslavia, for more than two decades, countries in the Balkan region are going through a transition process in many development areas, including health systems. Current healthcare schemes in the Balkans have been largely imprinted by the previous socialist framework coupled with substantial change in structure as a result of the exposure to Western European standards. The endeavor for better and higher-quality healthcare has empowered private coverage schemes by allowing them to fill a portion of the gap created due to the inability of the public-sector budgets to meet the required standards. For most of the countries in Balkan, one of the major issues in the health sector is the high level of out-of-pocket (OOP) payments for healthcare services and treatments. According to the health-spending data from the World Health Organization (WHO), OOP payments constitute a large share of expenditure in the countries of the region (EIU, 2016). The representation of these data can be seen in the following Chart 1.

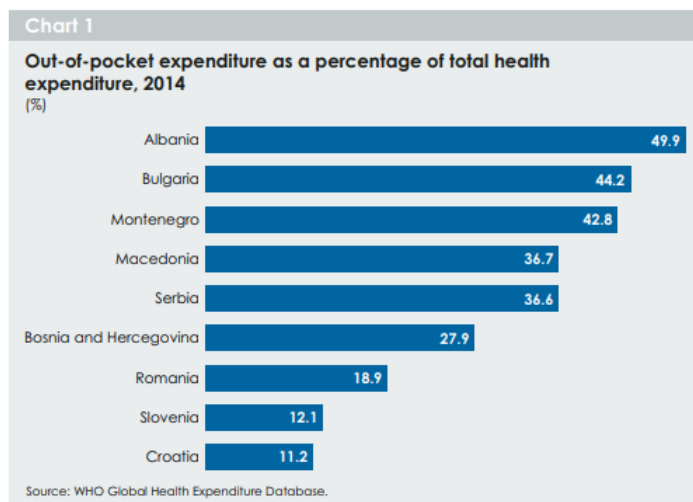


Chart 1. Out-of-pocket (OOP) as a percentage of total health expenditures in the Balkan region (WHO Database, 2014)

The concerning levels of OOP payments and the fragmentation of the Balkan healthcare systems have pushed most of the countries in the region to employ a social health insurance (SHI) scheme. The social health insurance (SHI) is based on a compulsory membership where all members of the society pay contributions to a social health insurance fund. The SHI system serves as a key tool that helps countries reach universal health coverage. By analyzing the health sector in Balkan countries such as Macedonia and Albania, it can be observed that universal health coverage is a conceptual framework in national health objectives however very little is done to put this framework in practice. The most successful country in the Balkans to employ SHI as a pathway to introduce universal coverage is Croatia. The population in Croatia is covered by discretionary insurance administered by the Croatian Health Insurance Fund and through a basic health insurance plan as enacted by law (EIU, 2016).

2.3. Kosovo's Healthcare System Historical Background

Kosovo's health system is predominantly based on the Semashko model of healthcare delivery; where the provider and the purchaser of health care services is the central government. This operational framework adheres to a centralized healthcare system and includes a centrally planned provision of health care, co-payment system, and state-financed and state-owned health facilities. Additionally, under the Semashko model, the Government of Kosovo recognizes all healthcare providers as civil servants. Kosovo has inherited the Semashko system from former socialist Yugoslavia and has maintained this form of organization up to this date (Uka and Balidemaj,

2013). However, healthcare system in Kosovo has been susceptible to many changes as a result of the political and economic turmoil following two periods of time, namely before and after the Kosovo conflict of late 1990s.

During the pre-conflict period, Kosovo embraced the hierarchical and centralized Semashko model of healthcare delivery by orienting its system in three main pillars: doctors, hospitals and treatments. However, the advancement of this healthcare model was hindered by the emergence of the armed conflict in 1998 to 1999. The deterioration of the system came largely due to the disruption of many public-service infrastructures, most importantly electricity and water. During the conflict, over 90 percent of health institutions and many private clinics were damaged and destroyed. Access and availability of services had significantly dropped and most of the emergency and after-hours care were carried through private practitioners (Uka and Balidemaj, 2013).

By the end of the conflict, Kosovo was left with a severely war-damaged healthcare system that needed fundamental reconstruction. The post-war period posed many challenges to Kosovo's public healthcare system. The main factors that compromised the quality of the system were inconsistent primary care across socioeconomic groups and regions, lack of health practitioners in rural areas, minimal service efficiency, and lack of a functioning referral system. The severity of the situation also came as a result of the mismanagement of hospitals and the separation of clinics into separate buildings resulting in miscommunication among departments therefore service inefficiency and duplication (Uka and Balidemaj, 2013). The post-conflict period still poses several challenges to the health system in Kosovo, highly related to economic ones such as high unemployment and poverty rate.

2.4. Kosovo's Current Healthcare System

2.4.1. The Structure of the Current Healthcare System in Kosovo

The current healthcare system in Kosovo is structured in three levels, namely primary, secondary and tertiary health care.

I. Primary Health Care (PHC)

Primary health care level includes health care services that are offered to community members with the purpose of providing initial diagnosis and adequate curative care. According to the Health Policy Institute (HPI), the aim of the primary health care division is to address an approximate of 80 to 90 percent of health problems and serve as the initial point of contact and the gatekeeper to secondary health care (Mužik and Uka, 2013). Currently, Kosovo has 36 primary health care medical centers. Kosovo's primary healthcare scheme constitutes two distinct levels of operation: Ambulatory Health Care Unit and Family Medicine Centers (FM). The number and the location of health clinics is dependent on the basis of population (per-capita basis); for instance, each Family Medicine Centers has catchment population of an estimate of 2000 citizens. The primary objective of FMs is to offer initial diagnosis and consequently adequate curative care. More specifically, under satisfactory conditions, family centers are responsible for drug management and minor surgery; maternal and child healthcare; emergency care and stabilization of patients; and reproductive health services (Minsitry of Health, 2009).

II. Secondary Health Care

Secondary Health Care is the system by which citizens are offered a more specialized treatment upon the referral of primary care physicians in terms of more specific skills, knowledge or equipment. Kosovo has seven secondary healthcare centers, or known otherwise as regional hospitals, located in seven major cities: Prizren, Peja, Gjakova, Ferizaj, Gjilan, Mitrovica and Vushtrri. Prishtina, as the capital city, has no secondary healthcare center therefore its residence use tertiary healthcare centers in its absence. Regional hospitals have a capacity of 500 to 600 beds and offer inpatient care, specialist care and outpatient specialty care upon referral. According to the WHO, one of the main objectives of secondary healthcare practices should be prevention programs that aim at the identification and treatment of asymptomatic individuals who are diagnosed with any pre-clinical diseases or have been exposed to particular risk factors (Minsitry of Health, 2009).

III. Tertiary Health Care

Tertiary Health Care is the highest medical division that offers highly specialized healthcare to patients referred from both primary and secondary medical practitioners. Activities in the tertiary level include specialized treatment of well-established diseases in order to mitigate the negative consequences and complications of the disease, and complex surgical and medical procedures. The tertiary level of healthcare in Kosovo is based on the Universal Clinical Center of Kosovo (UCCK) and its numerous institutions and clinics, and the University Dentistry Clinical Center of Kosovo (UCCDK). Few of the most noteworthy national institutions in Kosovo are the National Institute for Occupational Health (NIOH) responsible for the healthcare and wellbeing of the employed; National Transfusion Centre (NTC) responsible for the blood bank; National Institute for Public Health of Kosovo (NIPHK) responsible for health education and medical data gathering and analysis; and Medical Centre for Sport and Recreation (MCSR). Besides clinics and institutes, the tertiary level of healthcare covers the Faculty of Medicine responsible for university education of medical undergraduates and post-graduates, and scientific research (Minsitry of Health, 2009).

The main tertiary healthcare institution in Kosovo is UCCK which consists of 23 clinics, the Emergency Care Center, the Central Pharmacy, private pharmacies, and the National Institute for Public Health. Due to the lack of a regional hospital in Prishtina, the UCCK and tertiary healthcare services are often mistaken with primary and secondary healthcare services. According to the report “Health Statistics in 2017,” published by the Kosovo Agency of Statistics (KAS) (2017), UCCK has 2005 available beds, 1,050 specialists from different fields of expertise, and 1,704 nurses.

2.4.2. Financial Structure of the Current Healthcare System

The core revenue source of the health sector in Kosovo are taxes from the state budget, direct payments and taxes from municipal budgets. The share of budget dedicated to health, more specifically the Ministry of Health, is subject to the annual division of state budget (Mužik and Uka, 2013). Kosovo spent over 183 Million Euros on health and welfare, which constitutes 9.16% of country’s 2017 budget (GAP Institute, 2017). Most of public revenues received from taxes are

used as financial means for health expenditures at the central level, whereas an annual of nearly 25% of tax revenues are used at the municipality levels (Mužik and Uka, 2013).

According to the World Bank, in 2014, 60% of Kosovo’s total health expenditures accounted for public health expenditures (Qosaj et. al., 2018). Given the inefficient and outdated form of the current Semashko system in Kosovo, a high amount of the total health care spending is in the form of out-of-pocket expenditures by individuals, as seen in Table 1 (Mustafa et al., 2014). Private out-of-pocket expenditures amount to 38% of total health spending as a result of the low level of government spending on health and limited public health spending as a share of GDP. In 2012, Kosovo’s level of government spending on health was 9% whereas public health spending as a share of GDP was 2.9% (Qosaj et. al., 2018); significantly low if compared to European Union (EU) averages of 13% and 5.5%, respectively (OECD, 2018). The highest rates of the out-of-pocket expenditures are spent for the purchase of supplies and drugs, private sector healthcare and in form of informal payments to health practitioners in the public sector (Mužik and Uka, 2013).

	2005	2006	2007	2008	2009*
Total health expenditures (€, mln)	107.80	115.05	121.21	136.15	158.22
→ Public spending	71.40	71.80	67.43	78.39	89.28
→ Private out-of-pocket	30.80	42.81	52.81	56.64	62.01
<i>Of which:</i>					
Patient payments in hospitals		2.22	0.61	1.13	2.31
Patient payments in PHC centers		2.59	n/a	4.40	2.71
<i>Patient payments not accounted for</i>		37.99	n/a	51.11	55.58
→ Donors (off-budget)	5.60	0.44	0.97	1.12	6.93
Public spending on health					
In % of GDP	2.9	2.3	2.0	2.0	2.3
In % of total government expenditures	9.7	10.0	10.2	8.3	7.6

Table 1. Health Expenditures in Kosovo during 2007-2009 (GAP Institute, 2017)

Sources: Public: Treasury data; Private: Kosovo household budget survey, Donors: direct interviews. 2005: National Health Accounts (NHA).

*2009: budget for public and donors; and extrapolation for private OOP. SOK: Kosovo household budget survey 2008; MOH and MLA.

As shown in Table 1, in the period 2005-2007, Kosovo has spent approximately ten percent of its general government budget on the health sector, equivalent to an estimate of €33 per capita per year. However, in years 2008 and 2009, the proportion has decreased progressively to 8.3 percent

and 7.6 percent, respectively (World Bank, 2010). Conclusively, this insinuates that the government of Kosovo did not seem focused on increasing government spending on health sector in these respective years.

Table 2. Health Expenditures in Kosovo during 2007-2009 (GAP Institute, 2017)

Indicators	Kosovo	Serbia	Albania	Bosnia	Mace- donia	EU
Life expectancy at birth, total (years)	69	74	76	n/a	n/a	79
Maternal deaths (per 100000 live births)	28.4*	12.68	16.75	n/a	13.34	6.01
Infant mortality (per 1,000 live births)	20.6*	7.11	7.8	n/a	n/a	4.56
Under 5 mortality (per 1,000)	69 (2002)	8.14	12.4	n/a	n/a	5.47
Immunization, measles (percent of children)	<80	92	98	83.5	98	92.8
Tuberculosis incidence per 100000	52 (2005)	26.6	13.9	60.5	25.7	15.5
UNDP Human Development Index (HDI)	0.734	0.821	0.807	0.802	0.808	n/a

Source: WHO health for all data 2006; UNDP Second Millennium Development Goals Report for Kosovo 2008; MOH: Perinatal situation in Kosovo 2000-2008.

*Note: Infant deaths (proxied by perinatal deaths) and maternal deaths in Kosovo include only deaths in health facilities.

2.4.3. Kosovo’s Health Profile

Kosovo Public Expenditure Review report, conducted by World Bank in 2010, shows that Kosovo has evidently the worst health indicators in Balkans. As shown in Table 2, Kosovo is ranked below all the neighboring countries on five main health indicator: life expectancy, maternal death rates, infant and child mortality, immunization rates and tuberculosis incidence. Similarly, Kosovo positions further down in comparison to the European Union average on the aforementioned health indicators (World Bank, 2010).

3. The Path to Universal Health Care Coverage

Kosovo’s prevailing form of organization, under the Semashko model, has led to major problems for the health sector, including lack of services, equipment and medications, and unsatisfied medical practitioners and citizens. The Ministry of Health (MoH), the responsible body for strategic planning, policy development, licensing, budgeting, quality assurance and monitoring, is

aiming at addressing the aforementioned policy issues through the implementation of universal health insurance.

To address existing problems deriving from the poor management of the health sector, the Government of Kosovo has passed the Law on Health Insurance on April 2014, with the goal of providing better quality of basic healthcare services and access to all the segments of the society. Consequently, to set this policy in motion, the Ministry of Health is expected to set up the Health Insurance Fund to start the collection of premiums by the year 2019 (The Assembly of the Republic of Kosovo, 2014). The aim of Law on Health Insurance is based on three pillars: (1) impartiality in access to health care, (2) qualitative and sufficient services and (3) protection from financial harm for the citizens of Kosovo (The Assembly of the Republic of Kosovo, 2014).

Coupled with the Law on Health (2012), the Health Insurance Law (2014) makes up the legal framework for the desired reform on the health sector which will affect three main areas, namely (1) Kosovo Hospital University Clinical Services, (2) chambers of healthcare professionals and (3) a compulsory healthcare insurance scheme subsidized by obligatory insurance premiums and general taxes (Qosaj et. al., 2018). To better understand the Health Insurance Law and its specificities, I will be explaining this framework by focusing on health benefits package, beneficiaries and citizens exempt from premium payment and cost sharing, administrative arrangements required for proper implementation, and the financial structure of the insurance scheme.

3.1. Health Benefits Package

Health Benefits Package (HBP) is a set of healthcare services that are feasibly financed and can be provided by the Ministry of Health. Basic healthcare services included in the HBP are covered by the Insurance Fund. The drafting of the list of services included in HBP is at the discretion of the Steering Board of the Fund on an annual basis, at the beginning of every fiscal year. This technical committee drafts the list in adherence to the principles of affordability, impact on productivity and health and cost-effectiveness (The Assembly of the Republic of Kosovo, 2014). The frame of services covered in the health benefits package will include the following services:

- Primary healthcare services

- Secondary and tertiary outpatient specialist healthcare services
- Secondary and tertiary inpatient specialist health care, as well as emergency health care
- Medical treatment outside public healthcare institutions, in and outside the country, in accordance to the sub-legal act issued by the Ministry of Health (The Assembly of the Republic of Kosovo, 2014).

Considering that equity is one of the key pillars of the framework of universal health insurance, each of the aforementioned basic healthcare services will be delivered on an equal basis for all insured citizens. Up to this date, the Ministry of Health has not publicized any list of healthcare services included in the Health Benefits Package (HBP) (Assembly of Republic of Kosovo, 2014).

3.2. Beneficiaries and Individuals exempt from Premium Payment and Cost Sharing

According to the Chapter III, Article 11 of the Law on Health Insurance (2014), the citizens that will be mandatory insured include the following categories:

- All citizens and residents who have paid mandatory health insurance premiums
- Close family members of citizens and residents who have paid mandatory health insurance premiums and are public sector employees or employed in private or public-private VAT-registered companies with an annual turnover of fifty thousand (50,000) euro or more
- Citizens and residents who are exempt from the obligation to pay this premium in accordance with this Law (The Assembly of the Republic of Kosovo, 2014).

Similarly, Article 11 of Chapter III of the Law on Health Insurance (2014) identifies individuals exempt from premium payment and cost sharing by classifying them in the following eight (8) categories:

- Poor families under social assistance -all family members
- Prisoners who are sentenced
- Individuals who are living in state institutions -children in foster care and guardianship; the elderly and persons with disabilities sheltered in Residential institutions and in the Community houses;

- Repatriated persons based on bilateral agreements of the Republic of Kosovo with other states, in the first year after repatriation
- War invalids, husband/wife and their children under eighteen (18) years in accordance with legal provisions in force
- Trafficking victims during the first year after the official registration, in accordance with the law
- Permanent residents of informal settlements in Kosovo who are not registered or who are in the process of registration until the end of the registration process, or one (1) year after the entry into force of this Law, any realized first
- Victims of domestic violence during the first year after the official registration in the Ministry of Labor and Social Welfare, in accordance with the Law (The Assembly of the Republic of Kosovo, 2014).

3.3. Administrative Arrangements

In order to establish Universal Healthcare Coverage (UHC), the Government of Kosovo is required to create or expand the pool of finance by making administrative arrangements required for the proper implementation of the scheme. Two of the main arrangements include creation of the Insurance Fund and specific guidelines for the contraction of licensed public, private and public-private healthcare institutions that will provide basic healthcare services under the health benefits package.

3.3.1. The Health Insurance Fund

To institute Universal Healthcare Coverage scheme, Kosovo has to create an Insurance Fund that will serve as the organization responsible for the collection of premium payments from the insured individuals. To uphold the principles of UHC, the Government of Kosovo must recognize citizen's financial contributions mandatory and independent from the medical risk or circumstances of the insured individual. For the health insurance mechanism to work in both practical experience and economic theory, it is crucial for the Government to set up a Health Insurance Fund (Glassman et. al., 2016).

As described in the Law on Health Insurance, published by the Assembly of Republic of Kosovo (2014), the Insurance Fund will be directed by a Steering Board of eight (8) members and will be regarded as the highest decision-making body of the Insurance Fund. The Fund will be supervised by the Government and will have to report to the Assembly at least once a year. Besides the collection of insurance premiums, the Fund will be responsible for the negotiation and contract of basic healthcare services only with healthcare institutions licensed by the Ministry of Health. To ensure transparency, the Fund will be subject to external and internal audits that comply with legal provisions in force (The Assembly of the Republic of Kosovo, 2014).

3.3.2. Guidelines for contracting of licensed public, private and public-private healthcare institutions

Once the Universal Healthcare Coverage scheme is in place, basic health care services will be provided by licensed public, private and public-private healthcare institutions. To contract these institutions, the Government of Kosovo will list a set of guidelines for contractual agreements that have to be followed by the Steering Board of the Insurance Fund. The Ministry of Health will issue a sub-legal act to specify these guidelines and set a date of initiation for the contract of these healthcare services (The Assembly of the Republic of Kosovo, 2014).

3.3.3. Financing

With the implementation of the Universal Healthcare Coverage, the new source of healthcare revenues will be mandatory health insurance premiums, which will aim at improving the availability and accessibility of drugs and services and improve the quality of healthcare (The Assembly of the Republic of Kosovo, 2014). In regards to contributions for the Health Insurance Fund, the financial structure of universal health insurance scheme is expected to include the following proposed elements:

- A cost-sharing structure among the public sector employees and employers in the form of a percentage of the pre-tax income
- Large private sector companies and employees in the public sphere will pay 3.5% of their monthly wages, and an additional 3.5% will be matched by their employers
- Employees of smaller companies (less than 50,000 euros annual revenue) will pay 2 euro per month

- For the individuals exempt from premium payment (under the Article 11 of the Law), mandatory health insurance premiums will be covered by Kosovo's state budget for secondary and tertiary healthcare services
- Regardless of health insurance status, state budget will also finance the following essential healthcare services that fall under the Article 7 of the Law on Health Insurance:
 - emergency healthcare services
 - healthcare services to children under the age of eighteen (18) years from the List of basic healthcare services
 - essential healthcare services for pregnant woman and woman after childbirth (The Assembly of the Republic of Kosovo, 2014)

4. Methodology

The analysis in this paper was conducted through the collection of primary and secondary data.

4.1. Secondary Data Collection

Secondary data serve as groundwork to define topic-related terminology by providing corresponding lines between the implementation of universal health insurance scheme in Kosovo and its effect on the three pillars of the health sector, namely health institutions, medical personnel and citizens. While literature on the topic of universal health insurance in Kosovo is not easily accessible and insufficient to draw conclusions on the effect of the policy and the receptiveness of stakeholders, there were reports on the overall status of the health sector in Kosovo and identity topic-related information.

The main source of information for the purpose of this paper is the Law on Health Insurance. Other informative sources for secondary data compilation include Kosovo's health sector strategies, such as 'Health Sector Strategy 2010-2014' and 'Health Sector Strategy 2017-2021,' and statistical data published by the Office of the Prime Minister and Kosovo's Ministry of Health. In regards to the budgetary implications, publications from think tanks and independent institutes, such as "'How does the State spend our money?'" from GAP Institute, have been helpful to evaluate the effect of implementing universal health insurance scheme for the budget of Kosovo. Additional information

was retrieved from existing studies and literature on the institutionalization of universal health insurance scheme in developing countries similar to the case of Kosovo.

4.2. Primary Data Collection

To complement the findings from secondary data, the study incorporates primary data in the form of qualitative research. Given the complexity of the topic and the long-lasting debate on the benefits and drawbacks of universal health insurance in Kosovo, the first stage of research includes a large-scale survey that aim at disclosing the perspective of citizens on the implementation of universal health insurance in Kosovo. To fully comprehend perspectives on the issue at stance,

primary data collection is augmented with interviews from representatives of both governmental institutions and civil society with the quest of offering different viewpoints on the topic.

Discrete data			
	Population infinte	margin of error, e	0.03
		z-alpha/2	1.96
		sample proportion, p	0.5
		sample size, n	1068
	Population finte	margin of error, e	0.03
		z-alpha/2	1.96
		pop. Size, N	5000
		sample proportion, p	0.5
		sample size, n	880

Chart 2. Number of respondents with a margin of error of 3 percent at a 95 percent level of confidence

4.2.1. Part I: Survey

For the purpose of this study, a survey which collected information with regards to the citizens’ perceptions about implementation of the health insurance scheme was conducted. The survey included a total of twenty-three questions including demographics of the respondents, level of education, work-related information, and specific questions concerning citizens’ level of information on healthcare coverage and their willingness to accept the implementation of this scheme (see Appendix 1). The questionnaires were distributed through online platforms and were prepared both in Albanian and English. 1,068 respondents to the questionnaire constitute the sample size for this project. Illustratively, the results of the calculations for the sample size can be seen in Chart 2.

4.2.2. Part II: Semi-structured interviews

Two semi-structured interviews were conducted in order to analyze the progress with regards to the implementation of universal health insurance in Kosovo and present perspectives on the topic. Both interviews were conducted in-person with a prior consent from the interviewees (see Appendix 2). There were a total of five questions addressing the relevance of universal health insurance in Kosovo, required steps and potential challenges for its proper implementation, informative policy channels, changes on the organizational framework of the health sector, and the impact of universal health insurance in the well-being of citizens (see Appendix 3). The first interview was conducted with the aim of presenting the stance of the Government of Kosovo towards the health insurance scheme. Whereas, the second interview was conducted to portray an expert opinion on the issue.

The following are the interviewees and their respective positions in their work organization:

Interviewee I: *High Representative of the Ministry of Health in Kosovo.*

The interview with Interviewee I, served as a form of capturing the perspective of the Government in the issue of implementing universal health insurance. Furthermore, given the role of the Ministry of Health as the facilitator of policy changes, the interview provided information on the progress of the implementation plan for the insurance scheme and forthcoming policy actions.

Interviewee II: *Health expert and representative from an NGO, working in health sector.*

The interview with Interviewee II, an independent health expert and research policy consultant, served to help the assessment of universal health insurance scheme as a policy alternative for Kosovo. By presenting prior knowledge and experience, Interviewee II introduced potential areas of improvement in the current ‘Law on Health Insurance,’ and recommendations on how to enhance progress towards the full and proper implementation of universal health insurance. Consequently, given her role as a representative from an NGO, Interviewee II addressed the perspective of the civil society on the advantages and disadvantages of this policy alternative for the health sector and welfare of citizens in Kosovo.

4.2.3. Participant Selection

To collect primary data for the study, research was focused on three groups of policy actors, namely citizens, governmental representatives and health experts. For the first group, the objective was to target citizens falling within twenty-five to sixty years of age category given that they are more preoccupied with the issue of health insurance. The second group included governmental representatives from MoH to present the Ministry's overarching role in the developments of the health sector. Lastly, the third group, aimed at comprising two or three independent health experts, however, given the time constrain, only one health expert was included on the study.

4.2.4. Limitations

The main limitation concerning primary research, specifically surveys, is that the size and composition of the sample cannot be considered as representative of the all population in Kosovo, especially with regards to the level of income and education. Nevertheless, the information attained through the interviews provides value to the research given the firsthand knowledge of the interviewees concerning the health sector in Kosovo.

5. Results and Analysis

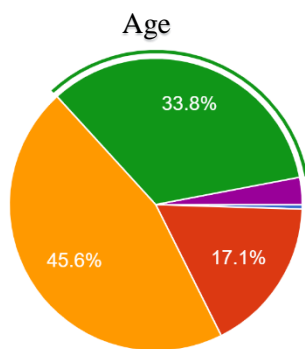
The aim of this chapter is to present results from the collection of primary and secondary data with regards to the implementation of universal health insurance scheme in Kosovo. This chapter will include two sections namely the results from the survey and information from the semi-structured interviews.

5.1. Results of the Survey

This section will present data and information gathered from the responses of 1,068 citizens on the large-scale survey concerning universal health insurance. The results will be shown in four categories: demographic characteristics of the responders, affordability of medical expenses for the citizens of Kosovo, level of information regarding the Law on Health Insurance, and citizens’ willingness to participate in the implementation of the health insurance scheme by sharing the cost of medical expenses.

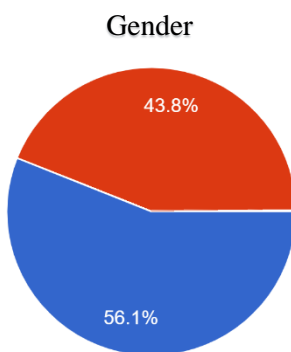
5.1.1. Demographics

Main demographic characteristics of the respondents needed for the purpose of this study include age, gender and level of education. The greatest number of the respondents (45.6%) in the survey fall within twenty-five to thirty-nine years old, followed by the category forty to sixty (33.8%). As shown in Chart 4 and 5, there are more women respondents (56.1%), and the most represented level of education is Bachelor degree (35.1%), followed by master degree (32.7%).



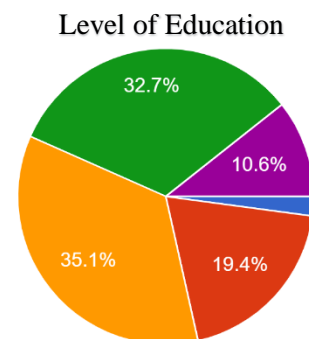
- A. Under 18
- B. 18-24 years old
- C. 25-39 years old
- D. 40-60 years old
- E. 61 years old or above

Chart 3. Age Composition



- A. Female
- B. Male
- C. Other
- D. Prefer not to say

Chart 4. Gender Composition



- A. Less than a high school diploma
- B. High school degree or equivalent
- C. Bachelor's degree
- D. Master degree
- E. Doctorate (eg. PhD, EdD)

Chart 5. Level of education

5.1.2. Results of the Survey: Affordability of medical expenses

This section graphically presents the responses of citizens with reference to the affordability of medical expenses for Kosovar families, by also referring to the level of individual income and the form of payment for medical services.

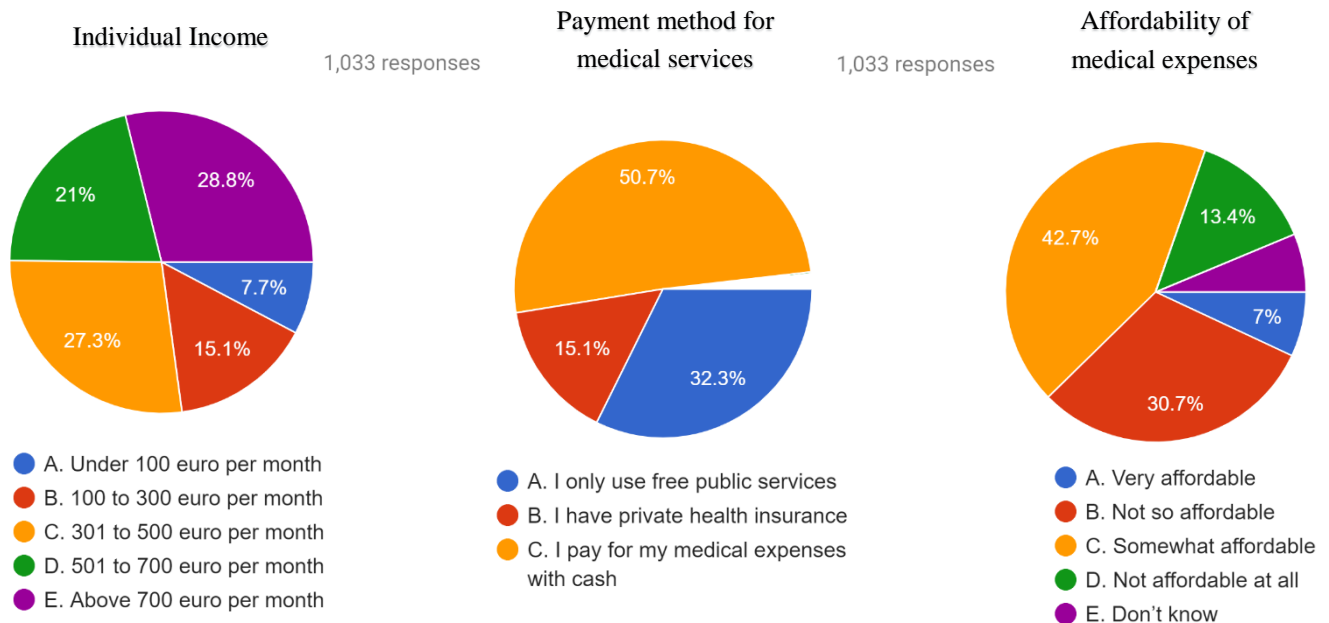


Chart 6. Individual Income Chart 7. Payment Method Chart 8. Affordability of medical expenses

The first chart, Chart 6, shows that out of the 1,068 surveyed citizens, a total of 28.8 % have an individual income higher than 700 euro per month, followed by 27.3% that have an income of 301-500 euro per month, 21% with 501-700 euro per month, 15.1 % with 100-300 euro per month and 7.7.% less than 100 euro per month. The second chart, Chart 7, showcases the form by which citizens of Kosovo cover their medical expenses. From the sample of 1,068 responders, 50.7% pay their medical bill with cash, 32.3% use only free public services, 15.1% are covered by private insurance companies, and the rest of the sample (1.9) benefit from both free public services and private insurance coverage.

The third chart, Chart 8, presents the responses of 1,068 surveyed citizens with regards to the affordability of medical expenses. Taking into consideration their income and payment method for medical services, 42.7% of respondents claim that medical expenses are somewhat affordable, followed by 30.7% that consider medical expenses not so affordable, 13.4% that consider them

not affordable at all, 7% that consider them very affordable and the rest (6.2%) claim to not know on the affordability of expenses.

5.1.3. Results of the Survey: Information level on the Law on Health Insurance

To better represent this level of information, this section also addresses forms in which citizens define the fundamental principle of universal health insurance – the principle of solidarity.

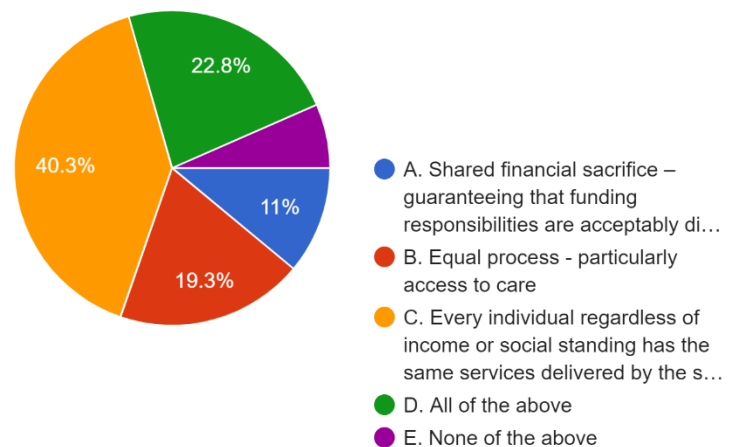
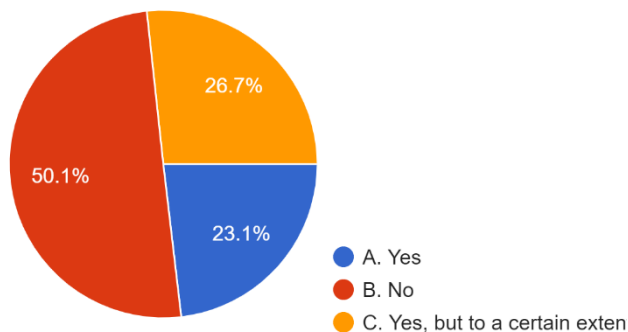


Chart 9. Information Level of Respondents

Chart 10. Definition of Solidarity Principle

The chart, Chart 9, presents that 50.1 % of the 1,068 respondents have no knowledge on the Law on Health Insurance which is expected to start its implementation this year (2019), followed by 26.7% that have little knowledge on the Law and 23.1% that are informed on the specificities of the Law. The second chart, Chart 10, showcases the responses of citizens concerning the solidarity principle of the universal health insurance scheme. 40.3% of the sample understand the principle of solidarity as provision of health services regardless of income or social standing of the individual; 22.8% see it as a combination of the three alternatives, namely shared financial sacrifice, equal access to health care and adequate provision of health services; 19.3 % see it as a process based on equality, especially with regards to health care; 11 % see the solidarity principle as a shared financial sacrifice; and 6.6% believe that the principle of solidarity includes none of the three aforementioned alternatives.

5.1.4. Results of the Survey: Willingness to share the cost of medical expenses

The charts below, Chart 11 and 12, illustrate the willingness of respondents to share the cost of health services once the Health Insurance Fund is institutionalized and the implementation of universal health insurance scheme is approved.

Willingness to share the cost of health services

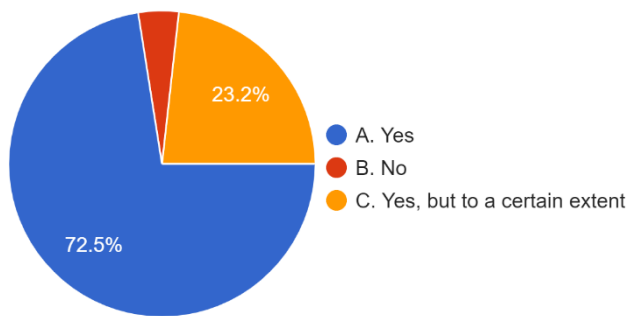


Chart 11. Willingness to share the cost

Willingness to share the cost of health services (monetary terms)

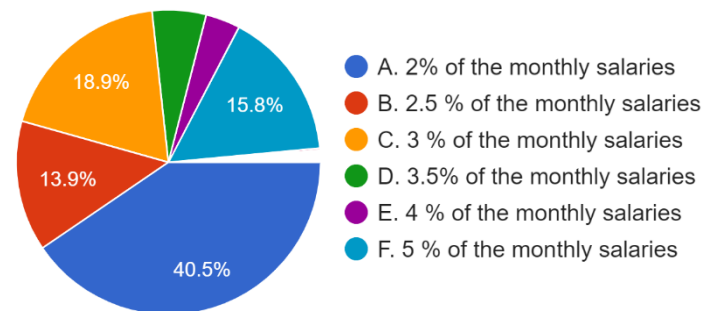


Chart 12. Willingness to share the cost (monetary terms)

Out of 1,068 surveyed citizens a total of 72.5% have shown willingness to share the cost, 23.3% have shown willingness to a certain extent and 4.3% have shown no willingness to share the cost of health services. In specific monetary terms, 40.5% of respondents have shown preparedness to contribute to the Fund with 2% of their monthly salary, 18.9% with 3% of their monthly salary, 15.8% with 5%, 13.9% with 2.5%, 5.7% with 3.5% and 3.7% with 4% of their monthly salary.

5.2. Results and Analysis from Semi-structured Interviews

The two semi-structured interviews with the representative from the MoH and an independent health experts, have been essential sources of information to complement the results from the large-scale survey. Most of the information from the two interviewees corresponds to similar ideas and existing literature on the topic of universal health insurance in Kosovo. The active role of both interviewees on the health sector in Kosovo equips them with helpful insights on the advantages, disadvantages and challenges of this policy alternative that have been very useful for the purpose of this study. Both interviewees have elaborated this policy issue with regards to five main themes: the relevance of implementing universal health insurance for Kosovo, required steps and potential challenges prior to the implementation, informative policy channels, restructuring of the

organizational framework of health institutions, and the impact of universal health insurance in the well-being of citizens.

5.2.1. Relevance of universal health insurance for Kosovo

Given that the cost of providing healthcare is principally high and the health sector in Kosovo is underfinanced, the implementation of universal health insurance is essential to Kosovo. The implementation of universal health insurance will benefit Kosovo in four interrelated objectives, namely equity in access to health care, financial-risk protection, qualitative health services that benefit the health of the citizens, and financing mechanisms.

5.2.1.1. *Equity*

By institutionalizing universal health insurance, citizens of Kosovo will all have equitable access to health services regardless of their financial position in the society. Equity will be advocated in two formats: horizontal and vertical equity. Horizontal equity will advocate for the equivalent treatment of similar cases, whereas vertical equity for the unequal treatment of unlike cases; in concrete guidelines, horizontal and vertical equity promote fair distribution and fair contribution, respectively (WHO, 2015).

5.2.1.2. *Financial-risk protection*

Protection from financial risk is one of the key elements of universal health insurance in Kosovo, which assures that healthcare expenditures do not lead to the impoverishment of citizens (reaching poverty line) or catastrophic health expenditure (health expenditures that exceed 25% of the total household budget) (WHO, 2016). By institutionalizing this health system, universal health insurance will reduce direct payment for health services, therefore decrease out-of-pocket payments (OOP) and change the health expenditure structure in Kosovo. Universal health insurance will serve as a mechanism to protect the citizens from health expenditures and address the unwillingness of citizens to seek health care as a result of poor financial status. Consequently, this system will help Kosovo preserve overall public health by means of promoting routine medical controls and accessible healthcare services.

5.2.1.3. *Qualitative health services that benefit the health of the beneficiaries*

Given the enforcement mechanisms that will follow the implementation of the scheme, universal health insurance will lead to strengthened domestic health system in regards to five main dimensions,

namely health workforce, infrastructure, service quality, transparency and accountability. All these dimensions will enhance the health sector in Kosovo with regards to patient safety, people-centeredness of the system, effectiveness of evidence-based health services towards reaching desirable outcomes, and the integration of full range of health services – including “health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services” (WHO, 2015).

5.2.1.4. Universal health insurance scheme as a financing mechanism

By setting up the Insurance Fund and collecting premiums from citizens, universal health insurance scheme will also serve as a supplementary financing mechanism for the current healthcare financial set-up in Kosovo. The Insurance Fund withholds positive implications to the budget of the Ministry of Health by increasing financial capabilities of the Ministry and the health sector, as a whole.

5.2.2. Required steps and potential challenges for the implementation of universal health insurance

Universal health insurance has been portrayed merely as a theoretical appeal for Kosovo in the past years. Considering this, there is a significant need for Kosovo to take concrete steps towards the creation of institutional organizations and capacities for the implementation of this policy. Therefore, to proceed with the institutionalization of universal health insurance the following steps must be undertaken:

- I. Creation and design of an organizational framework which includes proper institutional and human capacity for the institutionalization of universal health insurance.
- II. Design and reengineer of processes which help achieve the intended objectives of the policy. Given the lack of a representative benchmark and institutional memory, these processes will have to be designed from the very beginning taking into consideration a pool of models implemented in other countries.
- III. Creation of contractual frameworks with public and private institutions. The government of Kosovo must identify the role of public and private institutions in the contractual process of healthcare services, and facilitate adequate transactions between contracting parties. By addressing the lack of a shared vision among these institutions, the

Government will also establish their expectations with regards to services offered by public and private institutions.

- IV. Proper institutionalization of Insurance Fund. Insurance Fund will balance demand and supply for healthcare services by setting in place a wide-ranging fund which covers all citizens and avoids the generation of debts pertaining the Insurance Fund or hospitals. To achieve adequate institutionalization, the Fund must also have an investment plan to validate expenses of this institution.
- V. Create informative channels to inform citizens on the benefits of the implementation of universal health insurance. The government of Kosovo and stakeholders should initiate a national campaign with regards to the demographic composition of Kosovo in order to identify the appropriate informative channels to notify citizens on the specificities of the policy.

Potential challenges to the completion of these steps may include unwillingness of public institutions to reengineer the healthcare sector in Kosovo, inability of the Government to balance contractual arrangements with public and private institutions, concerns over the health benefit package and basic healthcare services, and reluctance of citizens to see universal health insurance scheme as a solution to the issues given the current undesirable condition of the health sector.

The aforementioned steps have been set in motion. Currently, the Law on Health Insurance is under emendation and will be assessed by an international expert in the beginning of April, 2019. By the end of April, the Law is expected to be presented for public discussion. As per its implementation, the collection of premium is expected to begin by year 2020 (Interview with MoH representative, 2019).

5.2.3. Organizational framework of the health sector

Universal healthcare insurance scheme is subsidized by obligatory insurance premiums collected from the Insurance Fund (contribution-based system) and general taxes (tax based system). For the Government of Kosovo to institutionalize this scheme there must be some changes in the organogram of health institutions, starting from the Ministry of Health to local hospitals. With regards to the public institutions, there has been initiative to establish a department within the

auspice of Hospital and University Clinical Service of Kosovo that will specifically address the settlement of contractual relations between the Insurance Fund and contracting parties – for the moment only public institutions. By having the discretion to elect the best operators in a pool of options, health institutions offer better quality of services and health practitioners, and more affordable prices for the citizens of Kosovo.

The implementation of universal health insurance will also lead to the classification of services that fall within the premises of the primary, secondary and tertiary level of healthcare. With the establishment of this policy, services will be better distributed through these three levels with regards to the expertise provided in each level. This distribution of responsibilities will help in eradication of the self-referral occurrence – the ability of patients to refer themselves to tertiary or secondary healthcare institutions without visiting the primary level. By institutionalizing universal health insurance, patients will be obligated to acquire a referral from primary health specialists to continue their treatment at the secondary or tertiary level.

With regards to the financing structure of the primary, secondary and tertiary level of healthcare, the current Law on Health Insurance foresees a Fee-For-Service (FFS) payment method – where healthcare services are paid for separately and unbundled. The FFS method incentivizes physicians to offer and deliver more treatments given that payments rely upon the quantity of services provided. Consequently, this will improve the existing condition in the health sector where some physicians provide significantly more treatments than others. By setting up mechanisms to track the performance of physicians and clinics concerning the quantity of services, universal health insurance scheme reinforces accountability and transparency.

5.2.4. The impact of universal health insurance on the well-being of citizens

The implementation of universal health insurance helps the well-being of citizens of Kosovo by creating a healthier labor force, preventing future social costs and providing the same standards of healthcare services at a low cost. The institutionalization of universal health insurance encourages competition among hospitals and medical personnel and leads to greater incorporation of new technologies and practices therefore offering citizens with better and cheaper healthcare services. Increased accessibility, availability and quality of services contribute to the prevention and

reduction of social costs such as welfare dependency, health issues and crime. The eminent effect of health insurance scheme in Kosovo will be the financial protection of citizens from poverty, rather than improvement of health care indicators. With the proper implementation of this national scheme, citizens will be spilling outward contributions to benefit from inclusive accessibility to services in the public and private sector.

6. Discussion

This chapter discusses results collected providing a qualitative connection of the information presented on the preceding chapters of the study, assessing the receptiveness of citizens to this policy issue, and evaluating the impact of this health insurance scheme in Kosovo. This chapter is divided in two sections, namely system features of universal health insurance scheme in Kosovo and citizens’ perspective on the issue.

6.1. Features of universal health insurance scheme in Kosovo

This section aims at identify system features of universal health insurance scheme in Kosovo by focusing on describing the organizational structure and administration, target population, financing method, service benefits and payment method.

6.1.1. Conceptual framework of universal health insurance

By analyzing the necessary steps for implementation and areas of relevance prior to implementation, we can conclude that the conceptual framework of universal health insurance scheme in Kosovo is as illustrated in the figure below:

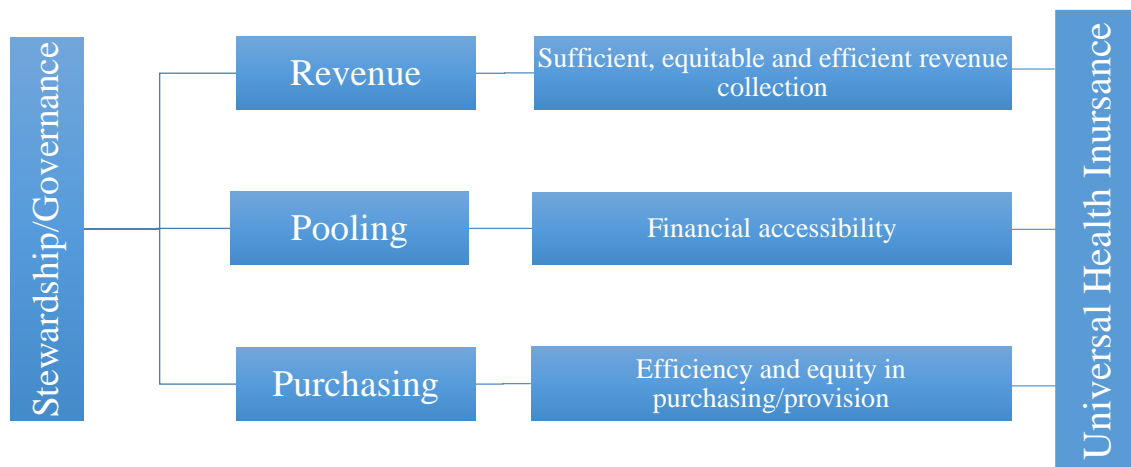


Chart 13. Conceptual framework of universal health insurance

Resultantly, we can identify three pillars of this conceptual framework which are dictated by a set of rules and implementation guidelines set by the Government of Kosovo, namely revenue, pooling and purchasing. The adequate formulation of the three aforementioned pillars leads to the creation of an efficient universal health insurance scheme for Kosovo.

6.1.2. System features of universal health insurance scheme in Kosovo

After setting a conceptual framework on universal health insurance, this section will serve to preset the features of the system - universal health insurance – by referring to the results from primary and secondary data. In order to identify these feature, the system will be viewed with regards to its organizational structure and administration, target population, financing method, service benefits and payment method.

<i>System Features</i>	
Organizational Structure and Administration	Centralized governmental responsibility for administration and financing Full governmental involvement for health programs
Target Population	Universal coverage for the whole population
Financing Method	Shared responsibility between insured (via premiums) and central government Redistributive effect for categories exempted from the premiums; no effect for private health insurance
Benefits of the System	Universal access of citizens to healthcare services Lowers healthcare cost for the economy of Kosovo Healthier workforce Reduces future social costs Reinforces accountability and transparency
Payment Method	Contribution-based system (via premiums) Tax based system (via general taxes)

Table.3. Health Insurance Program in Kosovo

6.2. Citizens' perspective on universal health insurance scheme in Kosovo

This section will discuss universal health insurance, more specifically the Law on Health Insurance from the perspective of citizens. By incorporating findings from primary and secondary research, this section will address the level of information on the insurance scheme and the willingness to share the cost of medical expenses.

6.2.1. Citizens' level of information on universal health insurance scheme in Kosovo

With regards to the survey responses, we can notice that half of the sample of 1,068 respondents (50.1 %) have no knowledge on the Law on Health Insurance while only 26.7% that have little knowledge on the Law. Consequently, this reflects the low level of information that citizens have with the specificities universal health insurance scheme and the inefficiency of current informative policy channels. Additionally, by analyzing answers of the respondents we can identify their viewpoints on the definition of the solidarity principle, which allows us to identify the scope and content of healthcare services that citizens expect to have under solidarity. Given the philosophical (aspirational) and operational (practical) dimensions of the concept of solidarity, it is striking from the results of the survey that respondents citizens' definition of this concept includes certain dimensions, namely social cohesion, citizenship duties, altruism and fellowship, social and/or political justice and reciprocity (Saltman, 2015).

6.2.2. Citizens' willingness to share the cost of medical expenses

Survey results also show that citizens of Kosovo are willing to pay for medical expenses therefore contribute to the implementation of universal health insurance. However, when it comes to translating this share in monetary terms, there is a discrepancy between what the majority of the sample is willing to pay and the anticipated percentage insinuated under the Law on Health Insurance. More specifically, approximately 60% of the respondents have shown readiness to contribute an amount less than 3.5% of their monthly salary – an amount that is expected to be obligatory once health insurance scheme is implemented.

7. Recommendations

Taking into account primary and secondary data research and analysis, this section will recommend potential areas of improvement and actions that can be undertaken by the Government of Kosovo to facilitate the adequate institutionalization of the universal health insurance scheme. The recommendations are grouped in three areas of intervention, namely a thorough analysis of facilitation factors prior to the implementation of health insurance, inclusion of private health insurance companies into the structure of the scheme and introduce performance-pay system as a payment method for medical personnel.

7.1. Thorough analysis of facilitating factors prior to the implementation of universal health insurance

The identification of facilitating factors through a thorough analysis can be useful to recognize resilient and rigid areas of the system therefore give insight on the how the current health sector in Kosovo will embrace the implementation of universal health insurance. Consequently, the Government must be able to classify four main facilitating factors, namely government stewardship, rate of economic growth and general level of income, structure of the economy, country's ability to administer, and level of solidarity within the Kosovar society. The first factor, government stewardship includes a political process that aims at balancing competing demands and influences with the objective of improving overall public health by adhering to concepts of equity, quality, coverage, patients' rights and access (Saltman and Ferroussier-Davis, 2000). The key focus for Kosovo should be capacity building required to execute stewardship functions efficiently. The second factor, rate of economic growth and general level of income, is essential in analyzing the amount of income per capita in Kosovo and therefore the capacity of citizens and enterprises to pay for insurance contributions. The third factor, structure of the economy, is also crucial in determining the relative sizes of formal and informal economy in Kosovo, and assess the administrative difficulties in evaluating income level and collecting contributions for the insurance fund. Lastly, the fourth factor, level of solidarity within the Kosovar society, serves as a groundwork to interpret the willingness of members of the society to support one another. Considering the finding from the sample (1,068 citizens) included in this study, we see a high level

of solidarity among Kosovar citizens therefore this is a positive indication for the implementation of universal health insurance (Saltman, Busse and Figueras, 2014).

7.2. Inclusion of private health insurance companies into the structure of the universal health insurance scheme

In order to complement the current structure of universal health insurance, the government of Kosovo can include private health insurance companies to the scheme. This will offer a greater pool of contractors and encourage competition between public and private institutions for the same category of services therefore leading to the creation of more qualitative services and skills, information systems, and institutional capacity for Kosovo (Sekhri and Savedoff, 2003).

Collaboratively, public and private health insurance companies can fill the gap of Kosovo's publicly funded system. By incorporating private institutions in the scheme of health insurance, the Government creates transitional mechanism that can provide financial protection and build capacity for some groups of the population. Consequently, in cases of low public funding, this allows limited tax revenues to focus on vulnerable groups and public goods. Like in many developing countries, the inclusion of private insurance schemes will assist the middle class and to some degree offer financial protection to the poor in Kosovo. (Sekhri and Savedoff, 2003).

7.3. Introduce performance-pay system as a payment method for medical personnel

Currently, the government of Kosovo anticipates no changes on the method of payment for medical personal therefore maintaining an annual line-item allocation dependent on the quantity of services that the line offers. This form of payment does not reward performance and has to be addressed over the medium term (Carrin and James, 2005). The establishment of a performance-pay system for medical practitioners, also denoted as pay for performance (P4P), would reform the payment system and financially reward physicians for their performance relative to qualitative and quantitative criteria. Such value-based payment financial incentives medical personnel to focus on performance, namely quantity and quality of services that they offer. Consequently, if designed properly, performance-pay system can encourage reduction of excessive use of expensive health services, improvement of quality of care, and enhancement of patient health outcomes. By introducing performance-pay system as a payment method, Kosovo can address the gap between

actual delivery of services and evidence-based practices. Accordingly, by eliminating this quality gap, the system addresses fragmentation of services, failure to carry on evidence-based practices, and inadequate reactions to adverse indications (Cashin et. al., 2014)

7.4. Improve public participation techniques and tools

The low level of information of the citizens of Kosovo regarding universal health coverage scheme should be addressed by governmental institutions in order to institutionalize this insurance policy adequately. To properly inform the public, the Government and the responsible institutions should utilize information tools and techniques that are fitted to economic realities, demographic composition, norms and local cultures in Kosovo. Prior to selecting techniques and tools, the respective stakeholders should identify the public participation goal, which serves as a generic guidance and adheres to internal expectations. To enhance public participation in the policy making process, the set of tools must be focus on three main categories: (1) tools to inform the public, (2) tools to generate and obtain input, and (3) tools for agreement-seeking and consensus building (Dean, 2019). Considering the large-scale effects of this policy, the Government of Kosovo may utilize two types of tools, namely in-person and remote tools. In-person tools include public meeting and briefings, which aim at offering citizens a discussion platform with high-level governmental officials. Whereas, remote tools include press and media, social media, web-site, and printed information, such as newsletters and fact sheets. Public participation pertaining the implementation of universal health coverage scheme in Kosovo should include the following three public participation levels:

1. The Inform Level – responsible governmental institutions should provide and disseminate policy-related information
2. The Consult and Involve Level – responsible governmental institutions should offer multiple opportunities and platforms for public input during decision-making process
3. The Collaborate Level - responsible governmental institutions should explicitly try to present consensus solutions once they are presented public input (Dean, 2019).

8. Conclusion

By identifying and analyzing policy issues that will affect the health sector in Kosovo once universal health insurance scheme is implemented, the study evaluated changes in the three pillars of the health sector, namely health institutions, medical personnel and citizens. As a result of the incorporation of primary and secondary research, we can conclude that the universal health insurance for Kosovo serves as a mechanism to promote equity, financial-risk protection and qualitative health services that benefit the health of the citizens. The implementation of this insurance scheme will constitute a financing mechanism for the health sector therefore increase the budget of Kosovo directed to healthcare. Consequently, by following the required steps and addressing potential challenges regarding the implementation of universal health insurance we can identify changes in the organizational framework of the health sector, concerning revenue, pooling and purchasing of healthcare services.

With regards to the perspective of the citizens' on the implementation of universal health insurance, we can notice a low level of information among citizens with the specificities universal health insurance scheme and the inefficiency of current informative policy channels. Furthermore, by analyzing the results from large-scale surveys, we can notice that citizens of Kosovo are willing to share the cost of medical expenses therefore contribute to the implementation of universal health insurance. However, when it comes this share in monetary terms, the issue must be further addressed given the discrepancy between what the citizens are willing to pay and the anticipated percentage insinuated under the Law on Health Insurance.

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Data.

10. Appendices

10.1. Appendix 1 - Survey Questions

1. What is your age?
 - A. Under 18
 - B. 18-24 years old
 - C. 25-39 years old
 - D. 40-60 years old
 - E. Over 61 years old

2. What is your gender?
 - A. Female
 - B. Male
 - C. Other
 - D. Prefer not to say

3. What is your marital status?
 - A. Single, never married
 - B. Married or domestic partnership
 - C. Widowed
 - D. Divorced
 - E. Separated

4. In which region of the country do you live in?
 - A. Region of Pristina
 - B. Region of Gjilan
 - C. Region of Peja
 - D. Region of Prizren
 - E. Region of Ferizaj
 - F. Region of Gjakova
 - G. Region of Mitrovica

5. Do you live in an urban or rural area?
 - A. Urban area
 - B. Rural area

6. What is the highest degree or level of school you have completed?
 - A. Less than a high school diploma
 - B. High school degree or equivalent
 - C. Bachelor's degree

- D. Master degree
 - E. Doctorate (eg. PhD, EdD)
7. What is your current employment status?
- A. Employed full-time
 - B. Employed part-time
 - C. Unemployed
 - D. Student
 - E. Retired
 - F. Self-employed
 - G. Unable to work
 - H. Other (specify)_____
8. What is your individual income?
- A. Under 100 euro per month
 - B. 100 to 300 euro per month
 - C. 301 to 500 euro per month
 - D. 501 to 700 euro per month
 - E. Above 700 euro per month
9. How do you pay for health care services?
- A. I only use free public services
 - B. I have private health insurance.
 - C. I paying cash for services health services
 - D. Other (specify)_____
10. Are you satisfied with the services of public healthcare institutions in Kosovo?
- A. Very satisfied
 - B. Satisfied
 - C. Unsatisfied
 - D. Very unsatisfied
 - E. No answer
11. Are you satisfied with the services of private healthcare institutions in Kosovo?
- A. Very satisfied
 - B. Satisfied
 - C. Unsatisfied
 - D. Very unsatisfied
 - E. No answer
12. In general, how affordable, for your household, is payment for medical bills?
- A. Very affordable I

- B. Not so affordable
 - C. Somewhat affordable
 - D. Not affordable at all
 - E. Don't know
13. Are you familiar with the Law on Health Insurance which is expected to start its implementation this year (2019)?
- A. Yes
 - B. No
 - C. Yes, but to a certain extent
14. Which of the following definitions do you believe explains the concept of solidarity principle in Universal Health Insurance scheme?
- A. Shared financial sacrifice – guaranteeing that funding responsibilities are acceptably distributed across a particular group or population.
 - B. Equal process - particularly access to care
 - C. Every individual regardless of income or social standing has the same services delivered by the same health care providers
 - D. All of the above
 - E. None of the above
15. Would you be willing to share the costs of health care services - if health scheme is implemented?
- A. Yes
 - B. No
 - C. Yes, but to a certain extent
16. Do you believe that the implementation of the Universal Health Insurance scheme will benefit and improve the health and well-being of citizens?
- A. Yes
 - B. No
 - C. Yes, but to a certain extent
 - D. I don't know
17. How much will be willing to pay contributions to the Health Insurance Fund (in monetary terms)?
- A. 2% of the monthly salaries
 - B. 2.5 % of the monthly salaries
 - C. 3 % of the monthly salaries
 - D. 3.5% of the monthly salaries
 - E. 4 % of the monthly salaries
 - F. 5 % of the monthly salaries
 - G. Other (specify)_____

10.2. Appendix 2 - Informed Consent Form

Consent Form for Applied Science Research

Rochester Institute of Technology in Kosovo (RIT Kosovo)

Honors Project

Project Title

“Implementing Universal Healthcare Insurance and the Future of Healthcare in Kosovo”

Investigator Jona Jaha, RIT Kosovo Senior Student

Purpose of the Study

The aim of this Honors project paper is to identify and analyze policy issues that will affect the health sector in Kosovo once universal health insurance scheme is implemented.

Measures

Questions addressed in regards the topic. Conversation to be recorded.

Privacy

Your responses to this research are confidential. The data will be used solely for The Honors Research project 2018-2019 at Rochester Institute of Technology in Kosovo.

A copy of this form will be given to you.

If you agree to participate in this research study following the above conditions, please complete the blank spaces below.

Participant Signature

Date

10.3. Appendix 3 - Interview Questions

1. Do you think that the implementation of the health insurance scheme is the right step for Kosovo? Why do you think so?
2. Implementation of the Scheme:
 - What do you think are the main challenges for implementing the scheme?
 - What steps should be taken to reach the implementation point?
3. Taking into account the responses of citizens in the survey I have prepared for the scheme, a percentage of 50.1% of 1,068 respondents answered that they are unaware of the scheme specifications. What do you think is the best way to inform citizens about the scheme?
4. Although not very knowledgeable about the scheme, 72.5% of respondents expressed willingness to share the cost of health care services, while 22.8% have expressed readiness to a degree. How much do you think would be the adequate percentage of the monthly salaries of citizens to go as a contribution to the Insurance Fund?
5. What are the implications of the scheme in:
 - Organizing of health institutions (taking into account the process of decentralization of services and establishment of the Fund)
 - Private and Public Health Institutions
 - the services provided and the quality of the services
 - medical staff and their performance
 - health and well-being of citizens

10.4. Appendix 4 - Chart and Tables

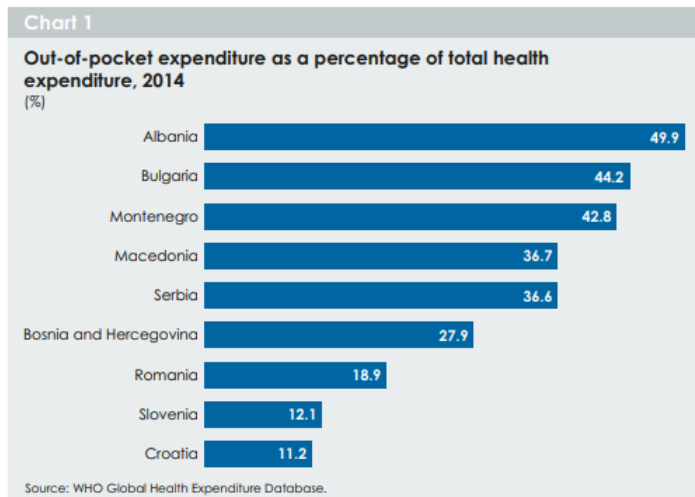


Chart 1. Out-of-pocket (OOP) as a percentage of total health expenditures in the Balkan region (WHO Database, 2014)

	2005	2006	2007	2008	2009*
Total health expenditures (€, mln)	107.80	115.05	121.21	136.15	158.22
→ Public spending	71.40	71.80	67.43	78.39	89.28
→ Private out-of-pocket	30.80	42.81	52.81	56.64	62.01
Of which:					
Patient payments in hospitals		2.22	0.61	1.13	2.31
Patient payments in PHC centers		2.59	n/a	4.40	2.71
Patient payments not accounted for		37.99	n/a	51.11	55.58
→ Donors (off-budget)	5.60	0.44	0.97	1.12	6.93
Public spending on health					
In % of GDP	2.9	2.3	2.0	2.0	2.3
In % of total government expenditures	9.7	10.0	10.2	8.3	7.6

Sources: Public: Treasury data; Private: Kosovo household budget survey, Donors: direct interviews. 2005: National Health Accounts (NHA). *2009: budget for public and donors; and extrapolation for private OOP. SOK: Kosovo household budget survey 2008; MOH and MLA.

Table 1. Health Expenditures in Kosovo during 2007-2009 (GAP Institute, 2017)

Indicators	Kosovo	Serbia	Albania	Bosnia	Macedonia	EU
Life expectancy at birth, total (years)	69	74	76	n/a	n/a	79
Maternal deaths (per 100000 live births)	28.4*	12.68	16.75	n/a	13.34	6.01
Infant mortality (per 1,000 live births)	20.6*	7.11	7.8	n/a	n/a	4.56
Under 5 mortality (per 1,000)	69 (2002)	8.14	12.4	n/a	n/a	5.47
Immunization, measles (percent of children)	<80	92	98	83.5	98	92.8
Tuberculosis incidence per 100000	52 (2005)	26.6	13.9	60.5	25.7	15.5
UNDP Human Development Index (HDI)	0.734	0.821	0.807	0.802	0.808	n/a

Source: WHO health for all data 2006; UNDP Second Millennium Development Goals Report for Kosovo 2008; MOH: Perinatal situation in Kosovo 2000-2008.

*Note: Infant deaths (proxied by perinatal deaths) and maternal deaths in Kosovo include only deaths in health facilities.

Table 2. Health Expenditures in Kosovo during 2007-2009 (GAP Institute, 2017)

Discrete data			
	Population infinite	margin of error, e	0.03
		z-alpha/2	1.96
		sample proportion, p	0.5
		sample size, n	1068
	Population finite	margin of error, e	0.03
		z-alpha/2	1.96
		pop. Size, N	5000
		sample proportion, p	0.5
		sample size, n	880

Chart 2. Number of respondents with a margin of error of 3 percent at a 95 percent level of confidence

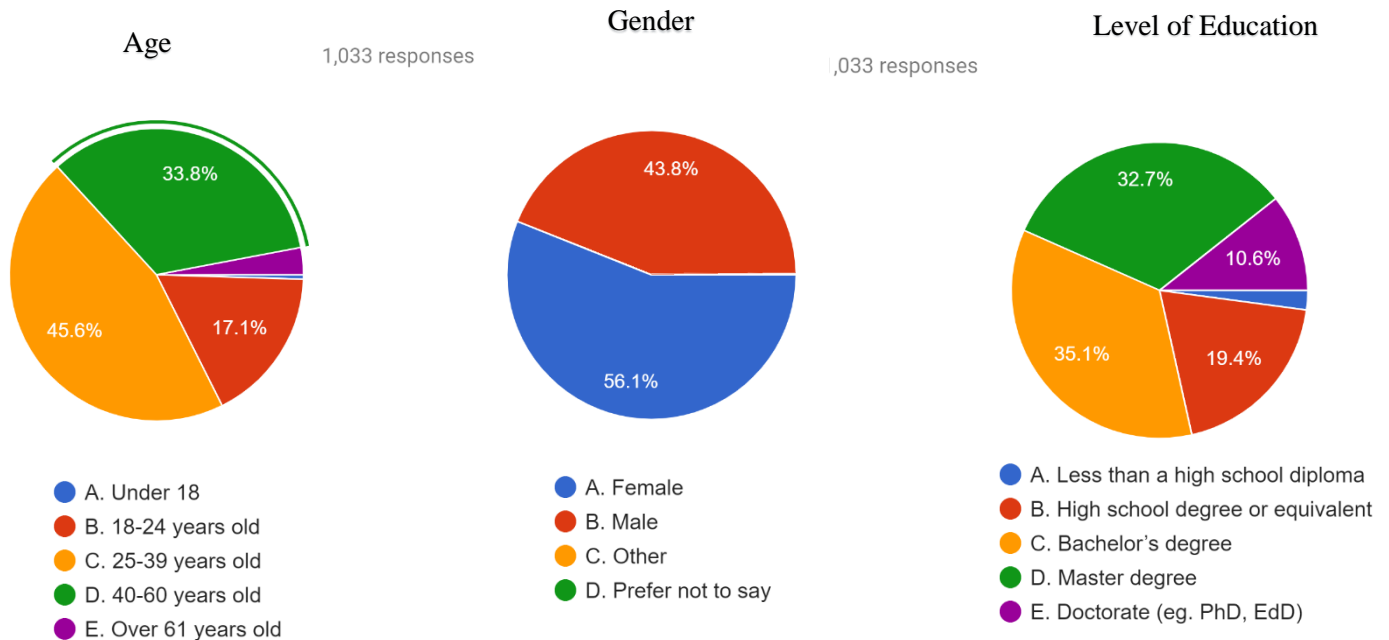


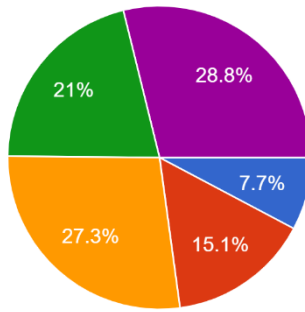
Chart 3. Age Composition

Chart 4. Gender Composition

Chart 5. Level of education

Individual Income

1,033 responses

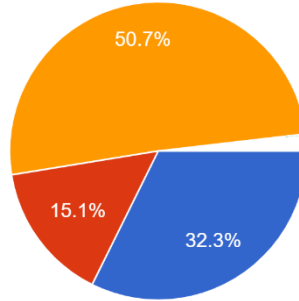


- A. Under 100 euro per month
- B. 100 to 300 euro per month
- C. 301 to 500 euro per month
- D. 501 to 700 euro per month
- E. Above 700 euro per month

Chart 6. Individual Income

Payment method for medical services

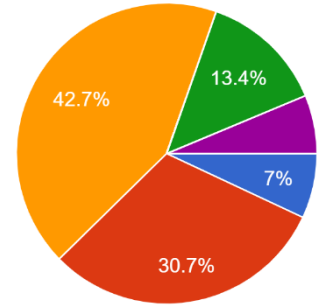
1,033 responses



- A. I only use free public services
- B. I have private health insurance
- C. I pay for my medical expenses with cash

Chart 7. Payment Method

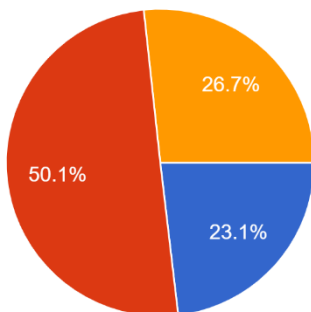
Affordability of medical expenses



- A. Very affordable
- B. Not so affordable
- C. Somewhat affordable
- D. Not affordable at all
- E. Don't know

Chart 8. Affordability of medical expenses

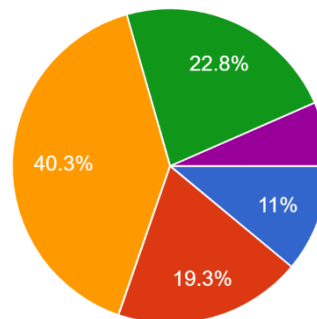
Information Level concerning the Law on Health Insurance



- A. Yes
- B. No
- C. Yes, but to a certain extent

Chart 9. Information Level of Respondents

Definition of Solidarity Principle



- A. Shared financial sacrifice – guaranteeing that funding responsibilities are acceptably di...
- B. Equal process - particularly access to care
- C. Every individual regardless of income or social standing has the same services delivered by the s...
- D. All of the above
- E. None of the above

Chart 10. Definition of Solidarity Principle

Willingness to share the cost of health services

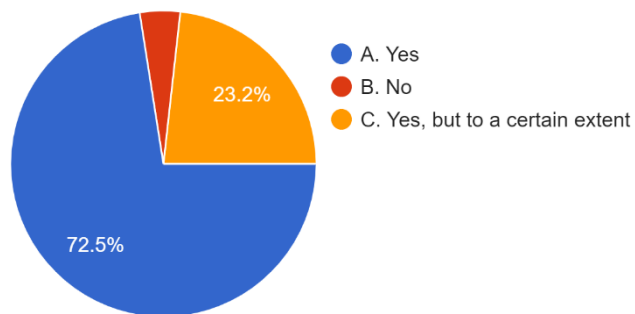


Chart 11. Willingness to share the cost

Willingness to share the cost of health services (monetary terms)

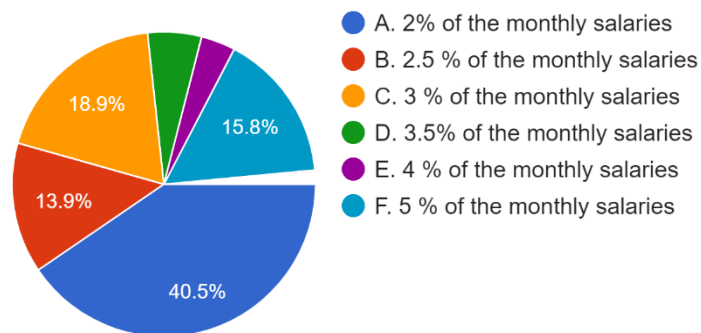
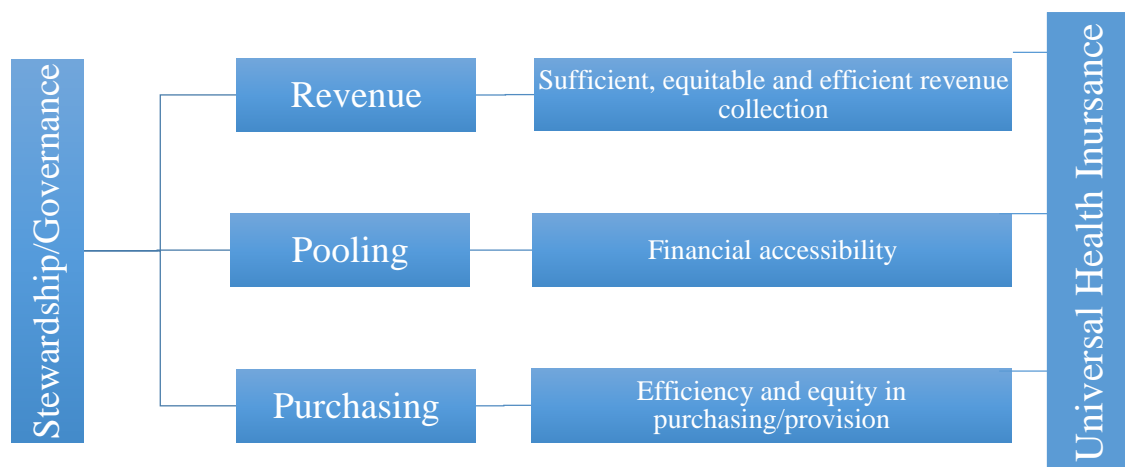


Chart 12. Willingness to share the cost (monetary terms)

Figure 1. Conceptual framework of universal health insurance



<i>System Features</i>	
Organizational Structure and Administration	<p>Centralized governmental responsibility for administration and financing</p> <p>Full governmental involvement for health programs</p>
Target Population	Universal coverage for the whole population
Financing Method	<p>Shared responsibility between insured (via premiums) and central government</p> <p>Redistributive effect for categories exempted from the premiums; no effect for private health insurance</p>
Benefits of the System	<p>Universal access of citizens to healthcare services</p> <p>Lowers healthcare cost for the economy of Kosovo</p> <p>Healthier workforce</p> <p>Reduces future social costs</p> <p>Reinforces accountability and transparency</p>
Payment Method	<p>Contribution-based system (via premiums)</p> <p>Tax based system (via general taxes)</p>

Table.3. Health Insurance Program in Kosovo