

# Investing for a safe and healthy Kosovo<sup>1</sup>

WHO Health Emergencies Programme



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# Investing for a safe and healthy Kosovo<sup>1</sup>

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<sup>1</sup> All references to Kosovo in this document should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

## WHO Health Emergencies Programme

Disasters and emergencies disrupt communities and destroy livelihoods – most of all they threaten people's health. In a typical year, Europe suffers economic losses of € 10 billion from disasters and emergencies,<sup>1</sup> which result in hundreds of people dying or becoming severely ill.

Europe's 21st century emergencies include a wide range of hazards:

- Many countries have measles epidemics.
- Countries in southern, central and eastern parts of the Region have outbreaks of vector-borne diseases, such as West Nile Virus and Crimean-Congo haemorrhagic fever.
- All national health systems in the European Region have to respond outbreaks of foodborne diseases, and antimicrobial resistance is growing at an unprecedented pace.
- Many countries are prone to floods, heatwaves, forest fires and other extreme events. Climate change means Europe is likely to see many more such emergencies in the coming years.
- The threat of earthquakes and other natural disasters in Europe – possibly combined with chemical or nuclear contamination – never goes away.
- Conflicts and terrorist attacks affect European countries directly and as spill-over effects from neighbouring countries and regions.

The European Region is part of a highly interconnected world. Diseases can spread at the speed of a aeroplane, and people fleeing emergencies often cross international frontiers. Recent striking examples of international emergencies with repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.

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<sup>1</sup> Estimate quoted in EFDRR. High-Level Dialogue Communiqué from 2017. European Forum for Disaster Risk Reduction, Istanbul, 26–28 March 2017. Geneva: European Forum for Disaster Risk Reduction; 2017. ([https://www.preventionweb.net/files/52533\\_2017efdrhlcommuniquefinal.pdf](https://www.preventionweb.net/files/52533_2017efdrhlcommuniquefinal.pdf), accessed 23 August 2019).

## Kosovo<sup>1</sup>: The case for action

Kosovo<sup>1</sup> is exposed to significant man-made and natural hazards (floods and earthquakes). The risk of floods is especially high due to uncontrolled constructions around rivers, disposal of solid waste in rivers, and lack of maintenance of riverbeds and embankments.

Kosovo<sup>1</sup> has seen measles outbreaks among minority groups in rural areas. It has environmental hazards and potential chemical threats in some areas. Kosovo<sup>1</sup> has also experienced conflict in its recent history. Although its health emergency response system has strengths, health authorities recognize that it needs to be further developed. This is why Kosovo<sup>1</sup> is one of the WHO Health Emergencies (WHE) Programme's priority territories in the European Region.

The WHE Programme will scale up support to priority countries and territories to help them to strengthen their International Health Regulations (IHR) core capacities. Each of the priority countries and territories faces significant hazards, and each has vulnerabilities in their health emergency response capacities. This means health emergencies can have a high impact in these countries and territories. It also means they are the places in the Region where investment in IHR core capacities can produce the greatest return.

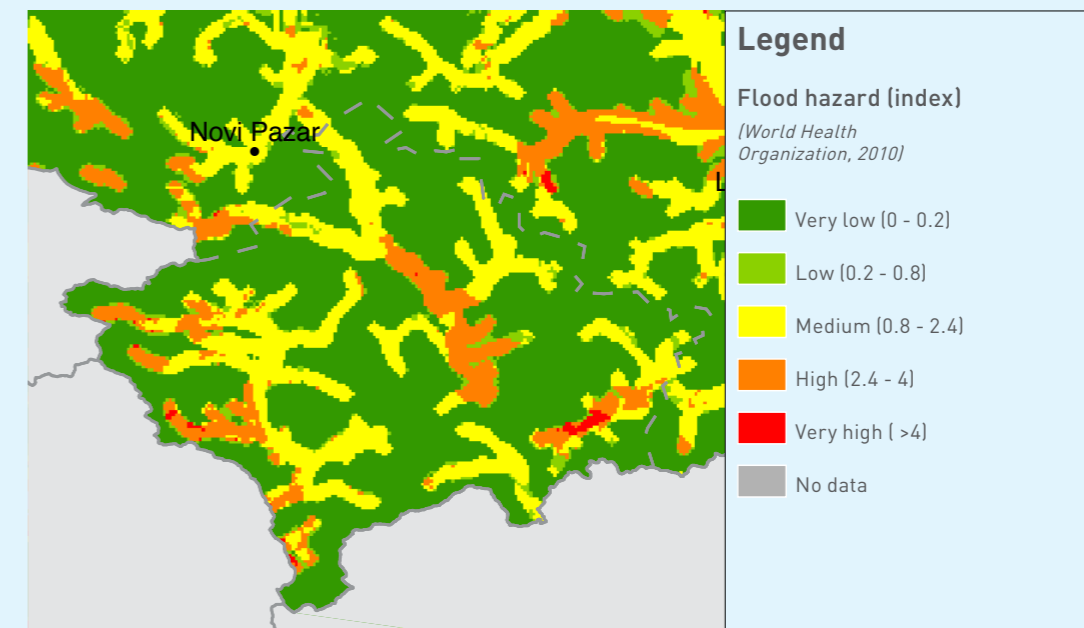
1  
BOX

### Key emergency threats in Kosovo<sup>1</sup>

- Flood hazards (Map 1)
- Chemical and environmental hazards
- Conflict

1  
MAP

### Flood hazard map<sup>2</sup>



#### Disclaimer

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2 WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the-european-region-the-volume-1-exposure-to-natural-hazards-version-2.0>, accessed 23 August 2019).

Kosovo<sup>1</sup> is striving to achieve Universal health coverage (UHC), in line with the UN's Sustainable Development Goals (SDGs). Investing in health emergency capacities supports the territory's progress towards these and other SDGs. The investment will safeguard social and economic progress, by reducing the impact of emergencies when they happen.



“Universal health coverage and health emergencies are two sides of the same coin”



**Dr Tedros Adhanom Ghebreyesus**  
Director-General of World Health Organization

Universal health coverage and health emergency capacity, or emergency preparedness, are two sides of the same coin in a people-centred health system. When countries and territories strengthen their emergency preparedness and response capacities, they also strengthen their health system's ability to provide universal health coverage. In the same way, when countries and territories strengthen their health systems, they strengthen their capacity to be prepared for and respond to emergencies. True universal health coverage means people can access quality, affordable, safe and culturally sensitive life-saving services when they need them most – including when they have been hit by an emergency.

2  
BOX

## Investing in emergency preparedness makes economic sense

Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through prevention, preparedness, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life-saving health services to 100 million vulnerable people. It will save approximately 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

Extract from A Healthier Humanity: The WHO Investment Case for 2019–2023<sup>3</sup>

**The return on investment is US\$ 8.30 for every US\$ 1 provided – a more than eightfold return. The investment pays back in multiple ways:**

- it saves people, society, economy from the next emergency
- it strengthens the health system
- it helps to meet several Sustainable Development Goals
- it contributes to global efforts to protect 1 billion more people worldwide.

3 WHO. A Healthier Humanity: The WHO Investment Case for 2019–2023, pp. 24–28. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 23 August 2019).

### Investing in health emergency preparedness is key to achieving the SDGs

Investing in health emergency preparedness and response is key to achieving SDG 3 “Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity, and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage) and 3.9 (deaths from chemical contamination).

Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).

### The International Health Regulations: a framework to protect people from health emergencies

Since 2007, the IHR have made a difference to the way the world prepares for and responds to emergencies. The IHR (2005) is a central mechanism within the WHE Programme to guide countries towards achieving common approaches and capacities to detect, assess and respond to health threats. The IHR (2005) is a legally binding treaty signed by all WHO Member States. What it commits them to is:

1. Sharing information with WHO, and each other, about all hazards – disease outbreaks and other health threats (e.g. chemical or nuclear contamination) – that could spread across international borders.
2. Developing and maintaining the **core capacities** needed to prepare for, detect and respond to disease outbreaks, and other health threats.
3. Reporting annually on their implementation of the IHR.

The IHR have already strengthened international cooperation and country capacities to deal with health emergencies. Nonetheless, many Member States in the European Region, and indeed around the world, have scope to further strengthen their IHR core capacities.

For more information about the IHR see:

[https://www.who.int/topics/international\\_health\\_regulations/en/](https://www.who.int/topics/international_health_regulations/en/)

## IHR core capacities for monitoring and evaluation

1. Legislation and financing
2. IHR coordination and national IHR focal point functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health Service Provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies

## Kosovo's<sup>1</sup> emergency preparedness and response capacities

### Overview of IHR monitoring and evaluation in Kosovo<sup>1</sup>

Four complementary components of monitoring and evaluation help to provide a comprehensive overview of the current status of IHR capacities.<sup>4</sup> Kosovo is not required to submit States Parties Annual Reporting; the Joint External Evaluation (JEE), After Action Reviews (AARs) and simulation exercises are voluntary.

In particular the JEE fosters a peer-to-peer discussion between international and local experts to identify strengths and weaknesses in emergency preparedness and response within the health system. Results and recommendations from these activities are the basis for the development of an Action Plan for Health Security.

#### Observations:

- Coordination works well, but is mostly based on personal relationships.
- Despite some capacity gaps, the health emergency system is usually able to mobilize quickly; for example, in response to floods.
- Kosovo<sup>1</sup> has run a number of table-top emergency simulation exercises (SIMEXs) to test and improve capacities.

<sup>4</sup> WHO. IHR monitoring and evaluation: a key element for public health emergency preparedness and response. Copenhagen: WHO Regional Office for Europe; Europe; 2018 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/375819/IHR-Brief\\_WEB.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0006/375819/IHR-Brief_WEB.pdf?ua=1), accessed 23 August 2019).



#### Areas for intervention:

- Emergency preparedness needs to be formalized and embedded with written standard operating procedures (SOPs), description of roles and division of responsibilities.
- Links between the soon to be finalized All-hazards Multisectoral Emergency Response Plan and its health annex need to be strengthened.
- Emergency preparedness at the level of hospitals needs to be strengthened.

## Opportunities for further progress

Kosovo<sup>1</sup> is preparing an All-hazards Multisectoral Emergency Response Plan, including an annex on health emergencies as well as a contingency plan for pandemic influenza preparedness

The adoption of the All-hazards Multisectoral Emergency Response Plan, along with its health annex, is an important opportunity to make further progress on health emergency capacities. So, too, would be a Joint External Evaluation (JEE) of the IHR core capacities. The process of preparing for, and then going through, a JEE gives the health authorities and their partners a clearer insight into the current level of health emergency capacity. The JEE also gives recommendations from international experts on where and how capacities need to be strengthened – including three or four top priority recommendations for action.

WHO, national and international partners are ready to support the health authorities in:

- getting the All-hazards Multisectoral Emergency Response Plan, along with its health annex, approved;
- ensuring the authorities mobilize the domestic resources needed to implement the health annex.

Implementing the Plan and its health annex depends, largely, on domestic resources in order to be sustainable. However, international partners may be able to offer valuable experience or technical expertise in areas such as further strengthening and formalizing multisectoral collaboration or in the development of Standard Operating Procedures.



Two parked ambulances, Kosovo  
Photo credit: WHO



## Success stories

### Developing all-hazards multisectoral emergency response plan

Once finalized and implemented, the All-hazards Multisectoral Emergency Response Plan could well be an example of best-practice.



A one-day simulation exercise on the management of a car accident in the field, involving medical units, fire-fighter brigades and emergency care physicians  
Photo credit: WHO

### Organizing emergency simulation exercises (SIMEXs)

The health sector regularly organizes emergency simulation exercises (SIMEXs) to test and improve their capacities.

Kosovo<sup>1</sup> has started implementation of the Emergency Risk Communication five-step package to improve health authorities' capacities to communicate risks and engage communities in emergencies.

## Protecting people from health emergencies together: The way W(H)E work



The WHE Programme is providing the Organization's response to increasingly demanding crises. Mainstreamed across all levels of the Organization, it is geared to better protect people from health emergencies by establishing people-centred health systems which can detect, assess, communicate and respond to crises in a matter of hours.

Since each country and territory is unique, the Programme tailors its support to specific hazards, vulnerabilities and systems. It recognizes that structures and people with the right skills need to be in place where disease outbreaks occur, where disasters and conflicts strike, and where people fall sick and die. Therefore, the Programme places local action at its centre.

The health emergency management cycle defines the rhythm of the Programme. Its four phases – prevention, preparedness, response and recovery – are grounded in the requirements of the IHR and seamlessly complement each other to save lives. Here's how it works:

1. **Prevention** and control of infectious diseases – through vaccination, for example – help prevent outbreaks in the first place.

2. At the same time, countries and territories need to develop, test and evaluate their plans and strengthen their capacities to be **prepared** for the next emergency of any type. This includes, for example, assessing hospitals for safety and functionality, establishing a laboratory network of excellence, setting up systems for disease surveillance, and engaging communities to communicate risks.
3. During the **response**, life-saving health interventions and pre-positioned essential health packages are delivered in collaboration with health partners to ensure that affected populations have timely access to quality health services, leaving no one behind.
4. The **recovery** phase is the time to learn from experience and build back better; it is the opportunity to make health systems stronger for the future.

Bridging health emergencies and universal health coverage – two sides of the same coin – will pave the way to achieve the related Sustainable Development Goals. To make this a reality, the WHE Programme has tailored the global strategy into a European Action Plan. The Plan bonds countries and territories with comparable levels of capacity and capability to avert or respond to emergencies. This requires cooperation across sectors and across borders.

As a strong believer in partnership, WHO invites all authorities, sectors, partners and people in the European Region to implement the Action Plan jointly. Together we have the expertise and know-how, and together we can support global efforts to prevent, prepare for, respond to and recover from all health emergencies, while contributing to protecting 1 billion more people worldwide.

## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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