

Policy Brief

Health in Mitrovica

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HEALTH IN MITROVICA

Although health is crucial for the well-being of citizens, in Kosovo it continues to be marred by basic infrastructural, financial, and political problems. The Government of Kosovo spends approximately three percent of the Gross Domestic Product (GDP) and only 10 percent of general government expenditures on the healthcare system.¹ The Ministry of Health (MoH), responsible for creating health policies, had developed a strategy for the period 2005–2014. However, no action plan was developed for its implementation and thus little progress was made.

Instead, the Ministry began developing a new strategy for 2010-2014 to be implemented starting next year. Without proper attention to the technicalities of its implementation especially the setting aside of adequate resources, it will likely face a similar fate. Experts have expressed concern that more attention is paid to the continual drafting of new strategies than to their implementation. As Skender Sylja, Head of the World Health Organization (WHO) in Kosovo commented, “In Kosovo when a strategy is drafted, it is seen as the end of the work, but the strategy is just the first step ... Ministries run to make [the strategy] public by inviting media, but no further actions are taken afterward.”²

Does the same institutional ineffectiveness exist in Mitrovica? Healthcare in Mitrovica faces further challenges due to the complex political situation there. In the past, healthcare was offered by the hospital of Mitrovica located in the northern part of the city. The people of Mitrovica considered the hospital competitive to other hospitals in Kosovo and beyond.

However, the division of the city in 1999 left the citizens of south Mitrovica without access to quality secondary healthcare services.³ With the hospital located on the north side of the Ibër River, they no longer had secondary healthcare within reach. The hospital has since served primarily the Serbian community living in north Mitrovica.

Considering the unique political context, one might think that the Government of Kosovo would have a special approach to offering healthcare services in Mitrovica. However,

¹ World Bank, “Kosovo: Health Financing Reform Study,” May 6, 2008.

² IKS interview with Skender Sylja, World Health Organization, Head of Office, Prishtina, August 13, 2009.

³ In the Primary Healthcare system, municipalities are responsible for provision of primary health care services. Primary Health Care (PHC) services are provided by more than 30 Health Houses (now referred to as Family Medicine Centers) and health ambulant. The Ministry of Health is responsible for secondary healthcare services. Secondary healthcare is offered by hospitals. Tertiary health care includes specialized services provided in the Health Care Institutions authorized by the Ministry of Health, such as the University Clinical Center of Kosovo (QKUK).

according to Flakron Sylejmani, Political Advisor of the Minister of Health, Mitrovica's healthcare system is treated the same as all others in Kosova.

This policy brief presents an overview of the health system and its management in north and south Mitrovica. It compares health services offered in the past and present, and identifies common issues concerning all communities in Mitrovica, such as lead poisoning.

A common problem for a divided city: lead poisoning

Mitrovica once had one of the biggest mining industries in the region. With up to 23,000 employees, the Trepça mining complex was once one of the biggest companies in socialist Yugoslavia.⁴ The Trepça mining complex focused on the extraction of lead, zinc, and cadmium as well as some gold and silver.⁵ The factory lead smelter dramatically increased environmental pollution in the town and its surroundings.⁶

The environmental degradation caused by the mining industry in Mitrovica has been known for years. Academic studies during the 1980s and 1990s showed a high concentration of lead in the water, soil, and air in Mitrovica.⁷ A WHO Health Risk Assessment performed in 2004 confirmed that the health security threat of lead exposure was serious. In Mitrovica and Zveçan municipalities, 25 percent of the children age two to three who were tested had elevated levels of lead in their blood.⁸

Lead contamination does not stop at the Ibër River; it is a common problem faced by people living on either side. Lead poisoning poses a severe risk to the entire population of Mitrovica.⁹ Nevertheless, health professionals in the area do not consider lead poisoning a serious health problem. According to Dr. Sanije Meholli, Director of the Health House of Mitrovica, citizens of Mitrovica do not suffer from any particular illness or disease. "It might be that Trepça could have had an impact on citizens' health before, but not as much now," she said.¹⁰ Additionally, Fevzi Sylejmani, a doctor working in the Health House who was involved in the lead testing of the Roma community did not think that citizens of Mitrovica had problems with lead poisoning.¹¹

⁴ European Stability Initiative (ESI), "Trepça: Kosovo's industrial giant," June 2003, available at: http://www.esiweb.org/index.php?lang=en&id=298&city_ID=34.

⁵ ESI, "Trepça 1965-2000: A report to LLA (lessons learned and analysis)" by Micheael Palaret, June 2003.

⁶ OSCE background report, "Lead Contamination in Mitrovica affecting the Roma community," February 2009, pg. 3.

⁷ Human Rights Watch, "Kosovo: Poisoned by Lead: A Health and Human Rights Crisis in Mitrovica's Roma Camps," June 2009, pg. 22.

⁸ World Health Organization, Regional Committee for Europe, "Enhancing health security: the challenges in the WHO European Region and the health sector response," 2006, pg. 8.

⁹ Human Rights Watch, "Kosovo: Poisoned by Lead: A health and Human Rights Crises in Mitrovica's Roma Camps," pg. 37.

¹⁰ IKS interview with Dr. Sanije Meholli, Director of Health House, Mitrovica, July 7, 2009.

¹¹ IKS focus group with representatives of health institutions in Mitrovica and citizens. Fevzi Sylejmani, doctor in Health House, Mitrovica, July 23, 2009.

Skender Sylja, Head of the WHO in Prishtina, was surprised by the statements made by doctors in Mitrovica regarding lead poisoning. “It is absurd to say that Mitrovica does not have problems with lead contamination,” he said. “Mitrovica’s lead contamination is one of the hot topics in Europe.”¹² In June 2000, KFOR started receiving information about blood tests showing high levels of lead contamination among international troops stationed in Mitrovica. Based on that information, UNMIK decided to close the Trepça facility in August 2000, and to analyze the situation with the assistance of external consultants, KFOR, and local health workers.¹³

Despite this common health issue, denied for odd reasons by Kosovar Albanian healthcare workers, ethnic divisions contribute to a lack of joint efforts to treat lead poisoning. Although health assessments seem to suggest that lead poisoning is a serious concern for all ethnic groups living in Mitrovica, no joint efforts have been taken to address this issue. Kosovar institutions in general and the Ministry of Health in particular cannot access north Mitrovica. Consequently, the Ministry cannot take measures to address lead poisoning. According to Human Rights Watch, “little progress has been made by international agencies or Kosovo institutions to develop a comprehensive strategy to deal with heavy metal contamination in the Mitrovica region as a whole.”¹⁴ The WHO has called for better coordination and communication between health institutions and has offered to provide technical assistance.¹⁵

Welcome to south Mitrovica hospital

After being expelled from the hospital in north Mitrovica in 1999, Albanian doctors improvised by establishing a hospital within the Health House building in south Mitrovica.¹⁶ Half of the three-story Health House has been allocated for use by the south Mitrovica hospital. However, poor infrastructure, inadequate equipment, scarce human resources, and insufficient medicine have left doctors struggling to offer quality services.¹⁷ The only five beds are occupied continuously by patients receiving dialysis treatment.

Further, one should avoid becoming ill in the afternoon in south Mitrovica. Although official hospital working hours are from 07:00 to 14:00, most doctors depart around noon. According to the Operational Director, this is due to low salaries. Doctors must spend their afternoons working in private clinics in order to make a living. “I am aware that doctors leave work before the working hours are over, but since I am unable to pay them more, I allow them to go and work in their private clinics,” he said.¹⁸

¹² IKS interview with Skender Sylja, World Health Organization, Head of Office, Prishtina, August 13, 2009.

¹³ Human Rights Watch, “Kosovo: Poisoned by Lead: A health and Human Rights Crises in Mitrovica’s Roma Camps,” pg. 22.

¹⁴ *Ibid*, pg. 35.

¹⁵ IKS interview with Skender Sylja, World Health Organization, Head of Office, Prishtina, August 13, 2009.

¹⁶ The Health House offers primary healthcare and does not possess sufficient conditions to offer the same services as a hospital.

¹⁷ IKS interview with Bajram Preteni, Endocrinologist, Hospital of Mitrovica, July 21, 2009.

¹⁸ IKS interview with Ixhmet Rexhepi, former Deputy Director of northern Hospital of Mitrovica, July 27, 2009.

“Thank God I am in a good financial situation and I can go to private clinics,” commented Hysni Ibrahim, a former Kosova Liberation Army member living in Mitrovica who suffers from a leg injury. He has visited the south Mitrovica hospital regularly since 1999. However, “the hospital is not able to offer services for citizens,” he said.¹⁹ He, therefore, pays higher rates to receive treatment from private clinics. Unfortunately, not all citizens can afford the comparatively pricy private clinics.

The hospital owns only two ambulances: one for local use and the other for regional use. Only one ambulance is responsible for transporting patients from Mitrovica to Prishtina. If it is occupied or en route to Prishtina, other patients must organize their own transport. Hospital staff members are not surprised anymore when patients die on the way to Prishtina.²⁰ Meanwhile, a fully equipped hospital exists only a few minutes away, across the bridge.

Under such conditions one can hardly claim that secondary healthcare is offered in south Mitrovica; the “hospital” exists only on the official papers of the Ministry of Health. The only service for which the “hospital” is equipped is maternity care. If complications arise during labor, however, women are rushed the 45-odd minute trip to Prishtina. Unlike south Mitrovica, it has operating equipment.

The inaccessible hospital

The 14,000-square meter regional hospital of Mitrovica is located in the northern part of the city. Before 1999 it was administered by a “socialist workers’ body” and was called Medical Center “30 July.”²¹ The Medical Center was responsible for managing health institutions in the Mitrovica region, including the Mitrovica hospital and Health Centers in Leposavic, Zubin Potok, Vushtrri, and Skenderaj. Around 1,200 Albanians and Serbs were employed in the hospital alone. Cooperation between the two communities was satisfactory.

With 18 wards and 756 beds, the hospital had the capacity to assist numerous citizens. The maternity ward used to deliver between ten and twelve thousand infants every year. People traveled to Mitrovica from all corners of Kosova to receive medical treatment. Urgent cases were directed to Belgrade.²² “Services offered in the northern hospital were wonderful,” recalled Ixhmet Rexhepi, Operational Director of the Regional Hospital of Mitrovica. “The hospital of Mitrovica used to be the best one in the region. It happened that cases from Prishtina were transferred to Mitrovica, due to better services.”²³

¹⁹ Hysni Ibrahim, IKS focus group, Mitrovica, August 2009.

²⁰ IKS interviews with hospital staff, July 7, 2009.

²¹ Socialist type of union that responsible for managing health sector.

²² IKS interview with Ixhmet Rexhepi, former Deputy Director of northern Hospital of Mitrovica, July 27, 2009.

²³ *Ibid.*

Now the medical center is run by Kosova Serb parallel institutions and is called “Kosovska Mitrovica.” It offers primary healthcare in Leposavic and Zubin Potok, as well as secondary healthcare in north Mitrovica. While services are very limited in south Mitrovica, the one in the north offers all regular hospital services.

The medical center receives funding from the Ministry of Health of the Republic of Serbia and functions under its authority.²⁴ In 2008, the Government of Serbia invested slightly more than €62 million in the health sector in Kosova.²⁵ Medical workers in the north are well paid, receiving salaries from both the Government of Serbia and the Government of Kosova. In total, 6,847 employees working in Serb parallel health centers in Kosova are paid by the Government of Serbia.²⁶ Through heavy financing, the Government of Serbia maintains its influence over Kosova-Serbs. However, due to the global financial crisis, Serb medical workers who used to receive an additional salary of 100 percent above the starting salary in comparison to their counterparts in Serbia, now receive half as much.²⁷ They are still well paid in comparison to their Albanian counterparts in the south. Yet, they lack the motivation to work, according to the Deputy Director for Medical Issues of the north Mitrovica hospital.²⁸ However, not all doctors in north Mitrovica agreed with this assertion, and some requested more staff and equipment.

In August 2008, the Kosovar Stability Initiative (IKS) conducted a survey in north Mitrovica. Although the hospital in north Mitrovica is better equipped with funding and salaries than the south, only 9 percent of the respondents to the IKS survey were “very satisfied,” 29 percent “dissatisfied” and 31 percent were “undecided” with hospital services (See Graph 1).²⁹

Graph 1.

²⁴ IKS interview with Dr. Orlovic, former Director of Medical Center Kosovska Mitrovica and current Advisor of the Director of the Medical Center, September 2009.

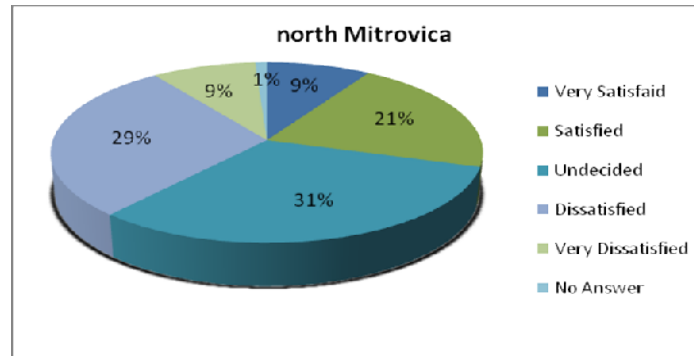
²⁵ Transparency Serbia, “Tracking the flow of funds from Serbia to Kosovo-Metochy,” Belgrade, June 2009 (unpublished). The total amount of funds budgeted by the health fund of the Government of Serbia is 5,855,817,000 RSD. In Euros, this amounted to approximately 61,224,909 as of December 8, 2009 (converted according to: <http://www.xe.com/>).

²⁶ *Ibid*, pg. 48.

²⁷ IKS interview with Dr. Orlovic, September 2009.

²⁸ IKS interview with Dr. Zvonko Radosavljevic, Deputy Director of Medical Issues, north Mitrovica Hospital, September 2009.

²⁹ The survey carried out by IKS in August 2009 included 100 respondents ages 18-65 from north Mitrovica.



The Government of Kosovo does not have any influence over the hospital in north Mitrovica. The 2010-2014 strategy anticipates that north Mitrovica will have its own hospital, which will function under the competencies of the municipality of north Mitrovica (as foreseen by the Ahtisaari Proposal).³⁰

Despite the dismal official institutional framework and confusion over competencies, cooperation between the two communities did not end entirely with the war. Both Serbs and Albanians acknowledge that some cooperation continues, albeit informally. Mr. Radimir Jankovic, Director of the Surgery Department in Kosovska Mitrovica Medical Center commented, “There are Albanians who come [to north Mitrovica] for surgeries, since they trust the health services offered by us. However, there is no formal cooperation among the hospitals.”³¹ Shaqir Demiri, Director of the Directorate of Health in the Municipality of Mitrovica, agreed that cooperation between the two communities exists, but noted that relatively few Albanian citizens travel to the hospital in north Mitrovica.³² In general, since 1999 the hospital has not been easily accessible to citizens living in south Mitrovica.

When IKS asked Serbian inhabitants of north Mitrovica whether they would go to south Mitrovica for a necessary medical checkup, 76 percent responded that they would not and only 10 percent said they would go (See graph 2).³³

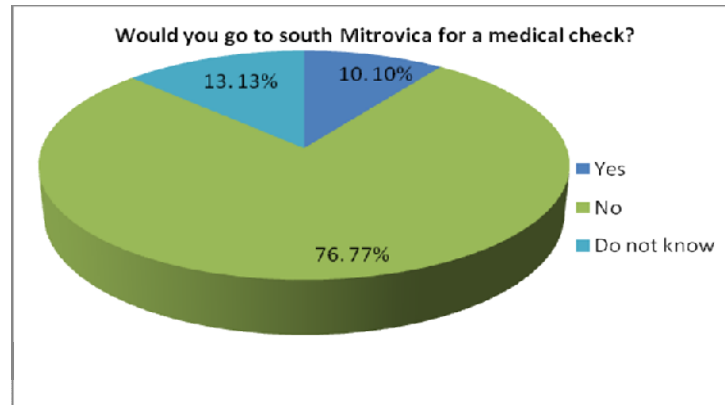
Graph 2.

³⁰ Ministry of Health, “Strategy 2010-2014.”

³¹ IKS interview with Dr. Radimir Jankovic, Head of the Surgery Department, September 2009.

³² IKS interview with Shaqir Demiri, Director of the Directorate of Health in the Municipality of Mitrovica, July 21, 2009.

³³ IKS survey, August 2009.



New hospital, new hope?

For ten years, the citizens of south Mitrovica have been deprived of basic hospital services. A proposal put forth by UNMIK administration soon after the conflict in 1999 considered building a new hospital in south Mitrovica to offer better access to healthcare. However, a number of citizens in south Mitrovica resisted such a proposal because it would amount to “accepting” the division of Mitrovica into an ethnically segregated north and south. As Drita Fazliu, Director of the Regional Hospital of south Mitrovica asked, “Why build a new hospital, when we already have one [in the north]?”³⁴

For ten years, many people living in the south have held onto the hope that the hospital in the north would become as accessible to them as it once was. “We did not want to have a new hospital. ... We do not need it since we have one already in the city,” emphasized Ixhmet Rexhepi, Operational Director of the Hospital of south Mitrovica. However, after ten years of living in limbo without access to quality healthcare, citizens are beginning to accept that there may be no alternative. “Because of political reasons we had to accept the idea of having a new hospital,” Rexhepi added.³⁵

Any remaining hopes for an integrated health system in Mitrovica dimmed substantially after the release of the Ahtisaari Proposal. The Proposal recommended that Mitrovica be divided in two municipalities, North and South, with a common Board for both municipalities. The northern municipality would have enhanced competencies, including

³⁴ IKS interview with Drita Fazliu, Director of the Regional Hospital of Mitrovica, south, July 21, 2009.

³⁵ IKS interview with Ixhmet Rexhepi, former Deputy Director of the northern Hospital of Mitrovica, July 27, 2009.

provision of secondary healthcare.³⁶ This approach has been included in the aforementioned Strategy of the Ministry of Health for 2010-2014. Since people living in south Mitrovica will not have access to the hospital in the north, an immediate need arose to ensure access to healthcare services for people in the south.

A hospital building is under construction. Half of the former Moroccan hospital in south Mitrovica has been renovated already with a donation by the Norwegian government. Norway committed to donating five million Euros, two million of which have been invested already. The Ministry of Health has invested half a million in equipment. The hospital will have a capacity of 212 beds.³⁷

The new hospital is seen as a practical solution. Yet, the challenges of properly managing the hospital, particularly the human resources, may continue for years to come. In the last decade, 15 doctors left Mitrovica for Prishtina and Vushtrri where they could practice their professions. The new hospital will need to hire 67 doctors, 140 nurses, and 58 technical staff. Moreover, the average age of the current staff is 53, and they will likely face difficulties using the new equipment.

Conclusion

The division of the city of Mitrovica in two municipalities with two hospitals risks furthering divisions in the health sector there. Having two separate hospitals does not offer any incentive for cooperation among communities in the north and south. Further, it amounts to accepting existing ethnic divisions in Mitrovica.

One way to avoid further divisions is for the new south Mitrovica hospital to offer services not available at the northern hospital. In this way the hospitals could complement each other, laying the ground for future cooperation. Moreover, with donor and governmental support, both hospitals could specialize in services not offered by other hospitals in the Western Balkan region. This could facilitate cooperation among communities while simultaneously helping Mitrovica regain its pride in having the best hospital(s) in the region. Attracting patients from the region could offer additional economic benefits.

This proposal requires long-term, strong commitment and careful planning on behalf of the national and municipal government, but also other donors. A combined effort could lead to progress in both integration and improved healthcare. The European University in Mitrovica (an ESI proposal, 2004) could focus on preparing young health professionals for an integrated health system in Mitrovica.

³⁶ “Comprehensive Proposal for the Kosovo Status Settlement,” available at: <http://www.unosek.org>.

³⁷ IKS Interview with Ixhmet Rexhepi, former Deputy Director of the northern Hospital of Mitrovica, July 27, 2009.

Further, the Kosovar Government needs to increase its funding for health in Mitrovica in order to improve services and thus prevent the flux of Mitrovica citizens to other parts of Kosova. The Government of Kosova must use the opportunity offered by the global financial crisis to induce Serb doctors to cooperate with their counterparts in the south.

Identifying solutions to common problems like lead poisoning might provide an opportunity for Serbs and Albanians to join efforts in improving the health situation in Mitrovica. Greater coordination between Kosovar institutions and local Serb representatives is needed urgently. Efforts should be made to build on the informal cooperation already existing between the two communities.