EUROPEAN CENTRE FOR MINORITY ISSUES

KOSOVO/A CIVIL SOCIETY PROJECT

KOSOVO/A STANDING TECHNICAL WORKING GROUP

Camille Monteux/Graham Holliday

Training Workshop:
RECONSTRUCTION OF HEALTH SYSTEMS
IN A WAR-TORN SOCIETY
JOHN KNOX CENTER, WORLD HEALTH ORGANIZATION
GENEVA
26 AUGUST - 1 SEPTEMBER 2001

ECMI Report # 19

December 2001

EUROPEAN CENTRE FOR MINORITY ISSUES (ECMI) Schiffbruecke 12 (Kompagnietor Building) D-24939 Flensburg Germany
☎ +49-(0)461-14 14 9-0 fax +49-(0)461-14 14 9-19 e-mail: info@ecmi.de internet: http://www.ecmi.de

ECMI Report # 19

European Centre for Minority Issues (ECMI)
Director: Marc Weller

ECMI gratefully acknowledges the generous support of the Royal Danish Ministry of Foreign Affairs (FRESTA/Secretariat for Peace and Stability), the Stability Pact Fund of the German Ministry of Foreign Affairs and the Swedish Foreign Ministry. Thanks also goes to the World Health Organization.

Published in December 2001 by the European Centre for Minority Issues (ECMI)

CONTENTS

I. INTRODUCTION

This training workshop was organized as a follow-on activity in response to policy proposals and gaps in capacity that had been identified by the members of the Standing Technical Working Group in an early meeting on health policy in Kosovo/a (see ECMI Report # 14). The workshop consequently sought to address general as well as specific issues regarding the establishment of a functioning health system in a war-torn society such as Kosovo/a. The event was a collaborative venture that was designed to link up the activities of the STWG with those of the WHO's 'Health as a Bridge for Peace' programme, which has been in operation since 1997. The workshop took place at the John Knox Center in Geneva, Switzerland over a period of four days (26 August-1 September).

II. OBJECTIVES OF THE TRAINING WORKSHOP

The training seminars sought to provide the participants with the essential knowledge and skills required to assist them in formulating health policies and strategies to address the problems faced by Kosovo/a society in a post-conflict situation. As well as passing on these general skills and knowledge, the programme also sought to translate this into operational terms that could be applied to the situation that currently prevails in Kosovo/a.

Participants in the training workshop were selected to be fully reflective of the wider Kosovo/a society and were drawn from representatives of political parties, minority groups and local specialist NGOs. On the whole, the group was more knowledgeable about the issues at hand than has thus far been the case with previous meetings and seminars. As the activities of the STWG have developed, the STWG has requested that they be allowed to nominate specialists in specific policy areas from amongst their ranks, so as to better target the distribution of the Group's activities.

In a series of preparatory meetings organised by the ECMI Regional Representative, the participants of the training session discussed background documents relating to the present state of the health system and health care provision in Kosovo/a. Two key

documents were placed at their disposal by the WHO and were chosen as a basis for the workshop because of their relevance, timeliness and accessibility in a language that all participants could understand. The documents were: the WHO's own revised 'Health Policies for Kosovo' and the European Agency for Reconstruction's Strategy 2001/2002. The participants were also tasked with drawing up a number of general objectives the training session should seek to address in the time available. These were:

- To focus on the conditions of the health system and provision of health care prevalent in Kosovo/a with the aim of developing solutions to these problems;
- To operate in specifically chosen smaller working groups to elaborate concrete proposals intended to address the real problems of all communities in Kosovo/a;
- To integrate the skills and experiences of the STWG and the WHO in order to adapt general policy objectives to local conditions.

More specifically, it was felt that the purpose of the training workshop should be to generate a policy-oriented discourse aimed at elaborating the recommendations that the Group had previously drafted in the STWG meeting on health. The participants also felt that they should seek to explore practical provisions for the implementation of these recommendations. After an initial debate on the existing health strategies and policies, it was proposed that smaller working groups should be tasked with identifying health priorities in Kosovo/a, identifying the determinants to ensure access to health care across all communities, and developing a financial strategy to implement them. Specific topics to be addressed would include: examining the degree and extent of government involvement in health care provision, and the degree to which public and private health care provision should be integrated. On the back of this, an agenda was drafted (see Appendix 2 below). The workshop agenda also sought to draw on some of the lessons that had been learned from the Group's earlier training workshop in Flensburg (see ECMI Report # 16).

As with the Group's previous activities, it was decided that the participants in the workshop would consolidate their findings and develop draft recommendations to add to those generated through the activities of the STWG. Again, the revised

recommendations would be disseminated to the appropriate offices of the implementation agencies and other members of the Group. They would also be distributed to a number of specialist NGOs and donor organisations, who were interested in exploring avenues for increasing political and public participation in generating relevant health projects. Moreover, the recommendations would also help the members of the Group to track developments in the health sector over time.

III. ACTIVITIES UNDERTAKEN IN THE WORKSHOP

The activities of the workshop were specifically designed to address the objectives outlined above, and had the further aim of enhancing the capacities of the STWG members within the overall framework of the project.

In order to enhance participant contribution as well as impart essential skills and knowledge, the training workshop was divided into two kinds of activity: a series of presentations designed to convey essential information, with the provision for questions and answers; and, participant-centered group work. The presentations were provided by health care experts who either had direct experience in Kosovo/a or in post-conflict situations or who could provide the participants with a deeper understanding of the general problems faced by societies in a post-conflict environment. While the first-day presentations aimed to provide the participants with information relative to the situation that prevails in the Kosovo/a health sector, the second-day presentations sought to inform the group about the specific fundamentals of policy-making methodology and policy-making tools. The second set of activities was then designed to build on this knowledge, enhancing collaboration among the participants and generating an exchange of ideas. Informal working group activities were established during the presentations so as to promote the assimilation and assessment of the material presented. This format was then carried over into the following days' sessions in order to elaborate on the policy options and recommendations generated, and to refine them within the framework of smaller discussion fora.

IV. SUMMARY OF THE PROCEEDINGS

Day One:

The workshop was formally opened with a welcoming address from Dr Allessandro Loretti, coordinator of the Health Intelligence and Capacity-Building Programme of the Department of Emergency and Humanitarian Action at WHO. Dr Loretti emphasized the relevance of health in building peace through relief, rehabilitation and development, and its capacity to prevent, and cope with danger as well as build trust between persons and institutions. Assessing the nature of WHO's activities in Kosovo/a, Dr Loretti emphasized the goal of promoting a triangular assistance between the population, the different implementing institutions and the 'government'.

Dr Matthias Reinicke, based at the WHO mission in Pristina, then briefly outlined the objectives of the seminar, highlighting the policy-oriented methodology of the workshop and underlining the core assumption on which the seminar was based: that civil society was a means of empowering society and should therefore work towards evaluating its needs and developing policies to cope with them.

Kosovo/a Health Policy Guidelines I

Dr Reinicke then initiated proceedings by providing an overview of the strategy WHO had thus far adopted in Kosovo/a, outlining the obstacles encountered and the policy responses that had been brought to bear to overcome these difficulties. The line of action adopted had revolved around five lines of concern:

1. *Hygiene*: is the prime concern to any sustainable health system and the root of much avoidable harm in Kosovo/a - such as the high rate of birth-related deaths. Education was one cost effective tool that could be applied to combat this.
2. *Children's health and natal care*: this related to Kosovo/a's specific demographics such as a high birth rate and a subsequently large youth population, which requires specific appreciation and appropriate logistical response.

3. *A vaccination campaign*: could prove a cost-effective preventive to constrain the spread of communicable disease, which plays a large role in the Kosovo/a health scene.
4. *Dependencies*: Kosovo/a has a regional and cultural proclivity to large tobacco consumption. There is also a developing drug culture and societal taboo on addiction.
5. *Mental health*: this issue was largely ignored and neglected in Kosovo/a, while the post-conflict situation had created an exponential demand for relevant services.

Beyond these policies, there was also room for improvement, in particular in non-health related policies that could sometimes have a knock-on effect on the health sector, such as education and infrastructure.

In conclusion, the participants were invited to draw up a list of the core problems facing the Kosovo/a health system, and to identify where improvements could be made. These included:

- *Infrastructure*: lack of modern and adequate infrastructure, as well as a shortage of hospitals and clinics;
- *Health care management of budget and resources*: imbalance in funding between different health care sectors, and between urban and rural areas; imbalance between private and public provision; disparity between generalists and specialists;
- *Provision and access to information/training*: inadequate provision of education and training facilities for practitioners;
- *Communicable and chronic diseases*: tuberculosis and cardiovascular problems;
- *Public policies*: decentralization; integration of health service; water provision in urban areas;
- *Promotion of sectors in crisis*: e.g. dental care.

There was also general agreement that although the regulations necessary for developing health care were already in place, the more important issue was to find a way to implement them.

In this context, Dr Reinicke stressed the need to develop a sustainable and self-financing health care system, especially given the inevitability that external donor funding was steadily decreasing as organizations scaled back their activities in Kosovo/a.

Discussion

The discussion raised various concerns. The overall pressing objective of developing a robust health care system was raised. The question, however, was how to build an effective partnership between the different actors (government, international agencies and the service seeker). The participants acknowledged that the development of such partnerships would necessarily take time, patience and cooperation at all levels.

In this context, it was emphasized that any policy formulation would also have to take account of the demographic specificity and culture of Kosovo/a society. For example, it was noted that the patriarchal system had proved to be both particularly creative and cohesive in the face of adversity, and that this kind of familial support and innovation could be usefully applied to assist in health care. With regard to the situation of minorities, it was questioned whether the definition of minority was too vague. "Minority" was often taken to mean ethnic or religious minorities but could be used to encompass non-traditional groups such as the disabled. It was felt that this issue was particularly relevant when considering access to health care for minority groups.

Finally, the role of prevention was prominent in the discussion. It was stressed that preventive measures were both an effective and cheap alternative to actual treatment and care. Greater education was therefore highlighted as a means of raising awareness of this issue.

Kosovo/a Health Policy Guidelines II

The afternoon session took the form of a discussion of WHO health sector policies for Kosovo/a. The wide-ranging discussion touched on a number of policy areas, which

are summarized below. Participants were invited to comment on and question each point in turn, and engage the trainers in constructive dialogue.

The first comment regarded the policies of the implementing agencies towards improving freedom of movement and access for disabled people. The trainers acknowledged that there had sadly been no action taken so far in this field as international policies had mainly focused on strengthening primary, secondary and tertiary health care, as well as institution building.

A related concern was voiced with regard to the existence of international standards and mandatory rules promoting respect for minorities. It was felt that this could be better reflected in health care. The trainers pointed out that emphasis had been placed on geographical and economic accessibility and that as a consequence there had not been any positive discrimination towards any specific group. The aim had been to provide health care facilities to all Kosovars irrespective of deeper political issues.

The trainers were then asked whether the implementation agencies had explored the idea of developing "visiting doctor" programmes, which would provide healthcare at home. It was acknowledged that this issue had not been considered by WHO out of a concern that this would overstretch their limited resources. A related argument proposing integrating this initiative into the development of family medicine was also raised. However, again, the trainers had to acknowledge that constraints on resources would frustrate such a solution.

A further worry concerned the disparity in intensive tertiary health care where adequate service provision existed but failed to fulfil the desired requirements. In this context, the example of telemedicine was raised as a possible solution. The trainers objected, however, that information about technical skills was already available and that as a consequence the problem did not lie in the need for improved technology.

On the issue of anti-dependency policies, it was noted that the matter was still sensitive, owing mainly to a lack of reliable data and information regarding the importance of, for example, drug abuse. As a consequence, this had resulted in a lack

of adequate information about the concerns of the population and a lack of investment in equipment and trained experts to deal with this.

By way of concluding the day's deliberations, Dr Reinicke drew attention to the key role of civil society in petitioning for change and improvement in the health care sector. According to Dr Reinicke, through civil society, people could lobby for their cause, publicize their initiatives and uphold them before government. It was therefore ultimately up to the representatives of civil society to develop policy recommendations and take steps towards improving accessibility.

Day Two:

Following on from the previous day's discussion, the second day started by considering various issues related to the professionalization of the health care sector in Kosovo/a. There was some concern about the role of party politics in the appointment of health care professionals. The appointment of individuals on the basis of their political sympathies rather than their professional competences was strongly criticized. It was highlighted that Kosovo/a should adhere to international standards of appointment according to professional ability and qualifications. Dr Vandam, however, noted that party politics also played a role in other western countries. This was nevertheless accepted practice as western parties often include a large number of skilled practitioners in the medical profession, whereas in Kosovo/a, there was a lack of such practitioners within the governing parties.

It was further acknowledged that administration at all levels in Kosovo/a (governmental but also hospital level) needed to be better organized. A defined organogram of competences would help, as would more professional management, which would improve transparency and the services provided. However, it was noted that skilled managers were scarce in Kosovo/a. Dr Reinicke emphasized the need for management training which, so far, remained inadequate (only 15 managers are trained per year in Kosovo/a). Professional accountability towards health personnel as much as towards the patients themselves was essential and should therefore also be promoted. This required that more support be provided for new regulations, such as

the establishment of control mechanisms and sanctions, as much from the government as the population itself.

The discussion also touched on the model of social welfare that underlay healthcare. Dr Reinicke, emphasized that any social model required substantial funding and that civil society could play an important role here through lobbying government. In this context, it was noted that one issue delaying the implementation of a health insurance system was the lack of reliable data in Kosovo/a, which was crucial to the establishment of a sustainable health insurance scheme.

In this regard, the issue of private versus public health care provision was raised. It was proposed that a mixed system incorporating both options should be explored as the government would be able to establish the necessary conditions but unable to introduce a sufficient framework of incentives. The private sector could therefore fill this gap.

On the issue of equal access to medical care, a distinction was drawn between equality (the same for all) and equity (the same chances for all). It was proposed that it was only the latter which represented a form of positive discrimination needed to protect the most vulnerable groups in cases such as balancing needs with resources. It was, however, observed that such a system required the establishment of a monitoring mechanism to gauge its effectiveness.

Finally, the idea was raised of developing regional cooperation in response to the need for expensive specialist treatment unavailable in Kosovo/a, such as cardiovascular surgery. It was proposed that before establishing cooperation with such places as Croatia and Slovenia, links could first be explored with closer territories and especially with Serbia. This, however, was rejected by most of the group given the current political situation and the recent history. In response, Dr Reinicke pointed out that within the last two years, a large number of Kosovar Albanians had been treated in Serbia, while very few Kosovar Serbs sought treatment at Pristina hospital. This was due to security and political concerns rather than medical interests.

In the concluding session, the participants were introduced to the Log Frame methodology of policy formulation. It was emphasized that this method was merely a tool to assist the participants in establishing a logical flow to their arguments, clarifying their goals and objectives, as well as helping to introduce a mechanism for policy verification.

The afternoon session focused on elaborating the distinction between equality and equity that had been raised earlier. It aimed to provide the participants with a theoretical and practical understanding of how to construct equitable policies to integrate different sections of society (minorities) into the health care system and improve access to health care. Despite some translation difficulties in conveying the distinction in the language of the participants, the underlying principle of equity and its corollary principle of positive discrimination were highlighted and their importance in areas such as policy planning were underlined.

The group was then invited to delineate the determinants of inequitable policies. Dr Goede stressed that equity entailed moral judgement and as a consequence equity in health (which is established according to needs) did not imply equity in health services (which deals with resource allocation). This raised a number of questions about assuring and apportioning treatment according to needs given that resources were limited, especially when even critical needs had not been identified or prioritized. It was therefore necessary to focus on keeping equity in proportion to access and service availability. Dr Goede recommended examining the area of coverage rather than access, as this was more inclusive. A related problem was the also the need to respond adequately to people's expectations, especially given the sensibilities, social values and barriers to acceptance that are to be found in any country.

Discussion

The group noted the difficulties associated with recognizing and maintaining respect for equality/equity and invited the trainers to provide more information on strategies that could be implemented to achieve this. It was also questioned to what extent those concerned would be able to evaluate the efficacy of these policies.

In response, Dr Goede pointed to the importance of inclusion and the need to seek communalities in order to establish limits and criteria for evaluating policies. The first step was to find common ground, or at least to establish a basis on which to build confidence. This involved identifying recurrent issues, evaluating the needs of different groups and establishing whether these needs were affordable.

The group then divided into smaller working groups to investigate specific cases of equity in health care through the identification of concrete obstacles and barriers. Issues identified included:

- *Specific categories of persons*: women, urban/rural communities, access for the disabled and the poor;
- *Specific sectors*: radiology, toxicology, pathology, cardiac surgery;
- *Services and their delivery*: health insurance, delays in provision of care, lack of information available to patients and practitioners, public/private distinction, lack of accountability of practitioners, and corruption.

In conclusion, the discussion turned to practical considerations of planning and development. The group raised questions regarding access to information in order to monitor government policies and improve transparency. Dr Goede underlined the importance of adequate information not only in order to plan but also to establish a reliable consensus. Reliable information was also relevant to setting targets and specifying policies.

Days Three and Four:

After the preliminary presentations and discussions, the workshop subsequently devoted itself to the formulation of actionable policy proposals. The group divided into smaller working groups tasked with exploring policy options through the application of the Log Frame technique to health policy in Kosovo/a. Two working groups were formed: one addressed itself to discussing the development of a strategy to improve access to health care in Kosovo/a; the other discussed the development of a mid-term health strategy for Kosovo/a. The findings of the two groups were then presented and opened up for further discussion.

Findings of Working Group I

The first working group concentrated on the problems of equity and equality in the provision of health services. The members of the group had jointly agreed to limit their deliberations to the question of service provision. In introducing the findings, a spokesperson for the group stated that they had concentrated their efforts on finding ways to improve the quality of health service to all communities. To achieve this 'vision', the working group had sought to reduce inequality in health care by focusing their attention on certain vulnerable groups: persons with disabilities, women, and the rural area population. The spokesperson noted that the group had also intended to consider those sections of society unduly affected by poverty but had failed to do so only through constraints on time. This issue was held open for further discussion.

After identifying the target groups, the working group then turned to identifying their specific needs. These were:

1. **Disabled people**
    - Immunization
    - Improved efficiency in the identification of disabilities and adequate intervention
    - Adequate treatment and continuous care – improved training of relevant personnel
    - Greater health education and counselling
    - Physical, psychological and ergo rehabilitation
    - Improved sanitary and ortho-prosthetic measures
    - Adjustment of medical facilities and technologies to include adequate service, e.g. transport, and special language provisions to persons with disabilities such as the blindness and impaired hearing
    - Cooperation with adequate associations, e.g. NGOs, in planning, decision-making, and monitoring of policies towards the disabled
    - Need to promote non-discrimination policies towards the disabled in the health sector, and in relation to reproductive health and family planning.

2. **Women**
    - Improved education and counselling regarding: reproductive health, family planning, building confidence, and undertaking public campaigns focusing on gender and cultural issues
    - Pre- and post-natal related services
    - Adequate training of relevant staff
    - Greater state accountability to gender issues
    - Geographic equality and transport security

3. **Rural area population**
    - Increase in medical personnel to match urban areas
    - Provision of adequate equipment and facilities
    - Improvement of transportation to and from medical facilities
    - Increase in information and education: health services as a human right, health problems related to environment pollution

In conclusion, the group was tasked with establishing a number of policy objectives to fulfil the needs they had identified, and to frame these in operational terms. The recommendations that resulted are set out below:

Disabled Persons

Objective 1: *To ensure the provision of health services for at least 30% of the disabled population within a period of one year. This goal should be pursued by the Department of Health (Ministry of Health) in cooperation with international and domestic organizations and agencies in Kosovo/a.*

1. Development of a national/domestic centre for the production and maintenance of ortho-prosthetic products. This centre would ensure staff training (management, logistics, and vocational training), the reconstruction and equipping of facilities and application of the referral system;
2. Drafting of laws to regulate ortho-prosthetic instruments: their duration of usage, and requirements for maintenance;

3. Re-opening to full capacity the health/rehabilitation resorts in Kosovo (Kllokot Banja and Banja e Pejes) through the provision of the necessary trained staff (physiotherapists, psychologists and social workers), as well as professional equipment;
4. Support for the development of community-based-rehabilitation (CBR) centres.
5. Drafting of a curriculum for CBR workers and their certification. Development of a cooperation and referral network with the international CBR centres and workers;
6. Organization of training workshops aimed at the medical corps on the issues of disability and the CBR model.

Objective 2: *To ensure adequate access to medical facilities in Kosovo/a for at least 50% of disabled people within a period of one year.*

1. Drafting of the necessary legislation;
2. Application of international standards (i.e. UN rules on ensuring the equality of opportunities for persons with disabilities);
3. Initiation of projects and planning to adapt the health sector infrastructure and facilities so as to improve access for disabled persons, in addition to the utilization of modern technological devises for the treatment of these persons;
4. Ensure adequate means of transportation;
5. Recruitment of specialist staff for translation and interpretation services for persons with specific disabilities (i.e. the mute and the deaf).

Objective 3: *Raise public awareness of disabilities.*

1. Instigate a campaign of information and education at municipality level;
2. Inclusion of courses in the school curriculum to promote awareness of disabilities, CBR and of the needs of disabled people;
3. Raise awareness of disabilities within families and the community.

Women and Gender-related Groups

Objective 1: *To ensure the existence of and access to family planning centres in the different municipalities of Kosovo/a within one year.*

1. Organization of counselling centres for family planning in all municipalities, equipped with appropriate materials (information on reproductive health, brochures and contraceptive products), and staffed with competent and adequately trained personnel;
2. Establishment of monitoring services in municipalities.

Objective 2: *Increase awareness on reproductive health and expand pre-natal, birth, and post-natal care to the whole territory of Kosovo/a.*

1. Organization of training schemes in communication on reproductive health and improvement of skills of relevant medical personnel;
2. Organization of adequate training courses for NGOs that deal with gender-related issues, and seek to increase their involvement in health related areas;
3. Establishment of mixed committees composed of medical staff, specialist NGOs and representatives from women's community groups.

Objective 3: *Ensure equal access to pre-natal, birth, and post-natal care.*

1. Establishment of a transport system for service users;
2. Consolidation of family planning activities.

Objective 4: *Guarantee quality of family planning and maternity care management.*

1. Establishment of monitoring and quality-control systems;
2. Drafting of regulations ensuring the control of quality and humanity of health services in this sector;
3. Set up control groups consisting of health experts individuals, NGOs and beneficiaries;
4. Establish internal institutional control.

Rural Area

Objective 1: *To ensure the full functioning of professional and humanitarian services in rural areas within a period of one year.*

1. Balance the distribution of medical personnel on the basis of existing needs in the field;
2. Provision of adequate equipment and medical facilities in rural areas;
3. Ensuring adequate transportation system for regular and urgent cases.

Objective 2: *Raising awareness of standards of healthy living.*

1. Provision of information through education and information campaigns:
   - on legally guaranteed rights;
   - on existing risks in the living environment;
   - on the types of services offered in the particular places of residence.

Objective 3: *Improvement of sanitary services.*

1. Ensuring regular quality control;
2. Dissemination of adequate waste disposal on site.

Findings of Working Group II

In turn, Dr Reinicke introduced the presentation of the second working group, which focused on the development of mid-term health strategy for Kosovo/a. As facilitator with this group, he noted that the participants had formulated policies with all communities of Kosovo/a in mind. As a consequence, these policies did not aim to advantage or disadvantage any specific group.

As with the previous working group, working group II was tasked with identifying and discussing health care priorities with the aim of formulating policy recommendations, and, where possible, couching these in operational terms. As the spokesperson for the group noted, the participants had first set themselves the overall aim to provide adequate, good quality and accessible health services to all inhabitants

of Kosovo/a. In contrast to the other group, working group II did not seek to formulate specific objectives but general recommendations for action in the mid-term. These were:

1. Development of a twinning programme between Pristina Clinical Centre and other European Neighbouring Centres in order to:
    - facilitate an exchange of staff that would enable an exchange of competences between practitioners of different backgrounds and contribute to their mutual training;
    - enable the assessment of working conditions (venue and equipment) and possibly enable the donation of surplus stocks;
2. Creation of independent professional organizations;
3. Development of a system of certification based on the obligatory attendance of medical personnel and compulsory publication rather than examination, to sustain ongoing training;
4. Development of strategies towards improving gender-blind treatment.
5. Drafting of regulations designed to cope with specialist needs;
6. Establishment of task forces and monitoring bodies within the existing health department.

In addition to these recommendations, the ensuing discussion generated much debate on the co-existence and cooperation of the private and the public sectors. This issue was also identified as a priority concern for a mid-term health strategy, though there was a lack of agreement amongst the participants as to the extent to which medical personnel should be permitted to straddle both sectors, and even how this should be regulated. As a final task, the participants were asked to work out a fictional budget to accommodate the priority areas and recommendations they had identified over the previous days' deliberations.

V. SUCCESSES OF THE EVENT

With regard to evaluating the effectiveness of the workshop, the general feeling amongst the participants, facilitators and organizers was very positive. The interaction

of the participants, as much during the seminar as outside it, was especially cooperative and the workshop generated tangible results. As was witnessed at the previous training workshop in Germany (see ECMI Report # 16), the choice of a conference location where the participants were able to remain in close contact with each other as well as with the trainers promoted informal discussion outside the formal confines of the workshop and added to the sense of common achievement that was evident in the training sessions.

The level of technicality and the depth of discussion as well as the output from the seminars was particularly fruitful. This was probably due to the specialization of the participants, which was not necessarily the case in Flensburg, and the smaller size of the group, which lent itself to more targeted and effective training.

The emphasis on achieving tangible results in a more focused environment was particularly welcomed by the participants. This was especially the case with regard to the introduction of the Log Frame methodology to assist in policy formulation, and its application to concrete problems in Kosovo/a. The participants appreciated the importance of focusing on concrete techniques for addressing common concerns as much as being given the opportunity to address the concerns themselves. There was also a feeling that the trainers were in a position not only to relate to the problems raised by the participants but also that their respective positions as representatives of international organizations put them in a place to do something about the problems raised.

VI. PROBLEMS ENCOUNTERED

Again, the organization of the event was greatly hindered by technical difficulties associated with the political climate and situation inside Kosovo/a. The choice of participants willing and able to attend was limited by the availability of travel documentation. This necessarily limited the extent of representation the organizers would have wished to achieve and meant that the diffusion of information and skills was not as extensive as would have been desired. This is not only due to the pervading and still serious problems of ensuring safe passage for endangered minorities in Kosovo/a. The lack of substitute travel documents also proves a barrier to the freedom

of movement of many inhabitants of Kosovo/a, and therefore limits their access to relevant or alternative sources of information and training. This problem is encountered as much by the Albanian population as by minority groups. However, the unilateral decision of the Swiss government to recognize temporary UNMIK travel documents and to grant visas through their Pristina office, rather than the usual route through Skopje, greatly facilitated the work of the organizers.

As noted earlier, the choice and location of the training venue has proved significant when organizing such events. Just as important as the element of training was the ability for the participants to interact in an informal atmosphere in a neutral environment that militates against the rekindling of old grievances. It has also proved most important that the participants, and the trainers were able to work together at such close quarters. In this regard, the group dynamic and the facilities offered by the John Knox International Center proved ideal. Nevertheless, problems were encountered as a consequence of the architectural particularities of the Center, particularly when the programme was specifically designed to accommodate for participants who suffer the kind of disabilities often found amongst populations from war-torn societies. Although the John Knox International Center is architecturally interesting in a 1960s Le Corbusier style, the design nevertheless incorporates a number of obstacles, such as steps and inclines, which impede easy negotiation of the building, as well as access to rooms, bathroom facilities and to the conference room itself. Despite this, the Center's staff should be commended for their helpful assistance and inventiveness in attempting to remedy the situation.

Finally, with regard to the contents of the programme, some participants voiced the criticism that the lectures on equality and equity lacked the kind of preparation, clarity and sensitivity that would have been appropriate to the audience. There was a general sense of regret that for such a sensitive and wide-ranging issue, the presentation failed to make the problems of minority access accessible to the participants.

VII. PROJECT EVALUATION

To conclude the seminar, the participants were asked to fill in an anonymous questionnaire. A breakdown of the evaluation results can be found in Appendix 1 below. In general, the following recommendations can be made with regard to the organization of similar events.

- Distribution of the appropriate background materials as well as lecture notes should be done well ahead of time so that the participants can engage better and ask considered/targeted questions.
- Extra effort should be made to involve a greater number of non-Albanian experts with the consequence of broadening minority participation on both sides.
- Selection of participants according to expertise and civil society representation.
- Improvement in the structuring of proceedings, and making efforts to familiarize the participants with the objectives of the sessions.
- Improving accessibility and efficient delivery of presentations. Provision should be made to familiarize interpreters with technical vocabulary prior to the training sessions.
- More time and preparation should be given to sensitive topics, imparting their importance and ramifications.
- The impact of the groups' work should be enhanced through:
    - the dissemination of recommendations to implementing agencies, through the establishment of formal channels of communication, as well as through the use of independent media;
    - the establishment of a network linking the participants and facilitators in order to assist each other in enhancing their work. Such a network should also include specialist NGOs, as well as professional and state organizations to help harmonize and improve their output.
- Greater involvement of experts who could help improve the impact of the group's activities in related areas, e.g. involvement of economists on budgetary issues.

- The evaluation of the seminar should be communicated to the participants as an assessment of the group's work.

APPENDIX 1

Results of the Evaluation

1 = POOR
2 = ACCEPTABLE
3 = GOOD
4 = VERY GOOD/VERY MUCH
5 = EXCELLENT/CERTAINLY

1. ORGANIZATION
    a. PROVISION OF REQUIRED MATERIAL
        4.00
    b. INTERPRETATION
        4.50
    c. VENUE
        3.75
    d. ACTIVITIES (lectures, working group, etc.)
        3.75

2. RELEVANCE OF THE LECTURE AND MATERIAL CHOSEN
    a. Was the training relevant?
        4.00
    b. Please evaluate various sessions:
        i. Presentation of the health policy guideline on the first day
        4.00
        ii. The logical framework
            4.00
        iii. Equity of access
            2.75
        iv. Working group activities
            4.75
        v. Debate and drafting of recommendations
            4.00

3. CLARITY OF PRESENTATION AND OF SUPPORT MATERIAL
    a. Of the overall training
        4.00
    b. Please rate various portions of the training
        i. Presentation of the health policy guideline on the first day
            4.25
        ii. The logical framework
            3.50
        iii. Equity of access
            3.25
        iv. Working group activities
            4.25
        v. Debate and drafting of recommendations
            4.00

4. PLEASE RATE
    a. The overall QUALITY of the training/event
        4.00
    b. The DIFFICULTY of the lectures
        3.25
    c. The PACE of the event
        4.00
    d. The PRESENTATION TECHNIQUES AND MATERIAL
        3.50

5. WHAT IS YOUR OVERALL EVALUATION OF THIS TRAINING
    3.75

APPENDIX

Programme of Activities

Day one: 26 August 2001

TIME	ACTIVITY
13:30	Arrival of participants and transfer to John Knox Center, Geneva

Day two: 27 August 2001

TIME	ACTIVITY	TRAINER
09:00-09:30	**Welcome Speech**	Dr Alessandro Loretti
09:30-10:30	**Kosovo Health Policy Guidelines I**	Dr Matthias Reinicke
10:30-10:45	Coffee break	
10:45-12:15	**Kosovo Health Policy Guidelines II**	Dr Matthias Reinicke
12:15-13:45	Lunch	
13:45- 15:15	**European Agency for Reconstruction – Discussion of Health Strategy 2001 for Kosovo**	Dr Stephane Vandam
15:15-15:30	Coffee break	
15:30- 17:00	**European Agency for Reconstruction – Discussion of Health Strategy 2001 for Kosovo**	Dr Stephane Vandam

Day three: 28 August 2001

TIME	ACTIVITY	TRAINER
09:00-10:30	**Introduction to Techniques of Policy Formulation (Log frame)**	Dr Matthias Reinicke
10:30-10:45	Coffee break	
10:45-12:15	**Applying the Log Frame to Health Policy**	Dr Matthias Reinicke
12:15-13:45	Lunchtime	
13:45-15:15	**Access to Health: Issues of Equality and Equity in Reconstructing a Health Care System**	Hedwig Goede
15:15-15:30	Coffee break	
15:30-17:00	**Access to Health: Issues of Equality and Equity in Reconstructing a Health Care System**	Hedwig Goede

Day four: 29 August 2001

TIME	ACTIVITY
09:00-10:30	**Working Groups:** o Group I: Development of a Mid-term Health Strategy for Kosovo/a o Group II: Development of a Strategy for Access to the Health Care System in Kosovo/a
10:30-10:45	Coffee break
10:45-12:15	**Group work cont.**
12:15-13:45	Lunch time
13:45-15:15	**Group work cont.**
15:15-15:30	Coffee break
15:45-17:00	**Finalization of Presentations**

Day five: 30 August 2001

09:00-10:30	**Presentation: Recommendations of Group I**
10:30-10:45	Coffee break
10:45-12:15	**Discussion of Group I Recommendations**
12:15-13:45	Lunch
13:45-15:15	**Presentation: Recommendations of Group II**
15:15-15:30	Coffee break
15:45-17:00	**Discussion of Group II Recommendations**

Day six: 31 August 2001

Leisure Activities: Visit to the Palais des Nations

Day seven: 1 September 2001

Departure for Pristina

APPENDIX 3
List of Participants

No.	Name	Ethnicity	Affiliation
1.	Abdullah Qafani	Albanian/ Egyptian	Vice-president of the Gjakova Municipal Assembly Albanian-Egyptian Council
2.	Adem Limani	Albanian	Member of Experts' Collegiate (AAK)
3.	Behxet Shala	Albanian	'Council for the Defence of Human Rights and Freedoms'
4.	Bersant Disha	Albanian	Program Coordinator, "Kosova Initiative for Democratic Society"
5.	Dragan Velic	Serbian	Serbian National Council, Gracanica
6.	Fahri Beqa	Albanian	PDK
7.	Fikrete Zajmi Kasumi	Albanian	Republican Party of Kosova
8.	Gjylnaze Syla	Albanian	Member of the Presidency (AAK)
9.	Halit Ferizi	Albanian	President of HANDIKOS
10.	Hysni Bajrami	Albanian	Directorate for Local Government, UNMIK (PDK)
11.	Idriz Mumci	Turkish	
12.	Izet Sadiku	Albanian	Youth Forum of the Democratic League of Kosova (LDK)
13.	Luan Jaha	Albanian	Human Rights Centre, Peja
14.	Ruzdija Krijestorac	Bosniak	Member of the Executive Council of SDA
15.	Suzana Arni	Albanian	'Kosova Foundation for a Civil Society', Minority Officer

Interpreters:

Aleksandra Algheth	UNMIK
Arta Ramaj	OSCE, NDI
Edon Vrenezi	AUBG
Mila Poledica	UNMIK

Lecturers:

Alessandro Loretti	WHO – Health intelligence and Capacity Building, Emergency and Humanitarian Action, Coordinator.
Matthias Reinicke	WHO – Prishtina field officer
Stéphane Vandams	WHO - Emergency and Humanitarian Action, Medical Liaison Officer
Hedwig Goede	WHO – EIP Health Services Provision (OSD)

ECMI Staff:

Leon Malazogu	Regional Representative, Pristina
Camille Monteux	Visiting Researcher Associate, Project Assistant, Flensburg