



General data

POPULATION, 2023  
**1,756,366**  
PHYSICIANS / 1,000 INH, 2021  
-

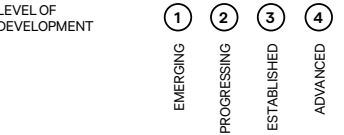
Socioeconomic data

COUNTRY INCOME LEVEL, 2022  
**Upper middle income**  
GDP PER CAPITA (US\$), 2023  
**5,960**  
HEALTH EXPENDITURE (% GDP), 2021  
-  
UNIVERSAL HEALTH COVERAGE, 2021  
-



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



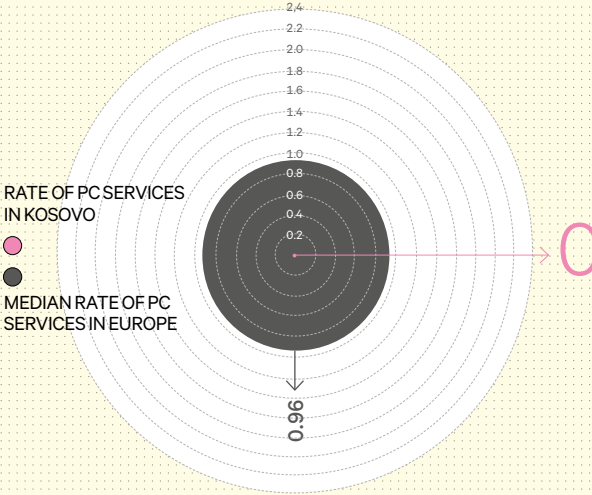
Consultants: Miranda Hoti.  
National Association: -  
Data collected: October 2024–March 2025  
Report validated by consultants: No  
Endorsed by National PC Association: -  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

# Kosovo

F Provision of PC (Specialised Services)

Total number of Specialised PC services  
**0**  
Rate of PC services per 100,000 inhabitants  
**0**

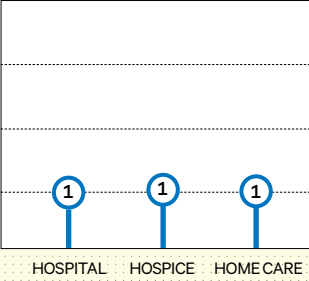
Kosovo in the context of European region



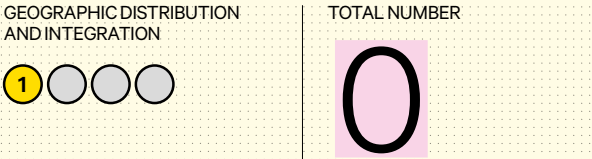
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

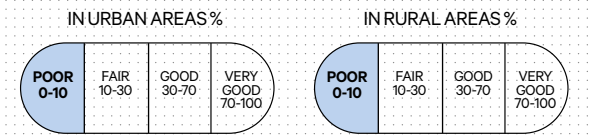


# Kosovo

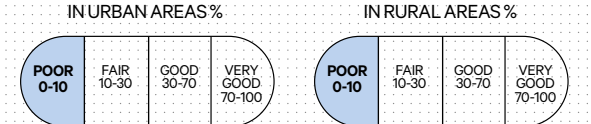
D Use of essential medicines

Opioids consumption (excluding methadone)  
**N/A**  
S-DDD/MILL INHABITANTS/DAY

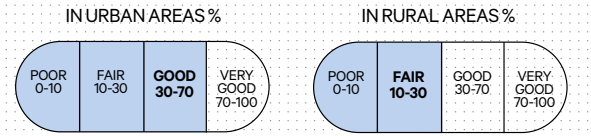
Overall availability of essential medicines for pain and PC at the primary level



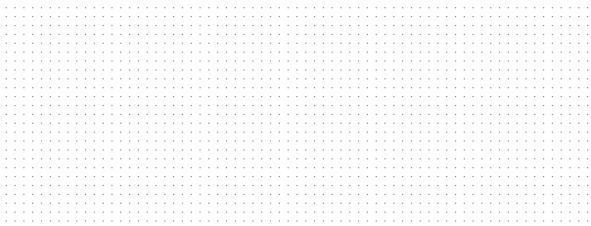
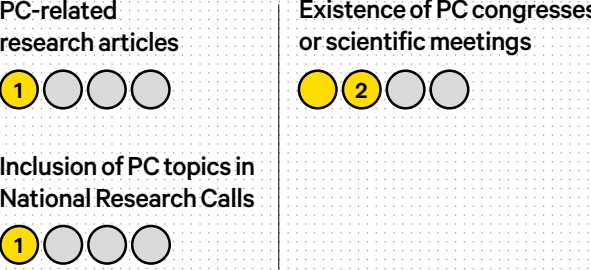
General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research



E Education & Training

Medical schools with mandatory PC teaching  
**0**

Nursing schools with mandatory PC teaching  
**0**

PC Full Professors  
**0**

Recognition of PC specialty  
**1**

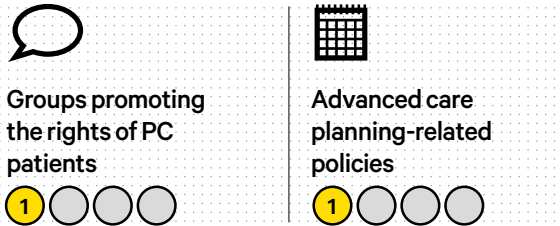
B Policies





National PC plan or strategy  
**1**





Responsible authority for PC in the Ministry of Health  
**2**




Inclusion of PC in the basic health package at the primary care level  
**1**







A Empowerment of people and communities








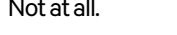



<b>Ind1</b> Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Only isolated activity can be detected.	There is no institution for palliative care, but as doctors created small groups to support needed patients. There is also an existing mobile healthcare team who visits the palliative patients and administers them the symptomatic therapy. NGOs such as Smile International, Caritas Kosova, the Professional Health Association (PHA), and the Mother Teresa Society have begun to address the unmet need for palliative care. These NGOs provide palliative care and home care, hold training conferences on palliative care and pain management for doctors and nurses, and work with international groups to establish new programmes.
<b>Ind2</b> Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	There were some proposals from the Ministry of Health but there are only some local initiatives and nothing like a guideline or plan.
<b>Ind3</b> 3.1. There is a current national PC plan, programme, policy, or strategy.  3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Not known or does not exist.   Not known or does not exist neither standalone nor is included in another national plan.	No evidence found.

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
<b>Ind4</b> PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Not at all.	No evidence found.
<b>Ind5</b> 5.1. Is there a national authority for palliative care within the government or the Ministry of Health?  5.2. The national authority has concrete functions, budget and staff.	 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).   Does not have concrete functions or resources (budget, staff, etc.)	No evidence found.

<b>Ind6</b> Existence of congresses or scientific meetings at the national level specifically related to PC.	 Only sporadic or non-periodical conferences or meetings related to palliative care take place.	No evidence but training conferences by NGOs such as Smile International, Caritas Kosova, the Professional Health Association (PHA), and the Mother Teresa Society. These NGOs, according to the report Palliative Care in Kosovo. Preliminary Policy Recommendations for a National Programme, provide palliative care and home care, and held training conferences on palliative care and pain management for doctors and nurses, and work with international groups to establish new programmes.
<b>Ind7:1</b> Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	 Minimal or non-existent number of articles published on the subject.	No evidence of palliative care research was found.
<b>Ind7:2</b> Inclusion of PC topics in national research calls.	 There are no national research calls at all.	There are no national research calls at all.
<b>Ind8</b> Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		

<b>Ind9</b> 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.  9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	  	The Essential list of medicines of Kosovo (LMK) does not contain all essential drugs for palliative care as established by the Lancet Commission.
<b>Ind10:1</b> 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).  10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	  	No evidence found.
<b>Ind10:2</b> 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.  10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	  	No evidence found.

<p><b>Ind11</b></p> <p>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/regulations concerning PC education</p>	<p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>No</p>	<p></p> <p>No evidence found but an outdated reference in Palliative Care in Kosovo. Preliminary Policy Recommendations for a National Programme: “Formal palliative care training in Kosovo is very limited, and most doctors lack adequate trainings for providing palliative care. Palliative care training for doctors is limited in Kosovo. There are no dedicated units in standard medical training and there is no palliative care specialty. However, while there is no standalone subject for providing palliative care, sections about palliative care are incorporated into other topics such as geriatrics. This practice introduces the discipline and provides basic knowledge on palliative care to doctors trained in Kosovo. Only Family Medicine doctors who are trained in Kosovo receive a palliative care education in their residency programme. While these brief modules do expose physicians to palliative care in a basic sense, they generally do not include practical applications and do not prepare the doctors for providing palliative care to their patients. Some specialists receive more specific training in palliative care from schooling and residency outside of Kosovo.</p>
<p><b>Ind12</b></p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians.</p>	<p>There is no process on specialisation for palliative care physicians.</p>

<p><b>Ind13</b></p> <p>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</p> <p>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialised services or teams exist in the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p> <p></p> <p>Not at all.</p>	<p>Limited home palliative care provided in several municipalities, specifically in Pristina, Suhareka, Ferizaj, and Fushe-Kosova. In these municipalities, mobile teams visit patients with identified palliative care and chronic care needs and provide frequent visits to administer treatments. These teams are not organized or intended to provide palliative care, rather they are teams that were implemented to provide home care to patients with chronic conditions, such as diabetes or hypertension, who cannot come to the FMCs. In Ferizaj, Fushe-Kosova, and Pristina, these teams emerged exclusively from FMC initiatives. In Suhareka, Mitrovica, Prizren, and other municipalities, the chronic care team emerged through a partnership with Caritas Kosova, an NGO dedicated to improving Kosovar quality of life, defending human rights, and peace-building in Kosovo.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>KOSOVO 0.96</p> <p>0 1 2 3 4 5 6</p> <p>MINIMUM RATE IN THE REGION 0 MAXIMUM RATE IN THE REGION 3.68</p> <p> ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <p>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	<p>No evidence found.</p>