

Volume 7  
Issue 1  
October 2022  
ISSN:5101195-3

# KOSOVA JOURNAL OF SURGERY



- Perspective: RIFAT LATIFI: On Being Minister of Health, Medical Diplomacy and the Transformation of Healthcare in Kosova
- SELMAN URANEUS: Damage Control Surgery in Severe Trauma
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KOSOVA JOURNAL OF SURGERY  
 Volume 7, Issue 1, October 2022  
 ISSN:5101195-3  
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## KOSOVA JOURNAL OF SURGERY

October 2022 | Volume 7 | Issue 1 | www.koscs.org

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# On Being Minister of Health, Medical Diplomacy and the Transformation of Healthcare in Kosova

Rifat Latifi, MD, FACS, FICS, FKCS\*\*\*



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### Abstract

Being a Minister of Health, of any country, is the greatest honour and privilege, but being a Minister of Health of the newest country in Europe where you grew up, got educated and left for a better life is a different, yet the biggest responsibility that one can have. How does one prepare to be a Minister of Health? What tools do you have that can help you transform a healthcare system in disarray? You need investments, a vision, a clear mission, and lots of support to fight corruption embedded in every layer of the healthcare system. But has medical diplomacy as a potential tool not been used in Kosova in the past? Yes, it has. Medical diplomacy has been known for decades, but in the current global environment, when the world has never been flatter, medical diplomacy has never been more imperative in dealing with the problems of inequality and healthcare disparity. In this per-

spective I will discuss my short tenure as Minister of Health and how, during that time, I created a model of healthcare transformation in Kosova through medical diplomacy to mitigate health disparity. We designed a process with twelve (12) clinical centres of excellence (CCE), 22 advanced clinical fellowships (ACF) that will train around 100 physicians and surgeons (during 2022-2024) at international centres of excellence, the majority of which were secured through medical diplomacy. Simultaneously, medical diplomacy was being used to aid hospital building and medical equipment infrastructure. The creation of clinical centres of excellence (CCE), advanced residency, and clinical fellowships, together with the improvement of infrastructure will increase human abilities and reduce patient flow outside the country, whereas Kosova's healthcare will be transformed, but it will not happen quickly. It will take time.

**Keywords:** Kosova, Minister of Health, Medical diplomacy, Rebuilding healthcare system of Kosova, Healthcare disparity, Residency, Fellowships, Centers of Excellence

### Being a Minister

On November 16, 2022, I took over the job as the Minister of Ministry of Health of Kosova. Non-political Minister. While it was never something I had imagined doing in my career, I was not surprised by my own willingness to accept this position. A lifetime opportunity. The question is “was I prepared for this new chapter of my life?” But how do you become prepared to be a Minister?

Following graduation from Medical Faculty of University of Prishtina and two years of residency in the orthopaedics, I moved to USA in 1985. Since then, I have trained and worked in major medical institutions in the USA and abroad, have led a major academic department of one of the oldest university hospitals and medical schools in the USA. Should that have prepared me for a job of Minister? I have written and edited 20 books, including one entitled “Modern Hospital”. In addition, I have published four hundred peer review articles and book chapters. I am familiar with the healthcare system of Kosova and have also critiqued how healthcare was being managed during the last 2-3 decades. As founding president of Kosova College of Surgeons (KCS), I was very involved in the creation of, daily operations and content, as well as growth strategy of KCS, so it made perfect sense to me, then and now, to leave my position at NYMC and WMC in Valhalla, NY, (even though it was abrupt, surgically so one can say) and come back to Kosova to help rebuild the healthcare system.

Most importantly, at this stage of my career (been there, done that), I thought I could help Kosova. So, I said yes to the invitation by Prime Minister Kurti, and abruptly left my job as chair and director of surgery in Valhalla, New York. Normally, one would have to give at least six months’ notice in advance, but instead it was one phone call to Gary Brudnicki and Mike Israel, my bosses at WMC, the day before I travelled for Kosova. Both were surprised (as I was), but incredibly supportive and understood the gravity of my decision. The news went viral. Many were surprised, some were supportive, and others thought- flat out right, it was a bad idea.

The first few weeks were very busy. I came in the midst of COVID-19 pandemic, while I was creating the cabinet and learning an administrative maze. I was welcomed by the protests of residents and nursing staff in front of my office at Ministry of Health, (previously an old tuberculosis hospital). Media outlets had a lot to say about my cowboy boots and bow tie. None were interested in my vision to transform the healthcare system.

As the new Minister, I met many new people, ambassadors of many countries, many representatives of various governmental and non-governmental organizations (NGOs) and partners of Ministry of Health, both national and international.

My calendar was terribly busy. Many of these meetings were large, but lots were “Just came to wish you well”. Useless courtesy meetings.

I lived alone in my apartment in the famous, muddy, and always under construction, “Muharrem Fejza” street, that often did not have electricity and had to walk to the 8th floor. I did not mind the walk at all. The apartment was small (compared to my house on the hill in Katonah), and the winter was brutal, so my apartment was cold, too.

My life became a mess, but I loved my job. I remained very busy, but I could not see progress. As surgeon, you see progress immediately. Not as Minister.

### The State of Healthcare of Kosova

It did not take me long to conclude that the healthcare sector of Kosova, particularly, the administration part of the Ministry itself was a very complex enterprise: a maze or web of an entanglement of incomprehensible designed regulations. Healthcare of Kosova was ignored for decades, if not outrightly neglected, poorly managed, and segmented. There were many questions that I could not answer. Why was Kosova healthcare sector in this state?! A state of disarray. Why was the public healthcare system kept unfunded year after year, government after government? Why did Kosova have the lowest GDP share for healthcare in the Western Balkans countries and amongst the lowest in the world? Why even when something was invested, it was mismanaged? Why private hospitals, private clinics and pharmacies grew like mushrooms right in the backyard of the public University Clinical Center of Kosova? Who owned them? How can one understand the web of manipulation and outright abuse

of the public healthcare system and public trust, the very same healthcare system that should care for all of us, rich and poor?

Due to the low wages, most physicians and nurses are forced to work 3-4 jobs, often to the detriment of public hospitals. All work without malpractice insurance, and no one ever asked for it, despite the fact that cases often get dragged for years in courts, fuelled by the media with unverified information. Clinical faculty was divided into those who teach medical students of the Medical Faculty of University of Prishtina, and those who “cannot”. In both groups (although many are Doctors of Science or have master’s degrees), the scientific contribution and peer review publications are very low.

Answers to all these questions were not easy to find. When I tried to see a justification for why all this had happened, I could not understand, and it was impossible to justify this state of the healthcare system. How does an ordinary mind can understand this? In asking this question I found solace in my incompetency and moved on to the next mystery of healthcare of Kosovo.

Study after study of many donors and partners came to the same conclusions that we have too many hospital beds with an occupancy rate of just about 50%, too many doctors, too many nurses, and no efficiency. It is difficult to justify when an entire clinic with 15 surgeons performs only 1,500 operations or, worse, 13 surgeons perform 600 operations yearly, most of which are not major surgeries by global standards. I heard of many reasons: lack of available operating rooms (starting at 9:30 am), lack of anaesthesiologists, lack of OR nurses and other managerial issues.

Over the span of more than two decades since the war ended, despite the lowest GDP share, large funding has come from international donors, and various NGOs to the healthcare system. A few Ministers and governments, and many directors of hospitals and clinics have come and gone, over the course of 23 years, but the situation has not changed. Healthcare system remained in disarray.

It can be characterised by low quality of clinical services, lack of clinical faculty ability, lack of modern infrastructure, and above all lack of managerial skills. These are all significant issues that are still plaguing the healthcare system of Kosovo.

Most patients with complex diagnoses are sent outside the country or public institutions for treatment, at an astronomical cost. The hospital infrastructure is old,

or of low quality, and the number of unfinished or not completed hospital buildings for many years and various reasons (such as emergency and trauma hospital building, Ferizaj regional hospital building, pediatrics department at Mitrovica hospital and a few other projects) look like ghost buildings that disintegrated year after year. Even, when highly expensive medical equipment was purchased, they did not function. Another mystery for me.

Visiting the various departments or clinics reminded me on days when I was a medical student here: four patients in one room. Even in the renovated parts of the hospitals that have been finished in the last few years, there are three beds in one room (for the most part), the offices of staff occupy large portions of hospital wings, with one exception, the new paediatrics wing of surgery.

### **How do we transform the healthcare of Kosovo? - A trauma surgeon’s view**

Can we transform the healthcare of Kosovo, I asked myself every day? Rightly, others asked the same question. Yes, we can, is my unequivocal answer, but it will require vision, time, investments, and determination. But how do you transform this state of healthcare and deal with each of these parts and segments of this very complex and distorted mosaic, and healthcare disparity? Wait a minute: Health disparity in 2022? The ugly truth of the healthcare system is that those who have the financial means go to private hospitals and clinics in the country or outside. Those who do not have the financial means are faced with long waiting times to see a doctor, and even longer waiting time for an operation. These waiting lists are often inflated and are created by some doctors in order to have patients go to private institutions. It should not be like this. But it is here, and we must deal with it.

Let me try to simplify the answer to this major question and use the analogy of a trauma surgeon. As trauma surgeon I have saved many lives by stopping the bleeding, securing the airway (intubate the patient early), always expecting the worse, and performing a laparotomy or emergency thoracotomy or whatever it takes, and working system by system, organ by organ, and used lots of blood and blood products.

In rebuilding the healthcare system, we must use the same approach: stop the bleeding (stop patients flow out of the country, by creating local expertise

and modernize the hospital infrastructure); secure airway (bring oxygen) for healthcare system by adding resources to provide high-quality healthcare services and curbing treatment abroad, and finally, transfuse knowledge and ability to make possible the provision of high-quality services.

To achieve this, however, there are few (essential) requirements:

- 1). Well-trained and prepared medical students, residents and fellows, faculty, nurses, and healthcare managers.
- 2). Ultramodern hospital infrastructure, system in place, and
- 3). Much more love for our small and beautiful country, Kosova, and its people.

Additionally, healthcare insurance for everyone is an alpha and omega of healthcare system.

That is all we need. Expertise, high quality services (here we need a modern hospital infrastructure and equipment), and healthcare insurance. It is as simple as that! But the question remains, how do we do all this and is there an appetite for change?

### **Data Driven Strategy and the Medical Diplomacy**

The backbone of medical diplomacy<sup>1,2,3</sup> or Global health diplomacy has been defined as wide spectrum of health determinants and transcends beyond health issues as a crucial element in foreign, security, and trade policy, and require collective action. Efforts in global health diplomacy have been broken downs into seven concepts<sup>4,5</sup> that include: 1) Negotiating to promote health in the face of other interests; 2) Establishing new governance mechanisms in support of health; 3). Creating alliances in support of health outcomes; 4). Building and managing donor and stakeholder relations; 5). Responding to public health crises; 6). Improving relations between countries through health; and 7). Contributing to peace and security. Which one of these dimensions can a country, region<sup>6</sup>, special group of scientists<sup>7</sup> or a continent<sup>8</sup> can find most suitable is a matter of creativity or political will and establishment. Medical diplomacy is a great tool to create bridges between nations and countries as well as institutions<sup>9</sup>. Through global health diplomacy (GHD), the African Union has attempted to establish infrastructural, administrative, and regulatory support for the

African Medical Association), using the South–South cooperation<sup>9</sup>. A strong AMA created through GHD, as suggested by these authors, can be a vital instrument in utilizing Trade-Related Aspects of Intellectual Property Rights (TRIPS) for partnership with European countries and advancing healthcare through safety mechanisms for medicine and other regulatory elements.

Global health diplomacy has taken a center stage as an emerging field that bridges the disciplines of public health, international affairs, management, law, and economics<sup>10,11</sup>. Yet, there are calls for better preparations of diplomatic core on health diplomacy<sup>11</sup> and establishing a clear career pathway for Health Attachés as critical process for future maturation of the profession and for fostering effective global health action that aligns public health and foreign diplomacy outcomes. While these authors call for such cadre of diplomats to lead medical diplomacy, I think that health diplomacy is everyone's business, particularly, Ministers of Health, who need to work very closely with other segments of governments (Foreign Affairs Ministry and entire diplomatic core. Yet, Ministers of Health should be leading such processes based on countries needs and global interest.

With all this in mind, I embarked on medical diplomacy and visited several countries including USA, Turkey, Norway, Greece, Austria, Albania, and was in the process establishing relationships with a number of other countries including Luxembourg, Croatia, Slovenia, Israel, UEA, Qatar, Slovakia, Saudi Arabia, Germany, Australia, India, and others to ensure that our physicians can get training and expertise. Each and every one of these countries were happy to help Kosova healthcare transformation. Building international relationships to support the needs of the healthcare system of Kosova is the only way to bring the much-needed resources, education, and training opportunities to the country and medical personnel.

But for real transformation we need data, as it is only data driven that we can actually change the status quo. No other way!

So, while doing everything else, during these months on the office, my team and I performed an analysis of the healthcare system through interviews with various stakeholders, and a written survey of key clinical leaders. We reviewed all patients treated outside the public healthcare system, including the number, diagnosis, and reasons for treatment abroad

system of Kosova (2019-August 2022) and cost. I have carefully read reports of costly consultants on hospital infrastructure; and other opinions and materials available to the Ministry of Health of Kosova (MHK) on infrastructure, hospital bed occupancy and human capacities and healthcare efficiency. Based on these reports I designed a seven points (or pillars) platform from which the entire strategy of transformation will derive (Table 1).

**Table 1.**

| Seven pillars of transformation |  |
|---------------------------------|--|
| 1                               | Digitalization of healthcare services, including health insurance.   |
| 2                               | Brain return (gain) and reducing brain drain, creating policies for including the experts from diaspora in clinical, managerial and leadership positions throughout healthcare system.             |
| 3                               | Advancing clinical programs and centres of excellence through the specially designed and data-based analysis of program for treatment outside the country and private hospitals and institutions.  |
| 4                               | Reforming residency and training programs and adding fellowships and international accreditation.  |
| 5                               | Decentralization of the hospital system and reorganization of UCKK, with empowering regional and local health system   |
| 6                               | Advancing research capacities and embedding research personnel, and research residents and medical students into most major clinical disciplines.  |
| 7                               | Modernization of hospital infrastructure and other healthcare institutions and increase quality of healthcare services including international accreditation, of hospitals and other institutions. |

However, to implement these strategic pillars to transform the healthcare system, and mitigate health disparity in our country, in addition to significant investments, we needed another platform: The platform of regional and international collaboration, the platform of Medical Diplomacy. By using this platform, we will create clinical centres of excellence (CCE) and/or clinical programs (Table 2)

**Table 2.**

|    |  |
|----|--|
| 1  | The Emergency, Trauma, and Burns Center together with the entire emergency and trauma system;  |
| 2  | Clinical Oncology Center of Kosovo (COCK) with ten departments and eleven clinical programs;   |
| 3  | Bio Medical and Scientific Research Institute with four departments: Scientific Research, Medical Simulation and Technological Education, Minimal Laparoscopic Surgery Laboratory, and Clinical Guidelines and Protocols |
| 4  | Center for Children and Adults with Disabilities (Autism, Down Syndrome and Other Rare Diseases);  |
| 5  | Addiction Rehabilitation Center;   |
| 6  | Regional Center for Training and Emergency Disaster and Trauma Management;   |
| 7  | Expansion of the Telemedicine program in all Regional Hospitals of the Country and the Main Centers of Family Medicine;  |
| 8  | Consolidation of the Center for Neurosciences;   |
| 9  | Consolidation of the Heart Center;   |
| 10 | Minimally Invasive Laparoscopic Surgery Program in General Surgery, Urology, Gynecology, Pediatrics and Thoracic Surgery;  |
| 11 | Endovascular Surgery Program); and   |
| 12 | Kidney and tissue transplant program.  |

**How to Man the Centers of Excellence?**

Ordinarily, the transformation of healthcare system should start with medical school and with residency programs, but Kosova does not have time. In fact, for the transformation of healthcare system, Kosova has everything but time. It needs a mechanism to prepare the residents and trainees in post graduate residency fellowships. For this we designed a three-prong approach to healthcare transformation:

- 1). Advanced clinical fellowships (See Table 3).
- 2). Reforming and advancing the residency training programs, while simultaneously
- 3). Rebuilding and modernizing the hospital infrastructure and process management.

Simultaneously we designed the training of future leaders of these centers and programs as there is a need for highly trained faculty with advanced clinical fellowships (ACF) and international experience. To achieve this we designed a plan to train more >100 physicians and surgeons during 2022- 2024 in international centres of excellence, in 22 clinical disciplines, including 2-6 fellowships in each clinical field (Table 3).

**Table 3:** Advanced Clinical Fellowships

| No | Program for fellowships in:        |
|----|------------------------------------|
| 1  | Trauma and Surgical Intensive Care |
| 2  | Critical Intensive Care Medicine   |
| 3  | Acute Burn and Wound Care          |
| 4  | Breast Surgery and Breast Health   |
| 5  | Surgical Oncology                  |
| 6  | Colorectal Surgery                 |
| 7  | Pediatric Cardiothoracic Surgery   |
| 8  | Minimally Invasive Surgery         |
| 9  | Geriatric Medicine                 |
| 10 | Palliative Medicine                |
| 11 | Intra-abdominal Organ Transplant   |
| 12 | Neonatology                        |
| 13 | Neurosurgery                       |
| 14 | Orthopedy                          |
| 15 | Psychiatry                         |
| 16 | Endovascular Surgery               |
| 17 | Hematology                         |
| 18 | Pediatric Hematology-Oncology      |
| 19 | Inner Ear Surgery                  |
| 20 | Obstetrics & Gynecology            |
| 21 | Thoracic Surgery                   |
| 22 | Maxillofacial Surgery              |

### Reforming Training Programs

The critical element of transformation has to do with advancing human abilities and modernization of

training programs, with an addition of research experience for residents and trainees. In other words, the residency training programs will need to undergo significant reforms.

Residency programs will be enrolling new residents on annual basis for most clinical programs- based on clinical needs for the country and based on international standards and accreditation. The residency training programs in anaesthesiology and critical care, general medicine, primary care, and family medicine, public health and epidemiology, and other deficient services will be promoted. Moreover, each potential resident will have to serve as a general practitioner for a minimum of two years before entering residency, while the internship will be structured in a particular specialty and will last one year. We will structure fellowship training programs or subspecialty training programs; accreditation of training programs and add structure and administrative and professional support to residency and training programs.

### Adding Research Programs

Another aspect of reforming training programs is the creation of research human capacities in Kosova. This will be done by adding 1-2 years of mandatory research training before or during the residency programs; combining research programs with MPH, Doctor of Science or Doctor of Philosophy (Ph.D.) programs; collaborating with the medical and pharmaceutical industry; and embedding clinical scientists in each clinical discipline as part of the research staff. Furthermore, will be adding legislation for research to do research transformation that will enable international collaboration.

The fellowships will be well-structured and with well-designed curriculum with partner countries and institutions. It is predicted that only the educational cost of these fellowships will be around three million Euros, but these expenses will be offset by significantly curbing the flow of patients seeking treatment out of the country. Simultaneously, hospital and medical equipment infrastructure will be needed while education is undergoing.

### Final note: There is no independence without healthcare independence

October 6, 2022, with great sadness and disappointment I resigned from the position of Minister of Health of Kosovo. Despite great deal of difficulties in each step I took over my tenure as Minister of Health of Kosovo, we have made significant progress. We clearly defined the platform and the path to transformation by returning the diaspora back to Kosovo and increasing human capacities, defined the needs for infrastructure, and what is required for next 5-10 years. Rebuilding healthcare system takes time. And for results to be seen, it takes time. Much more than 10.5 months.

Now that I am no longer a Minister of Health of Kosovo, I still believe that although the odyssey of transformation is complex, and despite many distractions along the way such as incompetent and corrupt administration and corruption on many levels, Kosovo's healthcare can prosper and become independent. There is no independence without healthcare independence. Young people will see that they can achieve their full potential and see the opportunities I see for them in the future, right here in Kosovo. But it will take time and real dedication from the government and real guts and knowledge to trailblaze these changes.

On a personal note, this has been one of the most remarkable segments and truly enriching experiences of my life. It has been one awesome opportunity to give back all I know and learned in the USA and around the world, as well to integrate that global experience into our vision and mission of healthcare transformation of Kosovo.

We cannot do this major transformation without partnering with our several great friends and partner countries around the world, using medical diplomacy as a platform.

The bottom line and goals are to advance clinical medicine and surgery, increasing human abilities, reducing patients flow outside of the country or to poorly regulated private sector, and deepening the relationships between Kosovo and partner countries. This should not be a medical neo-colonialism, as it has been thus far. It should be a true partnership built through medical diplomacy and friendship, aiming for Kosovo to become part of the global medical village, but to independently run its medical affairs. This totally can be done, but Kosovo needs to lead the process, not those who benefit greatly from our medical incompetence.

### \*\*Acknowledgment:

*The author thanks Kalterina Latifi Osmani for her insightful editorial assistance and comments during the preparation of this work.*

*The common wisdom says that it takes a village to do just about anything, but in politics, it takes even more than one village - it takes a team. Being a Minister of Health in Kosovo was a very lonely job. "It is lonely at the top", I was told before, but now I can testify to it.*

*While as Minister, when things did not go well, I took responsibility, the successes that we've had belong to my team - the cabinet members, the advisers, family, and friends.*

*My heartfelt thank you to Kujtim Salihu, Liridon Iberdemaj, Lumturije Bekaj, Anton Shllaku, Lumnije Kqiku-Biblekaj, Valon Baraliu, Kujtim Shala my wife Drita, and our children: Kalterina, Qendresa, Kushtrim, Fortesa, and Lulejeta, and my sisters Haka and Hava Latifi. Together they were the best team I could have hoped for.*

*Their advice and unconditional dedication to changing the healthcare of Kosovo in difficult times were essential. They were all solid rocks in our destiny to transform healthcare. Without them, I would have been even lonelier.*

### REFERENCES

1. Kickbusch I, Liu A. Global health diplomacy-reconstructing power and governance. *Lancet*. 2022 Jun 4;399(10341):2156-2166. doi: 10.1016/S0140-6736(22)00583-9. Epub 2022 May 17. PMID: 35594877; PMCID: PMC9113726.
2. WHO Director-General's opening remarks at the media briefing on COVID-19. Aug 18, 2020. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---18-august-2020>
3. Maurice J. Expert panel slams WHO's poor showing against Ebola. *Lancet*. 2015;386(9990):e1. doi: 10.1016/S0140-6736(15)61253-3.
4. Kickbusch I, Nikogosian H, Kazatchkine M, Kókény M. A guide to global health diplomacy. Better health—improved global solidarity—more equity. Feb 18, 2021. <https://www.graduateinstitute.ch/sites/internet/files/2021-02/GHC-Guide.pdf>
5. WHO. Available online: <https://www.afro.who.int/news/african-island-states-launch-joint-medicines-procurement-initiative> (accessed on September 6, 2022).
6. Bonilla K, Cabrera J, Calles-Minero C, Torres-Atencio I, Aquino K, Renderos D, Alonzo M. Participation in Communities of Women Scientists in Central America: Implications From the Science Diplomacy Perspective. *Front Res Metr Anal*. 2021 Jul

12;6:661508. doi: 10.3389/frma.2021.661508. PMID: 34368614; PMCID: PMC8344979;

7. Soler MG. Science Diplomacy in Latin America and the Caribbean: Current Landscape, Challenges, and Future Perspectives. *Front Res Metr Anal*. 2021 Jun 17;6:670001. doi: 10.3389/frma.2021.670001. PMID: 34222772; PMCID: PMC8247908.

8. Chattu VK, Dave VB, Reddy KS, Singh B, Sahiledengle B, Heyi DZ, Nattey C, Atlaw D, Jackson K, El-Khatib Z, Eltom AA. Advancing African Medicines Agency through Global Health Diplomacy for an Equitable Pan-African Universal Health Coverage: A Scoping Review. *Int J Environ Res Public Health*. 2021 Nov 9;18(22):11758. doi: 10.3390/ijerph182211758. PMID: 3483151

9. Brown MDM, Tim K, Shapiro CN, Kolker J, Novotny TE.

Bridging Public Health and Foreign Affairs: The Tradecraft of Global Health Diplomacy and the Role of Health Attachés. *Sci Diplomacy*. 2014;3:3.;

10. Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, Wasserheit JN. Towards a common definition of global health. *Lancet*. 2009;373(9679):1993–1995. doi: 10.1016/S0140-6736(09)60332-9.

11. Brown MD, Bergmann JN, Novotny TE, Mackey TK. Applied global health diplomacy: profile of health diplomats accredited to the UNITED STATES and foreign governments. *Global Health*. 2018 Jan 11;14(1):2. doi: 10.1186/s12992-017-0316-7. <https://ysph.yale.edu/news-article/neocolonialism-and-global-health-outcomes-a-troubled-history/> accessed 09-05-2022