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Ethnic segregation in Kosovo's post-war healthcare system

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Abstract

Background. Seven years after the end of war in Kosovo, final status negotiations have begun to determine the long-term political future of the province. This article provides an overview of the present situation regarding ethnic groups and their relations in Kosovo's healthcare system that might be helpful in preparing for the array of potential ramifications and repercussions that could arise at the conclusion of the negotiations.
Methods. A review of the literature (including grey) was performed, and 16 interviews and two focus groups with key informants were conducted in Kosovo during October and November 2004. In addition, six informal discussions were held in-person or by telephone in London. Information collected in 2004 was re-confirmed and partially updated in October and November 2005, when three additional interviews were conducted in Kosovo.
Results. Ongoing ethnic tensions in Kosovo, mainly between the Albanian and Serb populations, perpetuate a rigidly segregated healthcare system. Some other minority communities, such as the Roma, Ashkali and Egyptians, are afflicted by the double burden of getting caught up in the middle of these ethnic disputes and at the same time suffering from poverty and discrimination.
Conclusion. While efforts have been put forward to promote peace-building within Kosovo's post-war health sector, very little progress has been achieved in fostering ethnic integration, reconciliation, cooperation or even co-existence. This failure reflects Kosovo's broader unresolved inter-ethnic problems.

Keywords: conflict, delivery of healthcare, ethnic groups, Kosovo

Introduction

War, ethnic conflict and political violence have a detrimental impact on health and healthcare systems.[1] The restoration and development of healthcare systems in post-conflict situations are difficult tasks,[2] and are not always successfully carried out.[3]

In Kosovo, officially still a province of Serbia and the scene of the 1999 armed conflict, there have been continuous efforts to reorient the health sector and provide an equal healthcare for all ethnic groups.[3,4] However, the results of such endeavour are not certain.

Since June 1999, Kosovo has been under the temporary legal administration of the United Nations (UN). In July 2006, the Final Status Negotiations were opened at the highest level to determine Kosovo's long-term political future. Although it is improbable that health issues would represent a major factor in these political talks, an overview of the present situation regarding ethnic groups and their relations in Kosovo's healthcare system might be helpful in preparing for the array of potential ramifications and repercussions that could arise at the conclusion of the negotiations.

Methods

In order to provide such an overview, a review of the literature (including grey) was performed, and 16 interviews and two focus groups with key informants were conducted in Kosovo during October and November 2004. A semi-structured interview guide was used in these meetings. In addition, six informal discussions were held in-person or by telephone in London. Information collected in 2004 was re-confirmed and partially updated in October and November 2005, when three additional interviews were conducted in Kosovo.

Results

Historical background

Ethnic relations between Kosovo's Albanian and Serb populations progressively worsened after Slobodan Milosevic became president of Serbia in 1989. Milosevic's Government declared a state of emergency in Kosovo and revoked the province's autonomy received under Yugoslavia's 1974 Constitution. As a result of stern measures under Milosevic, thousands of ethnic Albanian public employees were fired or left their jobs in protest during the first two years of the 1990s.

Within the health sector, the Government dismissed approximately 2,400-2,500 employees and replaced them with health professionals imported from elsewhere in Yugoslavia as well as from other countries.[2,5] While Kosovo's population was approximated as 82% ethnic Albanian and 10% ethnic Serb in 1991,[6] after these radical policy shifts and mass layoffs, estimates suggested that ethnic Albanians accounted for less than five percent of Kosovo's public healthcare workforce.[7]

The Kosovar Albanian community responded to these developments by forming their own parallel institutions and structures. In the health sector, ethnic Albanians opened private medical practices, 96 non-profit health facilities and a professional training network.[8]

During the late 1990s, the systematic oppression of Albanians by Serbian authorities escalated drastically[9], which provoked Albanian factions to take on military resistance.

In 1999 the North Atlantic Treaty Organisation (NATO) came to the aid of the Kosovar Albanians.[10] During the conflict, 1.5 million or 90% of Albanian population fled their homes and became internally displaced or refugees.[11,12, 13]

Serbia succumbed to the NATO bombardment and agreed to both a ceasefire and the withdrawal of Yugoslavian security forces from Kosovo. With UN Security Council Resolution 1244 (1999)[14], the UN authorised the formation of the UN Mission in Kosovo (UNMIK) to serve as the province's temporary administrator under a Special Representative of the UN Secretary-General (SRSG). After the war ended, ethnic Albanians poured back into Kosovo and reclaimed most of the official institutions and functions that were formerly controlled by Serbs during the 1990s. After Kosovo's 2001 elections, UNMIK devolved a number of governing responsibilities, including healthcare, to Kosovar authorities within the Provisional Institutions of Self Government's (PISG).[15] Ethnic Serbs, however, limited their participation within the PISG's new Ministry of Health (MoH). Rather, they developed parallel institutions, financially and administratively supported by the Serbian Government.

Security, healthcare and ethnic minorities in post-war Kosovo

The post-war period saw pervasive inter-ethnic and retaliatory violence despite the substantial presence of international military forces and civilian personnel from inter-governmental organisations (IGOs) and non-governmental organisations (NGOs). Serbs and some other minority communities such as Kosovo's Roma, Ashkali and Egyptian (RAE) populations were particularly at risk. While there has been a decrease in inter-ethnic violence in recent years, attacks and hostility, including major incidents, still occur and many minorities remain fearful of such dangers.[16] As a consequence, many Serbs and other

minorities left Kosovo after the war rather than lingering in a precarious situation. In total, approximately 230,000 Serbs, Roma and other minorities fled their homes, and most have never returned.[17]

Many ethnic Serb health professionals and patients initially stayed on at Kosovo's hospitals and health houses during the immediate aftermath of the war while Albanian health workers and patients re-entered these institutions after their decade-long absence. Post-war violence directed towards Serbs at-large had repercussions to the health sector,[18,19,20] and Serbs start feeling unsafe remaining at institutions that became administrated by ethnic Albanians. Some segments of the RAE communities have experienced similar situations.[21,22] This includes continued reports of abuse and harassment of RAEs at Albanian administrated healthcare institutions.[23]

Ethnic Albanians faced their share of problems in north Mitrovicë/Mitrovica (Figure 1). Albanians found it dangerous to return to Mitrovicë/Mitrovica Hospital located in the Serb dominated northern portion of the city.[20,24] Fears of violence and maltreatment, mutual mistrust and a lack of inter-ethnic confidence in the quality of care provided by other communities contributed to the perpetuation of Serb aversions to predominantly Albanian facilities and Albanian aversions to Mitrovicë/Mitrovica Hospital.

As a result, nearly all Serbs stay away from most of the healthcare facilities administrated by ethnic Albanians and it is equally rare for Albanians to receive treatment at the institutions supported by the Serbian MoH in Kosovo. Nevertheless, there are a limited number of locations where multi-ethnic healthcare still does exist and is openly and regularly accessed by both Albanians and Serbs, even though it is sometimes in different areas of the same building or in different shifts from one another. Services are to some extent mixed, for example, in Gjilan/Gnjilane, Kamenicë/Kamenica, Rahovec/Orahovac, the village of Drajkovc/Drajkovce in the Shtërpcë/Štrpce Municipality and in parts of the Prizren area (e.g. in Zhupa/Župa and Reqan/Rečane) (Table 1).

Beyond those locations, there are the rare and sparingly talked about instances where Serbs have gone to hospitals run by Provisional Institutions of Self Government's (PISG) Ministry of Health (MoH), and Albanians have gone to Mitrovicë/Mitrovica Hospital without incident.[25,26] Even during the outbreak of pervasive province-wide inter-ethnic violence in March 2004, there were isolated cases of Serbs receiving treatment at Albanians-run facilities. An international staff member at the PISG's MoH reported that he in fact knows of atypical cases in Llapje Sellë/Laplje Selo and Ulpiana/Gračanica where Albanians quietly continue to see the Serb doctors who used to treat their families before the war. There are also

a limited number of people from ethnically mixed families who regularly use or even work in the PISG institutions without problems. In addition, there is an increasing number of Kosovar Albanian patients who are seeking tertiary healthcare services in hospitals in Serbia.

Serbs

Segregation remained a prevailing feature of Kosovo's post-war healthcare system like it had been during the 1990s.[8] However, the balance of power shifted *predominantly* in favour of the ethnic Albanian majority, disadvantaging the remaining Serb minority. In the areas where non-displaced Serbs remained, the healthcare structures in existence from before the war received support from Serbian Government (Table 1). This support was provided to sustain pre-existing pre-war level of healthcare. In essence, many services that the Serbian Government provided in Kosovo were not interrupted by the advent of the UNMIK administration. Most Kosovar Serb health professionals maintained their ties with the Serbian healthcare system. Many of these individuals and parallel institutions would not recognise UNMIK's authority.

The parallel system was widely perceived as a necessity by Serbs due to fears related to their security, safety and freedom of movement. These factors limited Serb access to secondary or tertiary healthcare facilities.[27] Most Serbs continue to feel as though they effectively cannot access nearly all healthcare facilities that serve ethnic Albanians. They therefore only use Serb-controlled facilities (in Kosovo and in Serbia) or they turn to healthcare provided by the NATO-led Kosovo peacekeeping force (KFOR). In the past, several international NGOs provided services directly to Serbs. Nearly all of these NGO initiatives have been phased out as many of these organisations have scaled back their operations or have withdrawn completely from Kosovo.

Reaching Serb providers in areas where none are available locally poses problems for several enclaves. In the past, KFOR troops as well as Kosovo police often supplied ambulance services and escorts for enclave residents so they could reach Serb healthcare facilities within Kosovo or hospitals within Serbia proper.[28,29] As the years passed, the security situation began to improve marginally and by late 2003 the routine provision of medical escorts was phased out. They temporarily restarted following the March 2004 riots but were subsequently phased out again. The PISG's MoH has introduced mobile units to offer medical care to isolated communities, including Serb and other minority enclaves, around Prizren, Gjilan/Gnjilane and Kamenicë/Kamenica and in some other areas.

The restricted freedom of movement, fear and lack of trust among Serbs in Albanian healthcare providers can have negative health impacts. Some ethnic Serbs and members of other minority communities in isolated locations limit their travel to secondary and tertiary health centres to only times when they deem it absolutely necessary due to fears about travelling within Kosovo. Such delays can worsen prognoses, sometimes until points when treatments are no longer viable.

Much like their patients, ethnic Serb health professionals also have had anxiety about travelling within Kosovo. This too has had some negative health consequences. For example, Doctors of the World USA documented how these fears detrimentally impacted the provision of healthcare to ethnic Serb tuberculosis patients.[30]

Roma, Ashkali and Egyptians (RAE)

Throughout Europe, RAE communities remain significantly marginalized both economically and socially.[31] In Kosovo some of these communities face unique difficulties. An international staff member at the PISG's MoH explained:

Given the years of Serb dominance, some Roma communities in particular locations, are thought to have collaborated with the Serbs. This seems understandable perhaps since the Serbs had the authority at the time; it was only reasonable to ally with the authorities.

As a result, thousands of RAEs fled their homes after the war and continue to live as refugees or internally displaced persons.[32] Some RAE communities have faced freedom of movement concerns, harassment, violence, discrimination, environmentally dangerous living conditions (including exposure to dangerous levels of lead in the Mitrovicë/Mitrovica area) and poor access to secondary and tertiary healthcare.[33] Like other disadvantaged enclaves, several RAE communities have required KFOR protection and escorts.[30]

Systemic discrimination at ethnic Albanian administered healthcare facilities throughout all regions of Kosovo continues to be reported by members of RAE communities.[23] The overall assessment by RAE respondents in a 2003 OSCE survey categorised healthcare services as somewhere between poor and average.[23] As a result of fears of ill-treatment, some RAE communities prefer to receive medical treatment from ethnic Serb providers rather than ethnic Albanian providers. In a few locations, RAE patients avoid their nearest clinic or hospital and travel greater distances to receive care at a Serb facility.[34]

Bosniaks, Turks, Croats and Goranis

The other main minority communities have integrated more fully into Kosovo's post-war society and within the PISG healthcare system. Bosniaks, Turks, Croats and to a lesser degree

Goranis participate in and do not have problems accessing healthcare provided by the PISG's MoH.[30] However, in a survey conducted by OSCE in 2003, the average assessment by Bosniak, Turk and Croat respondents of healthcare services was at the lower end of poor to average; Gorani respondents assessed healthcare services as even lower, on average at the higher end of between very poor and poor.[23]

Due to a UNMIK compelled political requirement, the Minister of Health post is set aside for a member of a non-Serb minority community. Consequently, Numan Balić, a Bosniak, became the first Minister of Health in 2002.[15] The Prime Minister replaced Balić with Resmije Mumgjiu, an ethnic Turk, in 2003. Sadik Idrizi, an ethnic Gorani, became Minister of Health after the formation of a new Government following Kosovo's 2004 elections.

Ethnic Albanian enclaves in north Mitrovicë/Mitrovica and in other Serb dominant areas

Small Kosovar Albanian communities that remained in predominantly Serb north Mitrovicë/Mitrovica became vulnerable to violence and intimidation.[34] Several ethnic Albanian enclaves in other Serb dominant areas of north Kosovo face similar hazards. Like ethnic Serbs in Albanian dominant areas, these isolated ethnic Albanian communities often live with restricted freedom of movement and decreased access to secondary and tertiary healthcare.[27,29] KFOR troops provided many of these ethnic Albanian enclaves' protection and escorts much like they did for minority communities.[29]

Mitrovicë/Mitrovica's only hospital is located in the northern portion of the city and is run by Serbs. Following an inter-ethnic fight on 23 September 1999[35], relationships between Albanians and Serbs at the hospital spiralled further downhill, and soon after all ethnic Albanian staff were gone from the hospital and ethnic Albanians stopped using the facility as Serbs effectively denied Albanians access to it.[27] However, there are some reports that a very small number of ethnic Albanians quietly and discretely continued to be treated at the hospital on occasion.[25]

Minorities Overall

Kosovo remains an insecure place for many of its minority inhabitants. In March 2005 UNHCR concluded that the province continued to be a virtual tinderbox for potential inter-ethnic violence and civil unrest.[36] UNHCR therefore recommended that the return of displaced Kosovar Serbs, Roma and Albanians in Serb dominant areas should only occur on a voluntary basis. It further suggested that claims for continued international protection by

Kosovar Ashkali and Egyptians should be reviewed on an individual basis.[36] UNHCR does not consider Kosovo's other minorities to be at particular risk.

Discussion

Kosovo's post-war health sector development process, led by UNMIK, the WHO, the PISG's MoH and other international actors and local counterparts, was aimed to improve the poor health status in the province by establishing equal access to healthcare and more cost-effective delivery of healthcare services.[15] Peace-building objectives such as inclusiveness, non-discrimination, ethics and human/patients' rights were also stressed.[37] However, major social rifts still persist and segregation remains a prominent feature of healthcare system in Kosovo.

Serbs, Albanians and the international community all share accountability for the peace-building failures within Kosovo's healthcare system. In general, Serbs were reluctant to participate in Kosovo's official post-war structures. On the other hand, it can be argued that the local institutions led by ethnic Albanians could have done more to create a safer, more welcoming and inclusive environment. It has also been suggested that these local institutions could have done more to ensure and promote equality and non-discrimination.[29, 38] UNMIK can be faulted for hastily devolving the healthcare system's management authority from international to local administrators despite persistent inter-ethnic problems. The international community could have also found better ways to foster positive peace, meaning not merely the absence of direct and structural violence, but also the presence of collaborative and supportive relationships between Kosovo's majority and minority populations.[39]

Kosovo's divided health sector exemplifies the overall context of segregation and failures of peace-building in the province. Despite poor progress in inter-ethnic relations, Kosovo's Final Status Negotiations were opened in July 2006. While these talks are meant to lay the groundwork for a final resolution to Kosovo's conflict, the talks themselves and their outcome could become a major source of further inter-ethnic tension.[40]No matter how these negotiations are ultimately resolved, security, inter-ethnic relations and the self-sufficiency of local institutions like the MoH will be issues of pivotal importance in these discussions.[41]

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Key points:

- With the opening of Kosovo's Final Status Negotiations, ethnic segregation emerges as a major obstacle in resolving the long-term political future of the province. Kosovo's healthcare system is not spared from ethnic divisions which hinder effective delivery of services.
- With some rare exceptions, all Serbs stay away from the healthcare facilities administrated by ethnic Albanians and it is equally rare for Albanians to receive treatment at the institutions supported by the Serbian MoH in Kosovo.
- Segments of the Roma, Ashkali and Egyptian (RAE) populations fear of ill-treatment at ethnic Albanian administered healthcare facilities and prefer to receive medical treatment from ethnic Serb providers. The other main minority communities such as Bosniaks, Turks, Croats and Goranis have generally integrated more fully into Kosovo's society and within the healthcare system provided by the provincial government.
- In spite of the efforts to improve the poor health status in the province by establishing equal access to healthcare, major social rifts still persist and access to healthcare facilities is heavily dependant on the ethnicity of patients. Kosovo's divided health sector exemplifies the overall context of segregation and failures of peace-building in the province.

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Figure 1. Map of Kosovo. The province is devided in 30 municipalities. Serbian names are in bold, Albanian in italics. Source: Statistical Office of Kosovo.[6]

Table 1. Healthcare facilities (health houses and ambulants) for Serbs in Kosovo

Serbian MoH[a]	**Half-parallel structures**[b]	**No separate facilities**
Mitrovicë/Mitrovica region: Zubin Potok, Leposaviq/Leposavić, Zveçan/Zvečan, north Mitrovicë/Mitrovica, Prilluzhë/Prilužje, Gojbulë/Gojbulja, Gracë/Grace Suvogërll/Suvo Grlo	*Gjilan/Gnjilane Municipality:* Pasjan/Pasjane, Budriga e Ultë/Donja Budriga, Kusicë e Epërim/Gornje Kusce, Koretishte/Koretište,	*Prizren region*[e]
Prishtinë/Priština region: Graçanicë/Gračanica, Bresje/Bresje, Gushterica e Ultë/Donja Gušterica, Bërrnica e Ultë/Donja Brnjica, Çagllavica/Čaglavica, Sushicë/Sušica, Llapje Sellë/Laplje Selo, Preoce/Preoc, Batushë/Batuše, the YU Programme building in Prishtinë/Priština, Lipjan/Lipljan, Gushterica e Epërme/Gornja Gušterica, Rubovc/Rabovce, Suvidoll/Suvi Do, Lepinë/Lepina, Grackë/Gracko, Dobrotin/Dobrotin, Novonasiljë/Novonasilje, Plemetin/Plemetina, Obiliq/Obilić, Cërkvena Vodic/Crkvena Vodica	*Kamenicë/Kamenica Municipality:* Kamenicë/Kamenica, Ropotova e Madhe/Veliko Ropotovo, Kamenicë/Kamenica Korminjani, Epërm/Gornje Korminjane, Domorovc/Domorovce, Kolloleq/Kololec, Boscë/Bosce, Hajnovc/Ajnovce, Bozhevc/Boževce[c]	
Viti/Vitina Municipality	*Shtërpcë/Štrpce Municipality*[d]	

[a] Places in which healthcare facilities are under exlusive administrative control of the Serbian Ministry of Health (MoH). Most of them, however, still do accept at least limited funds from the Kosovar authorities for operational costs like utilities and medical supplies.

[b]Places in which healthcare workers and facilities are partially financed by both the Serbian MoH and the Provisional Institutions of Self Government's MoH.

[c] The medical staff received double salaries in 2003.

[d]Until 15 February 2004, 114 out of approximately 290 health workers in the Shtërpcë/Štrpce Municipality were paid by both the Serbian and PISG MoHs. The remainder of these employees were only paid by the Serbian MoH. The PISG has tried to reduce the number of Serb health workers it pays in Štrpce/Shtërpcë Municipality since 2004.

[e]Prizren region does not have separate healthcare services available specifically for Serbs, so the Serbs there tend to travel to the greater Mitrovicë/Mitrovica region or the greater Prishtinë/Priština region to receive medical treatment at Serb facilities.