



**POLICY
ANSWERS**

Financing and digitalisation of the healthcare sector in Kosovo

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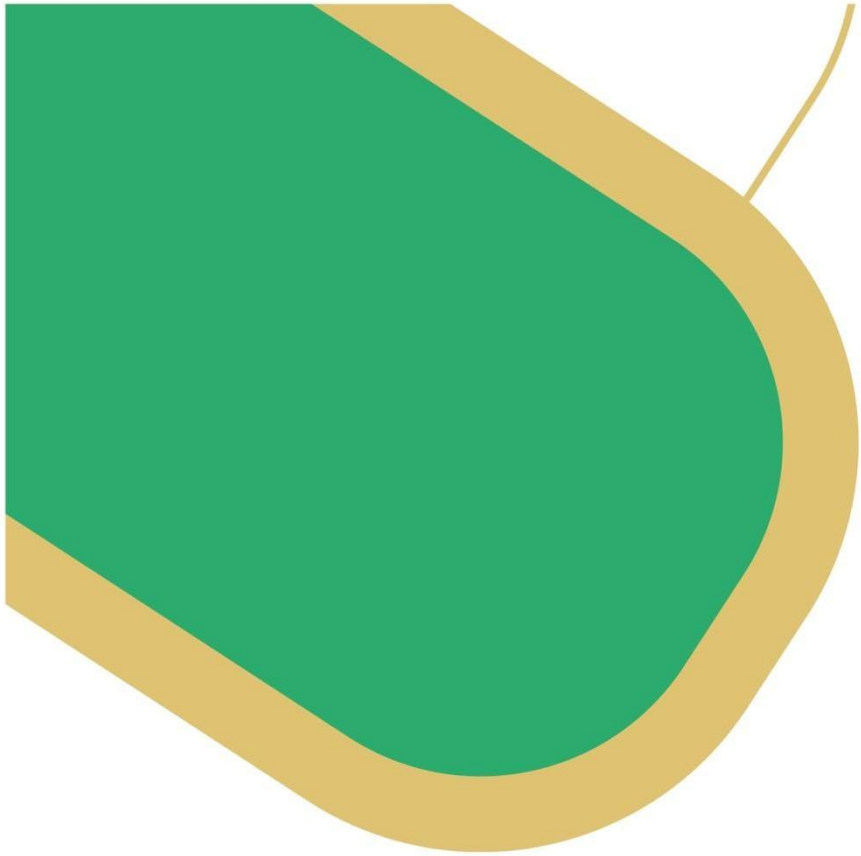
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List of Abbreviations

| | |
|-------|--|
| BHIS | Basic Health Information System |
| CDSS | Communicable Disease Surveillance System |
| CUHSK | Clinical and University Hospital Service of Kosovo |
| DS | Dentistry System |
| EC | European Commission |
| EIS | Emergency Information System |
| EMR | Electronic Medical Records |
| EU | European Union |
| FMC | Family Medicine Center |
| GDP | Gross Domestic Product |
| HIE | Health Information Exchange |
| HIFIS | Health Insurance Fund Information System |
| HIS | Health Information System |
| HMIS | Hospital Management Information System |
| LIS | Laboratory Information System |
| NAO | National Audit Office |
| PACS | Picture Archiving and Communication System |
| PHCI | Primary Healthcare Institution |
| PSMS | Pharmaceutical Stock Management System |
| RIS | Radiology Information System |
| WB | Western Balkans |

Introduction

This report aims to assess recent developments in the healthcare sector in Kosovo*, particularly in relation to financing, the digitalisation of the sector, and the volume and execution of the healthcare budget. Within the POLICY ANSWERS project¹, funded by the European Commission through the Horizon Europe programme, the Riinvest Institute prepared and presented the report “An absent therapy for healthcare financing” in March 2024². That report identified several serious challenges in the financing of the health sector, including: the low share of health expenditures in the national budget and GDP; the under-execution and underutilisation of planned budgets by health institutions; the high burden of out-of-pocket spending borne by households; and significant delays in operationalising health insurance and the Health Information System (HIS). The report yielded several key recommendations:

- increasing the health budget from 3.5 % to around 6 % of GDP within a three-year period;
- ensuring effective management and full execution of the budget to improve infrastructure, equipment, and capital investments;
- raising salaries for health personnel; and
- accelerating the timeline for implementing health insurance.

The preparation of this report, which primarily reviews developments during 2024-2025, is grounded in an analysis of digital sources, including strategic documents, official institutional publications on websites and social media, work reports, audit reports, budget data, and statistics from international organisations. The report also outlines the actions undertaken in line with the recommendations of the previous report, which are presented below.

Executive summary

The development of the health system in the post-war period has faced serious stagnation, resulting in an insufficient level and quality of healthcare protection and services in Kosovo, both in relation to the population’s needs and compared with other Western Balkan³ (WB) economies. Previous studies have confirmed that inadequate budgetary financing remains a recurring problem, linked to the low execution of capital expenditures, the absence of health insurance and the incomplete operationalisation of the HIS⁴.

In 2024, health expenditures accounted for only 3.14 % of GDP and 9.8 % of budget expenditures, with projections to reach 3.33 % of GDP and 10.3 % of budget expenditures in 2025. This level remains significantly lower than the average health spending of European Union (EU) economies as a share of GDP, which was around 7.4 % in 2023 and also below the average of WB economies, at 5.15 %⁵. According to projections for 2025, health expenditures per capita are expected to reach 231 EUR, whereas in 2024 they amounted to 205 EUR per capita. Overall, in terms of public financing levels, the execution of the 2024 budget, and the planned budget allocations for 2025, the necessary changes have still not been undertaken.

* This designation is without prejudice to positions on status and is in line with UNSC 1244/1999 and the ICJ Opinion on the Kosovo Declaration of Independence.

¹ Western Balkans Info Hub. POLICY ANSWERS: R&I Policy making, Implementation and Support in the Western Balkans. (2026). <https://westernbalkans-infohub.eu/theme/policy-answers-ri-policy-making-implementation-and-support-in-the-western-balkans/>. Accessed April 2026.

² Mustafa, Muhammet. (2024). An absent therapy for healthcare financing. <https://westernbalkans-infohub.eu/documents/an-absent-therapy-for-healthcare-financing/>. Accessed April 2026.

³ The Western Balkans comprise Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia.

⁴ Hashani, Alban, Mustafa, Muhamet, Maloku, Benet, Shkodra, Tringë. (2024). Riinvest Institute. https://www.riinvestinstitute.org/uploads/files/2024/March/06/Nje_terapi_e_munguar_per_financimin_e_shendetesise1709743810.pdf. Accessed August 2025.

⁵ World Bank Data. (2025). Domestic general government health expenditure (% of GDP). <https://data.worldbank.org/indicator/SH.XPD.GHED.GD.ZS>. Accessed August 2025.

However, during 2024, there was an improvement in budget management. The Ministry of Health executed 83 % of its budget in 2024, although execution of capital investments lagged behind at 56 %. Meanwhile, the Clinical and University Hospital Service of Kosovo (CUHSK) has maintained a high level of budget execution, at around 98 % in recent years. Its 2025 budget has increased by 9.3 % to surpass 190 million EUR. This budget includes clinic renovations and the purchase of new medical equipment. However, many existing devices remain outdated or non-functional. In primary healthcare, the health grant increased by 12.7 % from 2022 to 2023 and by 16 % from 2023 to 2024, while in 2025 it remained unchanged.

From the citizens' perspective, the financial burden remains high. Out-of-pocket expenditures accounted for around 40 % of total health spending, amounting to approximately 197 million EUR (2021). An important development was the adoption of the new Health Insurance Draft Law in 2024⁶. However, its implementation has remained delayed, as it was sent to the Constitutional Court for review which recently issued a statement regarding the case. The collection of contributions has not yet begun, and the Health Insurance Fund continues to rely entirely on the state budget.

Although the number of departures among healthcare staff has declined in recent years, personnel shortages remain evident in several clinics and family medicine centres, affecting the provision of quality services for citizens. Moreover, the level of salaries continues to be a serious concern and remains significantly below the recently increased base wage levels for healthcare professionals.

The digitalisation of the health sector is another area that remains insufficiently developed. The Basic Health Information System (BHIS) has begun to be rolled out, but at a very slow pace, which still does not enable real-time sharing of health data with other systems. This situation limits service efficiency and hinders the integrated management of the sector, including the implementation of health insurance. Strengthening technological infrastructure, standardisation, completion of diagnostic and treatment protocols, and ensuring sustainable financial support remain serious challenges that urgently require effective action and resolution. The Riinvest Institute recommends:

- (1) The Law on Budget Appropriations should strengthen the position of the health sector, ensuring that the level of government spending reaches the average of WB economies (around 6 % of GDP).
- (2) The condition of technical equipment for patient diagnostics and treatment should be improved through extraordinary investments, with the aim of reducing long waiting lists, replacing outdated devices and lowering out-of-pocket expenses for citizens.
- (3) The planned timelines should be reconsidered to ensure the completion, within no more than two years, of the health insurance system and the HIS, as well as the broader digitalisation of the health sector.
- (4) The salary system should be reviewed and made more competitive to address the turnover of medical and support staff.

⁶ Government of the Republic of Kosovo. (2024). Draft Law on Compulsory Healthcare Insurance. <https://kryeministri.rks-gov.net/wp-content/uploads/2024/08/PROJEKTLIGJI-PER-SIGURIMIN-E-DETYRUESHEM-TE-KUJDESIT-SHENDETESOR.pdf>. Accessed April 2026.

Developments in the health sector

Overall, apart from a somewhat better execution of the allocated budget, no meaningful progress has been made during 2024 and 2025 in addressing the long-standing challenges of this sector, which is essential for sustainable development and for strengthening society's absorptive capacities. We still lack qualitative improvements with regard to:

- The level of government financing for healthcare remains very low compared with EU countries and regional peers.
- Even after 15 years of efforts to build and operationalise an integrated HIS, this project remains incomplete. According to the Ministry of Health projections, full implementation may require an additional 4-5 years; therefore, the timeline should be revisited and shortened.
- The Health Insurance Fund has still not been implemented, nearly a decade and a half after its initiation, leaving Kosovo as the only country in Europe without a functional health insurance system.
- The import of healthcare services from abroad remains excessively high.
- Public trust in the quality of healthcare services in the public sector has not reached an adequate level.
- The turnover of healthcare personnel, particularly highly specialised physicians, continues to pose a serious challenge.

Budgeting and capital investments

The Ministry of Health and other budgetary agencies within the sector, such as the CUHSK, have recorded an improvement in their budget execution levels during 2024 and 2025.

Table 1: Budget execution data for health sector institutions in EUR.

| Institution | CUHSK | | Ministry of Health | | Health Insurance Fund | |
|---------------------------------|-------------|-------------|--------------------|------------|-----------------------|------------|
| | 2025* | 2024 | 2025* | 2024 | 2025* | 2024 |
| Planned budget | 190,656,752 | 174,387,768 | 83,422,713 | 80,395,329 | 10,987,998 | 8,877,671 |
| Budget at the end of the period | 193,320,410 | 173,821,273 | 83,915,514 | 69,030,812 | 11,004,387 | 12,723,112 |
| Budget spent | 90,554,676 | 170,460,810 | 21,713,204 | 57,306,037 | 4,252,921 | 12,637,057 |
| Execution (%) | 46.8 % | 98.1 % | 25.9 % | 83.0 % | 38.6 % | 99.3 % |

* The budget expenditure data (i.e., budget spent) for 2025 covers the first six months.

Source: The data have been calculated by the authors based on the audit reports of the National Audit Office (NAO)^{7, 8, 9} and the semi-annual expenditure report of the Ministry of Finance of Kosovo¹⁰.

The Ministry's budget for 2025 is planned to reach 83,422,713 EUR. In 2024, the Ministry executed around 83 % of its budget, representing an improvement compared to 2023 (57 %). However, it continues to lag behind in implementing planned capital investments, with only 56.6 % execution in 2024. The low execution rates over the years have been attributed to poor project preparation and delays in procurement procedures, which often led to the cancellation or postponement of tendering processes, as well as suboptimal management of the capital investment project cycle^{11, 12, 13}.

The 2025 budget of the CUHSK is 190,656,752 EUR, which is 9.3 % higher than in 2024. During the first six months of the year, around 47 % of the budget was executed. The institution's budget execution has been stable over the years, reaching around 98 % of most budget allocations in 2023 and 2024. Capital investments have included infrastructure projects such as the renovation or construction of facilities for the Oncology¹⁴, Hematology-Oncology and Nephrology¹⁵, Orthopedics¹⁶, Cardiac Surgery¹⁷, Urology¹⁸ and Gynecology¹⁹ clinics.

Investment in medical equipment at CUHSK in 2024 amounted to 8,517,508 EUR²⁰; an increase compared to 2023 (5,660,000 EUR). Newly purchased or donated equipment includes an MRI machine at the Prizren Hospital²¹, a plasmaphoresis device at the Pediatrics Clinic²², a 128-slice

⁷ National Audit Office. (2025). Audit Report on the Annual Financial Statements of the Clinical and University Hospital Service of Kosovo for 2024. <https://zka-rks.org/Reports/ReportDetails?reportId=8055>. Accessed August 2025.

⁸ National Audit Office. (2025). Audit Report on the Annual Financial Statements of the Ministry of Health for 2024. <https://zka-rks.org/Reports/ReportDetails?reportId=8005>. Accessed August 2025.

⁹ National Audit Office. (2025). Audit Report on the Annual Financial Statements of the Health Insurance Fund for 2024. <https://zka-rks.org/Reports/ReportDetails?reportId=8060>. Accessed August 2025.

¹⁰ Ministry of Finance, Labour and Transfers. (2025). Semi-Annual Financial Report 2025. <https://mfpt.rks-gov.net/desk/content/media/8e1543a5-69e7-48ce-8d02-7f767557fce4.pdf>. Accessed August 2025.

¹¹ Annual Report of the Ministry of Health for 2022. (2023). <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Rapor43426769.6408.pdf>. Accessed August 2025.

¹² Annual Report of the Ministry of Health for 2023. (2024). <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Rapor53888604.1245.pdf>. Accessed August 2025.

¹³ Annual Report of the Ministry of Health for 2024. (2025). <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Rapor53663729.561.pdf>. Accessed August 2025.

¹⁴ Ministry of Health. Information posted on social media on 5 March 5 2024. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid054rQNJcNbnZnpa4eWyyigGHsAp17wbiJDj8GGFsUcTK78f8XVoeLqgEK7vUbGDs6l>. Accessed September 2025.

¹⁵ Ministry of Health. Information posted on social media on 2 May 2024. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid0WihSZDrbYBaK4ZfBmK6rJci98U3PmidUhy9BG1kxLPVg85TrQgtJDk3G3xyoRE4l>. Accessed September 2025.

¹⁶ Ministry of Health. Information posted on social media on 3 October 2024. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid02KYnRSP8fogvqZNoDxC3dbEwopuLyfbdjSWtPrZH2T111UyfsAox8Xj5T4gPYFoqeL>. Accessed September 2025.

¹⁷ Ministry of Health. Information posted on social media on 24 July 2024. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid0MDeuTNUvhctvvgKzTkj4XxH4CuUyBJUSfH4nkHBMJmx2cLH824nvBD1akLCEd9KYVl>. Accessed September 2025.

¹⁸ Ministry of Health. 10 July 2024. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid032immH9omNgF5kkFo4nbNLX4MZxNFdjDftzWkewEN436SsyQBShGANEWm9oxmTy2NL>. Accessed September 2025.

¹⁹ Ministry of Health. Information posted on social media on 18 June 2024. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/transformohen-kat%C3%ABr-reparte-n%C3%AB-klinik%C3%ABn-e-gjinekologjis%C3%AB-dhe-u-shtuan-tri-sh%C3%ABrbi/774592134844604/>. Accessed September 2025.

²⁰ Clinical and University Hospital Service of Kosovo. (2025). Financial Report January-December 2024. [https://shskukadmin.rks-gov.net/Medias/Raport%20Financiar%20Janar-Dhjetor%202024%20i%20aprovuar%20\(1\).pdf](https://shskukadmin.rks-gov.net/Medias/Raport%20Financiar%20Janar-Dhjetor%202024%20i%20aprovuar%20(1).pdf). Accessed September 2025.

²¹ Ministry of Health. The Magnetic Resonance Imaging (MRI) service is operationalized at the Regional Hospital of Prizren. (2024). <https://msh.rks-gov.net/Publications/Details/2370>. Accessed September 2025.

²² Ministry of Health. New equipment for the Pediatrics Clinic to improve healthcare services for children. (2024). <https://msh.rks-gov.net/Publications/Details/2422>. Accessed September 2025.

CT scanner²³ and PET Scan at the Clinical Nuclear Medicine Service²⁴. The majority of the existing equipment has an overall value of around 29 million EUR; however, much of it is over a decade old²⁵, creating difficulties in meeting service demands and contributing to long waiting lists.

Waiting lists and the essential medicines list

The clinics of CUHSK still have waiting lists, some of which extend beyond one year, although several clinics reported reductions in waiting times. A continuing challenge is the absence of a central database for waiting lists, as each clinic maintains separate and unintegrated data. In 2025, the Radiology Clinic reported waiting times of up to 2 months for MRI scans and up to 1 month for CT and PET CT scans²⁶. Other clinics, such as the Orthopedics Clinic, faced long waiting lists due to capacity overload²⁷, while in the Cardiology Clinic the waiting time exceeded one year, with more than 1,900 patients on the list²⁸. During 2024, the Nephrology Clinic²⁹ reported having no waiting lists, and the Thoracic Clinic had no waiting lists for certain services³⁰.

Regarding the Essential Medicines List, it has been updated and restructured several times during its existence, including revisions in 2019 and 2023. The budget for the Essential Medicines List was 24 million EUR in 2018, increased to around 35 million euros in 2019, and after the 2023 update, the budget reached approximately 60 million EUR³¹.

Over the years, the supply of medicines from the Essential Medicines List has faced challenges and shortcomings. According to the Ministry of Health's work reports, the unsatisfactory level of supply to healthcare institutions has been attributed to the non-implementation of planned procurement activities, regulatory ambiguities and insufficient budgeting. Another factor that has hindered efficient supply from the Essential Medicines List has been the incomplete use of the Pharmaceutical Stock Management System³².

During 2024, the supply of medicines from the Essential Medicines List increased compared to 2023, but full supply levels had not yet been reached. The most pronounced shortages were reported in Primary Healthcare Institutions (PHCIs), where Family Medicine Centers (FMCs) in certain municipalities stated that their supply was below 50%. In other institutions, according to

²³ Ministry of Health. The Radiology Clinic is equipped with modern medical devices CT 128. (2024). <https://msh.rks-gov.net/Publications/Details/2413>. Accessed September 2025.

²⁴ Ministry of Health. Information posted on social media on 26 April 2024. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid021npiD2EAMFtnaij1omSiaG22nAgZho7t6PxeV9bRWjUCxViVSmfgyLZwhizXC3l>. Accessed September 2025.

²⁵ Ministry of Health. (2024). Health Sector Strategy 2025-2030. <https://gzk.rks-gov.net/ActDetail.aspx?ActID=99025>. Accessed September 2025.

²⁶ Clinical and University Hospital Service of Kosovo. Information posted on social media on 18 February 2025. <https://www.facebook.com/shskuk.rksgov.net/posts/pfbid02sMEeEegx5KTptabFANoGiT6MS1sksnZ7kajm3VLSWM3oQyXPHMECURcX3yWmWuHQL>. Accessed September 2025.

²⁷ Clinical and University Hospital Service of Kosovo. Information posted on social media on 16 May 2025. <https://www.facebook.com/shskuk.rksgov.net/posts/pfbid02iU1LNRWSUi7dfW6HawaTWkJgirx1ofovXD3pmTfoNzfNnpr8CjY1vVJXf7gsVe6Dl>. Accessed September 2025.

²⁸ Clinical and University Hospital Service of Kosovo. Information posted on social media on 25 July 2025. <https://www.facebook.com/shskuk.rksgov.net/videos/1525076585566909/>. Accessed September 2025.

²⁹ Clinical and University Hospital Service of Kosovo. Information posted on social media on 10 January 2024. <https://www.facebook.com/shskuk.rksgov.net/posts/pfbid0kHbCEuDb2jnBHPeyU9GBv3su1pQ4LzWmiL5nBerdyGfLHJsyh43KPUwRZWGiy6tl>. Accessed September 2025.

³⁰ Clinical and University Hospital Service of Kosovo. Information posted on social media on 10 October 2024. <https://www.facebook.com/shskuk.rksgov.net/posts/pfbid02xda318in9gL14mWokKmoV82KfKa1f16Qs9puQDBUjudXXDzibHjZXDhFLdNtj8ibl>. Accessed September 2025.

³¹ Ministry of Health. Information posted on social media on 23 May 2023. <https://www.facebook.com/Ministria.Shendetesise.RKS/videos/3550741645215434/>. Accessed September 2025.

³² National Audit Office. (2024). Information Technology Audit Report: Pharmaceutical Stock Management Information System. https://zka-rks.org/cms/ReportFiles/2024_a6343707-6451-4040-a744-6447d7b8dd56.pdf. Accessed August 2025.

CUHSK's 2024 report, supply levels at the University Clinical Center of Kosovo (UCCK) were 75 %, while regional hospitals reported a supply level of 73 %³³.

Major delays related to the Health Insurance System

The Law on Health Insurance³⁴ was passed by the Assembly of Kosovo in 2014, while the new draft Law on Health Insurance, adopted in 2024, introduced changes to several aspects of the previous law. This law regulates the functioning of the fund, and the institutional responsibilities related to its operation. However, the new draft Law was subsequently annulled by Constitutional Court.

Currently, although the Health Insurance Law has been passed, its implementation remains limited only to the fund for treatment abroad and outside the public institutions. The Health Insurance Fund is still not collecting the contributions defined by the law, and as a result, compulsory health insurance is not functional³⁵, delays that have persisted for nearly a decade and a half. The lack of full implementation of compulsory health insurance has been attributed to the incomplete operationalisation of HIS and gaps in enforcing the legislation³⁶. The Health Sector Strategy 2025-2030 sets the objective of beginning contribution collection by 2027 and achieving full operationalization of health insurance by 2030.

On the other hand, one of the current services provided by the Health Insurance Fund is the Medical Treatment Program Outside Public Health Institutions, which is financed by Kosovo's budget. According to the institution's work reports, the main challenges over the years have included delays in legal processes, limited budget, outstanding obligations carried over from previous years, and a shortage of human resources—insufficient staff within the institution^{37,38}. The planned budget for the Health Insurance Fund for 2025 is 10.987 million EUR, which is about 24 % higher than the 2024 budget. Budget execution in 2024 reached 99 %³⁹.

Out-of-pocket spending by citizens for treatment in private clinics and abroad remains extremely high. It has been estimated that remittances are spent at least twice as much as in other countries on healthcare services⁴⁰. There is still no comprehensive study addressing this important issue.

Health Information System

The digitalisation of the health sector in Kosovo is primarily linked to the development of the Health Information System (HIS). The structure, responsibilities, access and organisation of the HIS are defined by Law No. 04/L-125 on Health⁴¹. The broader HIS includes several existing and planned subsystems, such as the Basic Health Information System (BHIS), the Hospital Management

³³ Clinical and University Hospital Service of Kosovo (CUHSK). (2025). Work Report January-December 2024. [https://shskukadmin.rks-gov.net/Medias/Raporti%20i%20punes%202024%20janar%20dhjetor%20SHSKUK%20i%20aprovuar%20\(1\).pdf](https://shskukadmin.rks-gov.net/Medias/Raporti%20i%20punes%202024%20janar%20dhjetor%20SHSKUK%20i%20aprovuar%20(1).pdf). Accessed September 2025.

³⁴ Official Gazette of the Republic of Kosovo. (2014). LAW NO. 04/L-249 ON HEALTH INSURANCE. <https://gzk.rks-gov.net/ActDetail.aspx?ActID=9450#>. Accessed April 2026.

³⁵ Radio Free Europe. Information posted on social media on 20 September 2025.

<https://www.facebook.com/evropaelire/videos/ligji-i-kontestuar-qytetar%C3%ABt-e-kosov%C3%ABs-ende-pa-sigurime-sh%C3%ABndet%C3%ABsore/648746541282246/>. Accessed September 2025.

³⁶ World Bank. (2023). Kosovo Public Expenditure Review.

<https://documents1.worldbank.org/curated/en/099071723122023431/pdf/P178218048f6a30d90b0510c549a2ce48b7.pdf>. Accessed September 2025.

³⁷ Health Insurance Fund. Annual Work Report 2024. <https://fssh.rks-gov.net/desk/inc/media/7A135CED-AB1C-4522-B53B-7256CDE509A3.pdf>. Accessed September 2025.

³⁸ Health Insurance Fund. (2024). Annual Work Report 2023. <https://fssh.rks-gov.net/desk/inc/media/A2E6BFD6-946E-4EE9-B269-8D89D5818C8F.pdf>. Accessed September 2025.

³⁹ National Audit Office. (2025). Audit Report on the Annual Financial Statements of the Health Insurance Fund for the Year 2024. https://zka-rks.org/cms/ReportFiles/2025_e17c7bbb-f705-45ba-93b6-14a2684f5390.pdf. Accessed August 2025.

⁴⁰ Riinvest Institute. (2007). Diaspora and Migration Policies.

<https://www.riinvestinstitute.org/uploads/files/2016/October/17/shqip1476702625.pdf>. Accessed September 2025.

⁴¹ Official Gazette of the Republic of Kosovo. (2013). LAW NO. 04/L-125 ON HEALTH. <https://gzk.rks-gov.net/ActDetail.aspx?ActID=8666>. Accessed April 2026.

Information System (HMIS), the Pharmaceutical Stock Management System (PSMS), the Laboratory Information System (LIS), the Radiology Information System (RIS), the Emergency Information System (EIS), the Dentistry System (DS), and Electronic Medical Records (EMR). These systems are intended to be interconnected and to provide integrated data platforms that enable the flow and exchange of information within a national Health Information Exchange (HIE) framework, designed on the OpenHIE architecture⁴².

The current digital health systems implemented so far are disconnected from one another, resulting in a lack of real-time exchange of health data. The development and full operationalisation of a comprehensive HIS through the creation of new digital systems is still an unfinished process, which, according to the HIS Development Strategy, is expected to be completed by 2030. This appears to be an excessively long timeframe and should be shortened, especially considering that such delays also hinder the implementation of health insurance.

In 2024, it was reported that the Basic Health Information System (BHIS) had been rolled out in more than half of primary healthcare institutions⁴³. However, despite these reports on coverage, the system was fully functional in only around 32 % of Family Medicine Centers (FMCs), with low levels of electronic patient registration and a lack of integrated digital protocols⁴⁴. According to the 2023 feasibility study⁴⁵, several implementation challenges were identified, including unstable internet connectivity, insufficient equipment, uneven and inconsistent use across institutions, and limited integration with other systems. In 2024, the Communicable Disease Surveillance System (CDSS) was reported to be connected to the BHIS¹³, but data exchange with other health systems remained unachieved due to their incomplete operationalisation.

Regarding the Health Insurance Fund Information System (HIFIS), the system was developed and connected to data exchange from institutions in 2019. However, in the years that followed, reports indicated a lack of full operationalisation and insufficient system maintenance^{46, 47}. Likewise, in 2024, it was reported that the PSMS had been implemented in the central pharmacy of UCCK and in regional hospitals, but according to the Audit Report, it was found that not all institutional pharmacies were using it, nor were all of its functions being utilised^{32, 48}. On the other hand, within the digital services offered on the eKosova platform, pilot implementation of the “Selection of Family Doctor”⁴⁹ and “Childbirth”⁵⁰ modules was carried out in 2024 and 2025.

The further rollout and operationalisation of several current and new systems – including the HIS, the Laboratory Information System (LIS) and the Picture Archiving and Communication System

⁴² Ministry of Health. (2024). Publication of a “Buildable” Digital Health Plan for Kosovo. <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Publi52100964.48.pdf>. Accessed August 2025.

⁴³ UNDP Kosovo. (2025). Digital Development Profile. https://www.undp.org/sites/g/files/zskgke326/files/2025-06/digital_profile_en.pdf. Accessed August 2025.

⁴⁴ The World Bank. (2024). KOMPAS - Kosovo Comprehensive Approach to Health System Strengthening Project. <https://documents1.worldbank.org/curated/en/099041824104539871/pdf/BOSIB-86541249-5ab2-4841-afb3-22b52ffc74f8.pdf>. Accessed August 2025.

⁴⁵ World Bank Group. (2023). Kosovo eHealth Feasibility Study Development. <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=Kosov41051093.5132.pdf>. Accessed August 2025.

⁴⁶ Ministry of Health. (2024). Strategic Plan for the Development of the Health Information System 2024-2030. Pg. 14-15. <https://msh.rks-gov.net/Documents/DownloadDocument?fileName=STRAT56292449.6279.pdf>. Accessed August 2025.

⁴⁷ Health Insurance Fund. Annual Work Report 2024. <https://fssh.rks-gov.net/desk/inc/media/7A135CED-AB1C-4522-B53B-7256CDE509A3.pdf>. Accessed August 2025.

⁴⁸ EUROSAI IT Working Group National Audit Office of Estonia (Riigikontroll). (2024). <https://eurosai-it.org/news/newsletter/itwg-newsletter-2-2024/updates-from-itwg-members/kosovo-highlights-of-it-audit-from-sai-kosovo#:~:text=10.12.2024,public%20healthcare%20institutions%20in%20Kosovo>. Accessed September 2025.

⁴⁹ Ministry of Health. Information posted on social media on 8 February 2024. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid02Fhp4s44Ekostr5arkqMVRJCPnorfq7eH3FKPUVGRE9hT7gdg3KfuNgd2QCrWXuqLl>. Accessed September 2025.

⁵⁰ Ministry of Health. Information posted on social media on 27 March 2025. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid0BVQF3wVtLY4SGUm9ZdKFNTThRuT78j4s5utvKtjKj1doBzclLo9527uiXF5DmkRLdl>. Accessed September 2025.

(PACS) – are planned to continue throughout 2025⁵¹. For the current year, 3 million EUR have been allocated in the annual budget as a continuation of the investments initiated in 2024 for the development and advancement of the HIS and its supporting systems.

Health personnel

Kosovo's health system continues to face shortages of medical personnel in several key areas, while challenges related to the management and distribution of this workforce have also been identified and addressed. In addition to departures from the public sector, the emigration of medical personnel from Kosovo remains a major concern.

According to data from the Kosovo Medical Chamber⁵², by March 2025, a total of 16 certificates of good ethical standing had been withdrawn for use abroad, while during the entire year 2024 this number reached 111, including 97 doctors and 12 residents⁵³. According to a survey conducted by the same institution, the main reasons for the emigration of medical personnel were inadequate financial compensation, working environment factors and the lack of career prospects.

In recent years, shortages of doctors and support staff have been particularly severe in several clinics, including the Clinic of Anaesthesiology and Intensive Care⁵⁴, the Gynaecology Clinic, the Paediatrics Clinic and Family Medicine Centres.

In 2024, the base coefficient for public-sector salaries increased only from 105 EUR to 110 EUR. In 2025, the salary coefficient increased by one unit, affecting health workers with the lowest coefficients, including nurses. However, this increase is merely symbolic and does not address the underlying issue of low wages. Specialist doctors' salaries remain among the lowest compared to other WB economies.

⁵¹ Ministry of Health. (2025). Annual Work Plan of the Ministry of Health for 2025. <https://msh.rks.gov.net/Documents/DownloadDocument?fileName=Plani51929733.7359.pdf>. Accessed September 2025.

⁵² Kosovo Medical Chamber (KMC). (2025). First Quarter 2025 Report. <https://omk-rks.org/wp-content/uploads/Raport-per-tremujorin-e-pare-2025-1.pdf>

⁵³ Kosovo Medical Chamber (KMC). (2025). Work Report 2024. <https://omk-rks.org/wp-content/uploads/Raport-i-punes-per-vitin-2024.pdf>. Accessed August 2025.

⁵⁴ Ministry of Health. Information posted on social media on 28 April 2022. <https://www.facebook.com/Ministria.Shendetesise.RKS/posts/pfbid0NtrgF39khhbwGinYxPeLfNnaTL6DLAQ683BFF9i99znnVXBpb6X8VSTa6eDPmV6l>. Accessed September 2025.

Annex: statistical data

Table 2: Health expenditures as a percent of GDP in the Western Balkans in 2021 (government spending and household out-of-pocket spending), sorted from highest to lowest total spending⁵⁵.

| WB economy | Government spending | Household out-of-pocket spending (o-o-p) | Total |
|-----------------|---------------------|--|-------|
| Montenegro | 6.46 | 4.02 | 10.47 |
| Serbia | 6.26 | 3.58 | 9.84 |
| BiH | 6.53 | 2.94 | 9.47 |
| North Macedonia | 4.64 | 3.56 | 8.20 |
| Albania | 2.88 | 4.34 | 7.22 |
| Kosovo | 3.48 | 2.4 | 5.88 |

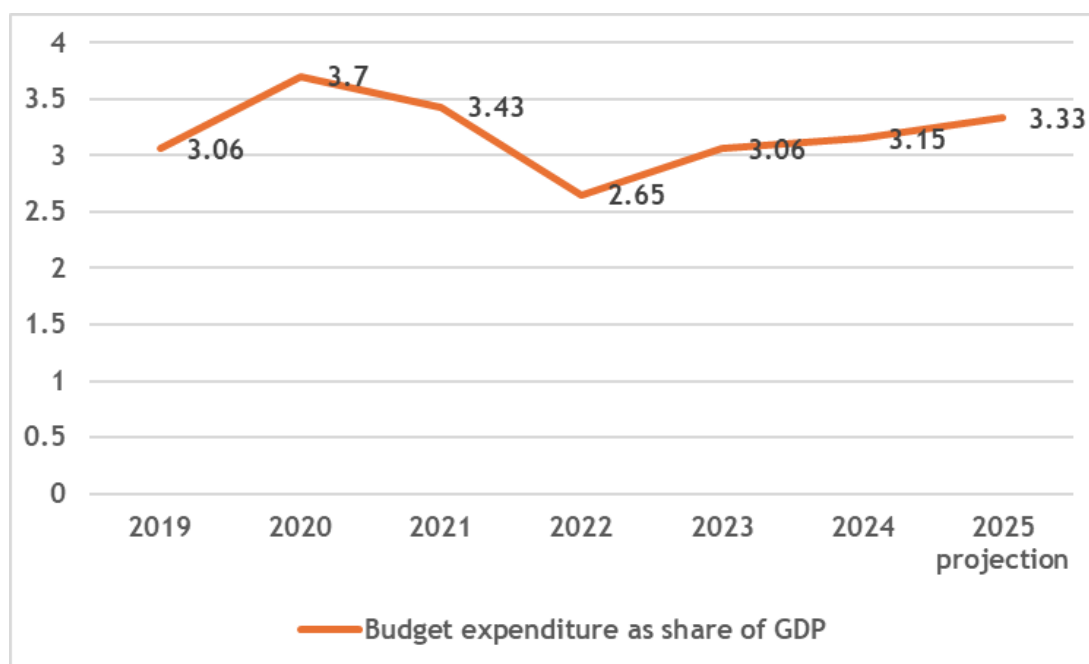


Figure 1: Healthcare budget expenditures as a percentage of GDP during the years 2019-2025

⁵⁵ The data is based on information from “An Absent Therapy for Healthcare Financing” (2024)⁴.

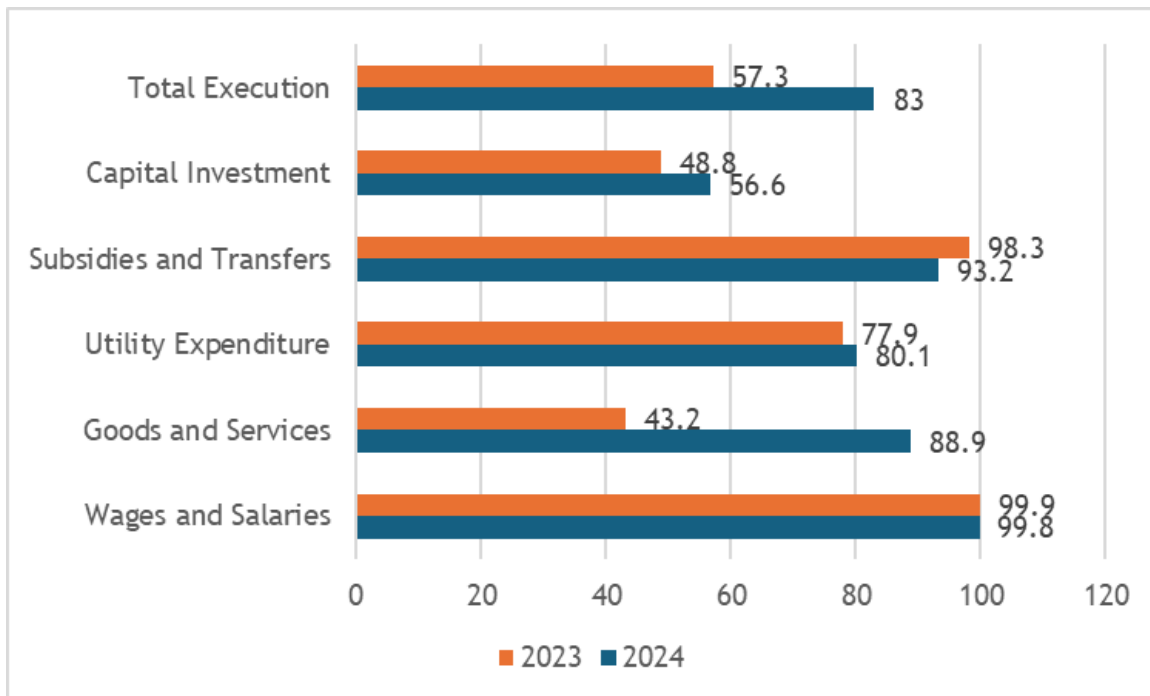
Budget execution in health sector institutions⁵⁶


Figure 2: Budget execution of the Ministry of Health for the years 2023-2024.



Figure 3: Budget execution of CUHSK for the years 2023-2024

⁵⁶ The budget execution data for the institutions have been calculated by the authors based on the audit reports of the National Audit Office (NAO) for 2023 and 2024.



Figure 4: Budget execution of the Health Insurance Fund for the years 2023-2024.



ABOUT POLICY ANSWERS

POLICY ANSWERS (R&I POLICY making, implementation ANd Support in the WEsteRn BalkanS) supports policy coordination in the Western Balkans and with the EC and the EU. 14 partner organisations, representing network nodes in the region and EU expert organisations, support policy dialogue through formal meetings (such as ministerial and steering platform and ad-hoc policy meetings), monitoring and agenda setting, capacity building and implementation of the EU's Western Balkan Agenda, as well as the alignment of thematic priorities. The project implements regional pilot activities and offers an information hub based on the westernbalkans-infohub.eu online information platform. The partners provide analytical evidence via monitoring and mapping activities of the stakeholder ecosystem, of the implementation of the Western Balkans Agenda and of the Western Balkans' integration into the European Research Area as well as via strategic foresight. POLICY ANSWERS also allows for tailored and targeted capacity building activities in the Western Balkans as well as regional alignment of priorities in relation to the digital transformation, the green agenda and towards healthy societies. Pilot activities provide learning opportunities on policy and programme level and reach out to final beneficiaries related to improved academia-industry cooperation, researcher mobility, inclusion of youth in policy processes, promotion of research infrastructures and increased innovation skills in all areas.

