SVAR FRA UNHCR PÅ FORESPØRGSEL FRA DANSK ADVOKAT VEDR. FORTOLKNING AF UNHCR'S ANBEFALINGER F.S.V.A HJEM-SENDELSE AF AFVISTE KOSOVO-ALBANERE, DER ER SYGE/TRAUMATI-SEREDE.

346(31) 23/5-01

Tina Sabrina Højlund

Im Fln.sekr. 19 J.nr

21 MAJ 2001

293

Antal bilag Aktnr.

Fra: [redacted]
Sendt: 21. maj 2001 12:38
Til: 'tln@inm.dk'
Emne: Diverse sager for Flygtningenævnet.

Briefing Note on Repatriation ... | AI5-2000 (March 2001).doc | Health Treatment Availability ... | Hcr30mar.doc | Mental Health Treatment Possib...

Flygtningenævnet.

[redacted].

[redacted] bemærkes.

I henhold til aftale fremsendes hoslagt til orientering kopi af e-mail af 15. maj 2001 fra Maria Elena Andreotti, UNMIK.

---------- Forwarded by Shahin Lauritzen/UNMIK on 05/15/2001 01:37 PM ----------

Maria Elena Andreotti
05/15/2001 10:19 AM

To: Shahin Lauritzen/UNMIK@UNMIK
cc: Nasra Hassan/UNMIK@UNMIK, Edric Selous/UNMIK@UNMIK, koefner@unhcr.ch, Theodore Rectenwald/UNMIK@UNMIK, Maria-Soledad Pazo/UNMIK@UNMIK

Subject: Re: UNHCR - Recommendation of March 24 2000 on Kosovars (Document link: Shahin Lauritzen)

Please, find herewith a response you might wish to forward to Mr. Boserup. The text has been prepared in consultation with UNHCR and Pillar 2.
"Dear Mr. Boserup, in answer to your question on how to interpret UNHCR's recommendation on repatriation of Kosovars from third Countries, please find attached four documents, which clarify the situation with regard to the unavailability of mental health treatement in Kosovo and UNMIK's official position on this issue. These documents include a "Briefing Note on the Repatriation of Kosovar Albanians" (approved by the Special Representative in April 2001) as well as the position papers concerning such matters issued by the UNMIK JIAS Department of Health and Social Welfare and WHO.
In addition, find herewith the UNHCR Position Paper on the Continued Protection Needs of Individuals from Kosovo, which contains a clear definition of two medically qualified vulnerable groups in section 13. According to UNHCR, the applicability of these criteria depends on the individual assessment of the case and of the factual situation whether a needed treatment is available. The issue of refraining from return due to traumatizing past experience despite a changed situation is elaborated in extenso in a detailed manner in para 12. As elaborated there it is a refugee law criteria, as indicated, which is derived from principles contained in the exemption from cessation of refugee status in Article 1 C (5) of the the 1951 Refugee Convention, as quoted even together with the interpretative para in the UNHCR Handbook on the Criteria for the Determination of Refugee Status.
UNMIK and UNHCR would assume, if for the assessment of a medical or psychological condition indeed expert advice is required to facilitate the examination of the applicability of legal provisions that Danish Law would foresee and allow for that.
We hope that this information provide a comprehensive answer to your doubts.
Best regards"
Maria Elena
(See attached file: Briefing Note on Repatriation (04-01).DOC)(See attached file: AI5-2000 (March 2001).doc)(See attached file: Health Treatment Availability (AI 5-2000).doc)(See attached file: Hcr30mar.doc)(See attached file: Mental Health Treatment Possibilities (WHO).doc)

* Begge dokumenter indgår i forvejen i baggrundsmaterialet og er ikke vedlagt dette bilag. Vedlagt som hhv. bilag 292 og 290.

Shahin Lauritzen
05/09/2001 03:49 PM

To: Edric Selous/UNMIK@UNMIK
cc: morris@unhcr.ch@UN-MAILHUB, Maria Elena Andreotti/UNMIK@UNMIK
bcc:

Subject: UNHCR - Recommendation of March 24 2000 on Kosovars

This should be logged, and I guess, replied to, as it is an official inquiry. Suggest that Maria-Elena' office is tasked to draft a answer co-ordinated with UNHCR. I don't see the need for SRSG signing it, since the mail was not addressed to him personally, but rather UNMIK as an organisation.

I would like to see the answer, eventually

---------- Forwarded by Shahin Lauritzen/UNMIK on 05/09/2001 03:47 PM ----------

Hans Boserup <hb@bhc.dk> on 05/09/2001 11:13:39 AM

To: "Shahin Lauritzen (E-post)" <lauritzen@unmik.org>, "Shahin lauritzen (E-post)" <lauritzen@un.org>
cc: '"nhl@udlst.dk"' <nhl@udlst.dk>, '"fln@inm.dk"' <fln@inm.dk>
bcc:

Subject: UNHCR - Recommendation of March 24 2000 on Kosovars

Dear Shahin Lauritzen (UNMIK, Kosova),

I am approaching you needing your help concerning the interpretation of a recommendation of March 24 2000 from UNHCR concerning repatriation of Kosovars living as refugees in other countries.

UNHCR suggests that after the arrival of KFOR the situation and the living condition for re-arriving Kosovars is safe for the most part. However he recommend that some groups of vulnerable refugees still is provided refugee protection in the individual countries.

One of the groups still needing protection is ill refugees. In the recommendation UNHCR emphasize the need of taking care of traumatized refugees. He even refer to: Executive Committee Conclusion 69 (XLIII) (1992)
about continuation of refugee status.

My problem is that the Danish National Board of Refugee (Flygtningenævnet) doesn't read the UNHCR's recommendation that way. They cite the recommendation for suggesting that Kosova is now a safe environment even for
ill and traumatized refugees unless they are ill or traumatized to an exceptional degree (whatever that may be). Determinations about the degree of illness and traumatization are made by lawyers without advice from health
personnel.

I would appreciate much to get information from the local department of UNHCR advising how the recommendation from March 2000 should be interpreted concerning the ill and the traumatized. I should further appreciate to learn
how UNHCR evaluate the fact that degree of illness and traumatization is determined by lawyers without any health or mental training or experience.

Furthermore I would appreciate to learn how the UN appointed governor of Kosova Hans Hækkerup consider the options for bringing these ill and traumatized refugees under acceptable mental and health care if they by force are repatriated into Kosova often into regions where they have

absolutely no network.

Sincerely yours
.ans Boserup,
Attorney at Law (H)

(See attached file: Briefing Note on Repatriation (04-01).DOC)
(See attached file: AI5-2000 (March 2001).doc)
(See attached file: Health Treatment Availability (AI 5-2000).doc)
(See attached file: Hcr30mar.doc)
(See attached file: Mental Health Treatment Possibilities
(WHO).doc) <<Briefing Note on Repatriation (04-01).DOC>> <<AI5-2000 (March
2001).doc>> <<Health Treatment Availability (AI 5-2000).doc>>
<<Hcr30mar.doc>> <<Mental Health Treatment Possibilities (WHO).doc>>

Med venlig hilsen

På vegne af

Hans Boserup

Mette Callesen, adv.sekr.
Advodan
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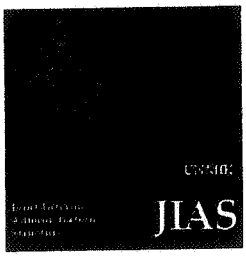

Joint Interim Administrative Structure
Department of Health and
Social Welfare

Ref No.:

Pristina, 02 March 2001

To whom it may concern

This is to confirm that Administrative Instruction (Health) 5/2000 on Treatment possibilities in Kosovo dated 20 March 2000 is still valid. While there has been considerable progress in the rehabilitation of health facilities and in securing the availability of essential drugs and medical supplies, the scarcity of funds has forced the Department of Health and Social Welfare to give the highest priority to primary and secondary care at the expense of tertiary care. Thus, the treatment of rare and serious diseases requiring complicated and expensive diagnostic and therapeutic interventions is in many cases not available. This still applies to the conditions listed in Administrative Instruction 5/2000.

Hannu Vuori, M.D., Ph.D. M.A.
Co-Director, Department of Health and Social Welfare

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UN Interim Administration

Department of Health and Social Welfare

Administrative Instruction (Health) 5/2000

Treatment possibilities in Kosovo

Many countries that have hosted refugees from Kosovo are currently considering their repatriation. One of the factors influencing a repatriation decision may be the ability of the Kosovo health care system to provide health services for those with known diseases or impairments.

The Department of Health and Social Welfare would therefore like to inform all concerned countries about the situation.

Capacity to deal with specific conditions

The number of refugees affected by this factor is fairly small but for these people, this issue is very important, a question of life and death. Kosovo's health care system cannot currently provide adequate care for the following groups of patients:

- Cancer (requiring radio- or chemotherapy
- All heart surgery, including installation of pacemakers
- Intraocular surgery (surgery within the eye)
- Severe and chronic mental illness, including mentally ill criminals (there is no mental hospital in Kosovo and no possibility to keep criminal patients securely)

In addition, the following considerations should be taken into account:

- The official health care system currently procures only essential drugs needed for the treatment of the common conditions. Consequently, many patients with rare, chronic diseases (e.g., lack of growth hormone, haemophilia, HIV/AIDS) will not be able to find the drugs they need in the public health care institutions or in the state pharmacies. Private pharmacies may be able to import the drugs they need, but they are likely to be expensive and the supply may be uncertain.
- Patient with conditions that require regular laboratory control (e.g., transplantation patients taking immunosuppressive drugs) may not be able to find the necessary laboratory tests.
- While the informal social security network is strong (the extended families usually take care of their members), public, community based services for the elderly, chronically sick, mentally sick and handicapped are poorly developed.

Human resources capacity

Kosovo has a meagre supply of doctors and nurses. Certain medical specialties are in particularly short supply (e.g., anaesthesiologists). Thus, a sizeable number of returning refugees requiring health services can overload the health care system.

Health facilities capacity

All hospitals are working but the capacity of their laboratories and X-ray departments is limited. All health houses (large health centres in the main town of the municipalities) are working but their diagnostic capabilities are very limited.

Out of the 308 ambulantas (small health centres in the rural villages), only some 200 are open. Their level of equipment is very basic. Many do not have permanent physicians. Thus, refugees returning to rural areas may find limited access to primary care.

Pristina, 20 March 2000

Hannu Vuori, M.D., Ph.D., M.A.
Co-director

Pleurat Sejdiu, M.D.
Co-Director

Overview of the mental health situation in Kosovo and activities of WHO Mental Health Unit

The situation

There are very few and weak services at the primary health care level, 7 neuro-psychiatric services in Prishtinë/Pristina, Podujeve/Podujevo, Vustrri/Vucitrn, Klinë/Klina, Mitrovica, Ferizaj/Urosevac and Gjilan/Gnjilan. They consist basically in one or two neuro-psychiatrists and few nurses, and provide ambulatory care and in some case a home care service, implemented with their private cars.
Mainly the GP refer patients with psychiatric disorders to the hospitals. The GP's do not manage any level of psychiatric pathology
There are 4 neuro-psychiatric wards at general hospitals of four major cities like Prizren, Peja/Pec, Gjakovë/Djakovica and Mitrovica (the ward in Mitrovica is not reachable for the Albanian patients). In Prishtinë/Pristina there is the University Central Clinic of Neuropsychiatry with 75 acute psychiatric beds and 75 beds for neurology. The wards in regions have in average around 30 beds for neurology and psychiatry together. All of them suffer of lack of material and human resources. The division between psychiatric and neurological services has started already in Gjakovë/Djakovica and Prishtinë/Pristina UNMIK Health and Social Welfare Department has issued an administrative instruction to ask the directors of the general hospitals the division of these services even in the administrative level.
Pharmaceuticals and hospitalization are the main if not the only tools used by professionals to deal with psychiatric disorders. The exception is Mitrovica where the Albanian mental health professionals are organizing home care services in the surrounding villages with their own possibilities.
Except of Mitrovica neuropsychiatric ward, there are no services available for the Serbian Kosovars. However WHO is in contact with Serb neuropsychiatrists in enclaves and in Mitrovica trying to organize better the mental health care (support to mobile teams).

At the moment there are not structures for rehabilitation of the long-term psychiatric patients. Services in general are overcrowded because of the following:

- The long-term psychiatric patients are using the acute beds in the hospital wards.
- After the war all the staff in wards (except for Mitrovica) are Albanian. Albanian patients thus, trust now the personnel and they use more the services.
- There is a raised number of stress related disorders.

Elderly House-Pristina & Shtime/Shtimlje Special Institution (SSI)
There are two social institutions of Kosovo, initially dedicated to elderly and mental retardation. Actually they keep a high number of long term psychiatric patients. HelpAge, an international NGO, manages Elderly House in Pristina. An accurate screening is still in process, however, in a first evaluation, out of 170 inpatients, approximately 70% have psychiatric needs. In SSI, out of 277 residents, 30% are long-term psychiatric patients and 40% are mentally retarded, often with associated psychiatric symptoms. The rest are physically disable, or "social cases". NorCross is working since the end of war in SSI. The conditions have changed in positive. However, this institution needs more support in increasing the quality of life of the residents and more activities oriented to social reintegration and vocational rehabilitation of the residents.
The institution has capacity per just 100 residents. The UNMIK DHSW (Department of Health and Social Welfare) supports the NON ADMISSION policy. A team of experts from the institution, NorCross, WHO, DHSW, OSCE, DOW, ICRC, etc is working to downsize the institution. Recently the masterplan for the reform and reduction of SSI was approved by the DHSW. A rehabilitation unit to prepare residents to leave the institution is being set up. WHO is making efforts to keep the institution in close contact with the community based initiatives in order to facilitate the return of the SSI residents to their community of belonging.

In Elderly house similarly as in SSI conditions are improved if compared to the period immediately after the war.

Task Force on Mental Health

WHO in collaboration with the neuro-psychiatric section of Kosova Medical Association has formed a working group made of local mental health professionals that have produced four-draft proposals for mental health reforms in Kosovo. First one was presented in December 1999 in a workshop organized by WHO and UNICEF. The 4th draft of the strategic plan (MHSP) was presented in September 2000 where in general gained official support by health authorities. This working group is meeting once a week now since one year. It is made up of neuro-psychiatrists from all main regions of Kosovo. Other professional profiles are included like nurses, psychologists, social services and a representative of GP association. In this context several important decisions have been taken:

- the direction of the mental health services in Kosovo will be towards community based approach
- regionalization of the services will be based on the full responsibility of a region for the mental health needs of its catchment area. This implies that there will not be referrals to Pristina any longer. The tertiary level won't exist.
- division of the neurology from the psychiatry
- the task force has in detail discussed and included in the MHSP the re-distribution of the resources in the future mental health services.
- with support of a health economist the costs analysis of the proposed services have been estimated and provided to UNMIK health and fiscal authorities.

The last version (short version) of the MHSP was submitted to the UNMIK DHSW by January 2001.
UNMIK Health and Social Welfare Department accepts the strategic plan as guideline for further planning of the mental health services.
The MHSP has been in general well accepted by the health and social professionals.

WHO Mental Health Unit current main activities

- Promotion of community-based mental health services (Kaspar Hauser magazine available)
- Support and advice the mental health task force and the DHSW in the implementation of the MHSP (Mental Health Strategic Plan and related documents available)
- Support and advice on the legal frame (Forced Treatment draft regulation available)
- Coordination of the mental health activities of local and international NGO' s. Regular mental health meetings are held each month, the last Friday at 16.30 at WHO office-Pristina. (Minutes available). Many individual meetings of co-ordination and working groups are held. Co-ordination meetings at the regional level are regularly organized in Gjakova/Djakovica and Mitrovica.
- Training to General Practitioners at the PHC level, in collaboration with the PHC WHO Unit and the Faculty of Medicine in Pristina University. 350 doctors are to be trained this year, around 900 (all doctors at the PHC level) are to be trained in three years.
- Training to Mental Health staff (doctors, nurses, social workers, etc). All mental health staff are to receive updating courses and elements of community work. The training will consist of short modules of theory and "on the job, in team" practice. One month training in WHO Collaborating Centers in Trieste/Italy, Birmingham/UK and Asturias/Spain are also planned during 2001.
- Training of users and interested NGO on income generating activities for rehabilitation (social enterprises) and advocacy activities
- Translation and diffusion of written and video material (ICD 10, chapter V for PHC level available)

- Demonstration pilot projects. After the Japanese Government started supporting the mental health program in Kosovo, it was possible to initiate a more concrete level of support of the public services additionally to the central role in coordination and planning of policies. Six cities were selected to start implementation of the MHSP. WHO is supporting Gjakova/Djakovica, Mitrovica, Ferizaj/Urosevac, Peja/Pec, Prizren and Pristina by providing rehabilitation of facilities, furniture, equipment, training and supervision for community mental health day centers (CMHC), home care services and outreach teams. The first phase started in Gjakova/Djakovica, Mitrovica and Ferizaj/Urosevac.
- The selected Kosovar cities are twinned with WHO community based mental health centers as follows Asturias/Spain - Mitrovica, Birmingham/United Kingdom - Ferizaj/Urosevac, Trieste/Italy - Gjakova/Djakovica. The form of cooperation has been agreed in an initial constitutive meeting in September. Basically WHO mental health collaborating centers from Europe will support the centers in Kosovo with expertise, follow up and training.
- Various seminars, conferences, meetings have been organized:
  In December 1999, seminar for the presentation of the first version of the strategic plan.
  A workshop in the end of the May 2000 was organized in SSI for the discussion of the strategic plan and the institutional care.
  Other workshops were organized in June and September when the MH Task Force presented the final MHSP to the other professionals.
  Conference on mental health and human rights was organized during September 2000.
  A workshop to discuss and finalize the draft regulation for forced treatment will be held in Pristina, on 1st and 2nd March 2001.
- Support to the local initiatives of forming association of mental health patients and reinforcing income generating activities for employment of the mental health patients
- Working group on children mental health have been meeting regularly each two weeks at WHO conference room, and has developed a proposal for the organization of the mental health services for children and adolescents.

Possibilities for psychiatric treatment in Kosovo

The psychiatric services depend on approximately 24 specialists of neuropsychiatry that provide services mainly in public services. The approximate ratio of psychiatrist per population is 1 psychiatrist per 100.000 inhabitants. The psychiatric treatment provided is biologically oriented using pharmaceuticals and hospitalization as almost the only tools. There aren't clinical psychologists and the few psychiatrists don't have training or time to conduct psychotherapy.

There aren't community-based structures or services or practices. The existing mental health and social services are very poor and old fashioned, they are not used to work in network.

There are no proper mental health structures for chronic psychiatric patients, neither proper social support, thus, the returnees have enormous difficulties when the family is not receptive.

At the moment there is possibility although limited (taking in consideration the professional capacity and the number of acute beds in psychiatric wards) for treatment of adult acute psychosis and/or some anxiety disorders, when the family is supportive and there is not need for social support.

Just the essential drugs for the treatment of psychiatric illnesses are available and the delivery system is not always functioning well.

There aren't services for children and adolescents mental health.

There aren't services for drug abusers.

There aren't proper services for mentally disable and learning difficulties.

Expected changes in mental health services

December 2000 – the mental health center and division between psychiatry and neurology at the hospital ward in Gjakova/Djakovica was completed.

January 2001 – the home care service in Mitrovica and Gjakova/Djakovica

March 2001 – the mental health center and home care service in Ferizaj/Urosevac and the psychiatric ward and home care service in Gjilan/Gnjilane should be completed

April 2001 – the mental health center in Mitrovica should be completed

June 2001 - mental health centers in Peja/Pec, Prizren and Pristina.

December 2001 – hopefully the first protected apartments will be built in some regions. The importance of these structures is that at the moment as stated earlier that there are no rehabilitative structures for chronic psychiatric patients in Kosovo.

All these services are staffed with multidisciplinary teams, getting training and supervision.
The process of reform of the services is long and even if some of these structures started to work, their proper organization and efficiency is far to be reached. The change of practices and attitudes toward the mentally ill requires a continuous follow up and takes long.

Therefore our advice is to avoid the return of people suffering of mental disease or distress until the services will be in place. To analyze the situation of potential returnees case by case, taking in consideration mostly the familiar and social context, the degree of disability and consequently the need of care, treatment and social support rather than the diagnostic category.