

Application of SWOT Analysis to Assess Supervision of Primary Health Care Quality in Kosovo: A Qualitative Study

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KEYWORDS

Primary Health Care, Developing countries, Quality of Care, Supervision, SWOT analysis, Kosovo

ABSTRACT:

Introduction: This study aimed at preparing the basis for informed decision-making for enhancing the quality of primary healthcare in Kosovo.

Objectives: The objective was to answer which are the strengths, weaknesses, opportunities and threats (SWOT) surrounding quality supervision in Kosovo primary healthcare (PHC).

Methods: A document review and deductive coding were applied to create a SWOT matrix. Cumulative voting of weight and ratings were applied and the total group scores were presented in a coordinate system. After drawing a vector, the risk zone, play zone or value zone were identified.

Results: Strengths of supervising PHC quality are the internal quality mechanisms, the motivation of Quality Coordinators, and the administrative independence of the PHC organisations (total score 235/300). Weaknesses are a lack of continuous training/communication, a lack of support to perform duties and a lack of budget control (100/300). Opportunities are strategic interest in PHC, external quality mechanisms, and service purchasing (220/300). Threats are deficient responsive management, insufficient coordination by the Ministry of Health (MoH) and absence of accreditation (20/300). The graphic presentation revealed that Weaknesses and Threats fall into the risk zone [coordinate (100,20)]. Among them, the most inhibiting factors were deficient responsive management and insufficient coordination by the MoH, each having a partial score of 0, and requiring immediate attention.

Conclusion: The SWOT analysis proved to be a useful method to identify factors impacting the supervision of PHC quality and offer evidence for initiating modification activities.

1. Introduction

Supervision is a governmental instrument that ensures qualitative primary healthcare

as a foundation for designing and implementing Universal Health Coverage (1). Primary healthcare supervision in developing countries presents a connection

between the central and local tiers of the health system, usually involving regular visits by external supervisors who evaluate service quality, more from an administrative than a clinical point of view (2). This is often done by applying checklists, observations, document reviews, conversations, and comparing the information against predefined standards (2). Healthcare quality has benefited from supervision in many countries when performed adequately, culturally appropriately, and when placed within a context in which the system is functioning (3). One of the ways to ensure that quality supervision is designed within the system context is to apply the SWOT Analysis – a systematic evaluation of an organisation's internal Strengths and Weaknesses, its Opportunities for improvements and Threats in the external environment (4).

In developing countries, SWOT analysis has been used in primary healthcare for the analysis of diagnostic services (5), treatment (6,7), implementation of new programs (8), reorganisation (9,10) or work analysis (11). Yet, its application in analysing quality supervision mechanisms in primary healthcare (PHC) is scarce.

Healthcare services in Kosovo are organised into three levels - primary, secondary and tertiary - in public and private healthcare organisations. Public PHC services consist of 449 facilities governed at the local level and guided by the concept of family medicine. Each administrative municipality has one Main Family Medicine Centre in the central municipal city, several Family Medicine Centres in areas with over 10,000 inhabitants, and Family Medicine Ambulances in rural areas with fewer than

10,000 inhabitants (12). Healthcare quality in Kosovo faced various issues after the war in 1999, causing it to be lower than in European Union countries and the region. To address the health needs of the population, the government has continuously committed to improving the quality and safety of healthcare, balancing the insufficient budget, limited opportunities and best practices (13). Despite governmental efforts, PHC patients in Kosovo are less satisfied in comparison to other European countries (14), PHC lacks personnel, equipment and competencies to meet the health needs and expectations of the population (15), while the majority of PHC facilities have limitation related to the infrastructure of the practice to provide high-quality and safe care (16). There is a certain imbalance between quality efforts and quality provided and perceived in PHC therefore situation analysis is needed to help identify the strengths, weaknesses, opportunities and risks of quality supervision in PHC in Kosovo.

2. Objectives

This study aimed to prepare a basis for informed decision-making for enhancing the quality of primary healthcare in Kosovo. The objective was to determine the strengths, weaknesses, opportunities and threats surrounding the supervision of Kosovo PHC quality, using a Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis.

3. Methods

Study design: A document review methodology was applied as a cost- and

time-efficient method to analyse stable, available-for-re-read, data sources (17).

Data sources: Data from public records available online on governmental websites were collected, selected and analysed to interpret their meaning and develop upon the information they provided.

Search strategy: From the Ministry of Health web page, 23 laws, 110 administrative instructions, 11 information circulars, 5 regulations, 21 strategies, action plans and manuals, were checked during August 2022. Relevant documents were selected based on one or more of the following search terms - quality, PHC, Kosovo and supervision, in Albanian and English languages. In addition, the same search terms were used to find relevant reports and policy reviews among other governmental and non-governmental organizations' websites.

Organisation of information: The SWOT framework was used to deductively interpret the data and organise the information to analyse the strengths, weaknesses, opportunities, and threats of the supervisory mechanisms of PHC quality. Three researchers, with more than 10 years of experience in primary healthcare, public health, and health quality supervision, identified factors of supervising the quality of PHC and arranged them in a SWOT matrix.

Weighting and Rating Methodology: Researchers have used their own long-term experiences in the healthcare setting to explain specific events. Through researchers' triangulation, the cumulative voting was applied via the "hundred-dollar method", meaning that all factors within each of the four groups (S-W-O-T) could

weigh maximally 100 points. Each item within a group was rated from 0 to 3 (0 = very bad, 1 = bad, 2 = good, 3 = very good). The weight and rate of each factor from each group were multiplied to obtain a partial score. The total group score was derived by summing all partial scores within the group.

The total group scores were presented in a Cartesian coordinate system, grouped into pairs of factors, negative Weaknesses-Threats and positive Strengths-Opportunities. By obtaining their coordinates, we could draw a vector and analyse its movement in a system, which assisted in identifying the risk zone requiring modification of actions, the playing zone suggesting that desired goals are met, and the value zone – assuring that activities provide added value. We learned about the steps that needed to be undertaken for each factor pair based on which zone our vector head and tail were placed in (18).

4. Results

4.1 Documents included in the analysis

The analysis included ten documents (19-28), as presented in Table 1.

4.2. Identification of the key factors

Internal strengths: The internal strengths of PHC institutions to supervise PHC quality are the Internal quality mechanisms, the Quality Coordinators' motivation, and the administrative independence of the healthcare organisations at the municipal level.

Internal quality mechanisms are Quality Coordinators and Quality Committees (22). The Quality Committee functions within

the organisation and is responsible for developing quality mechanisms and implementing quality standards. At the same time, the Quality Coordinators are responsible for coordinating and assisting in implementing the quality standards within the health organisation (23). Quality Coordinators are mandatory Quality Committee members, selected via internal advertisement, and can be healthcare professionals, economists or lawyers. They will serve half-time as Quality Coordinators while the other half in their regular duties (21,27).

The motivation of Quality Coordinators to improve services is guided by autonomy, competence, external rewards or ego involvement. Quality Coordinators are motivated by having self-motivation to change things, being willing to show their competence, enjoying a half-point increase in their salary scale, or being recognised by their superiors (29).

Table 1. Documents included in the SWOT analysis of quality supervision in primary healthcare in Kosovo.

Documents
Laws
<ul style="list-style-type: none"> • Law No. 04/L-125 on Health (19) • Law No. 02/L-38 on Health Inspectorate (20) • Law No 03/L-040 on Local Self-Government (21)
By-Laws
<ul style="list-style-type: none"> • Administrative Instruction (Health) No 04/2020, Primary Health Care (22) • Administrative Direction (MoH) 09/2005 on Quality standards for health institutions licensing and accreditation and their implementation (23)
Strategies and similar documents

<ul style="list-style-type: none"> • The Republic of Kosovo Government Program 2021-2025 (24) • Kosovo Health Sector Strategy 2017-2021 (25) • Clinical Guidelines and Protocols, 2018-2023 (26)
Other documents
<ul style="list-style-type: none"> • Information Circular 1/2005 (27) • Functional Vertical Review of the Ministry of Health of Kosovo (28)

Finally, administrative municipalities have full and exclusive powers to serve their local interests, respecting the standards defined in the applicable legislation, in the areas of PHC and public health (21), which provides freedom to deal with quality issues of importance for the specific PHC organisation (Figure 1).

Internal weaknesses: The internal weaknesses identified were a Lack of continuous training and communication, Insufficient support to perform duties and an Absence of budget control.

Initially, Quality Coordinators received training, but the activities were seized due to the diminished functioning of the Ministry of Health (MoH) (28) while personnel fluctuation caused a loss of institutional knowledge. In addition, Quality Coordinators and Committees end their line of communication within the healthcare organisation, having yet to establish horizontal and vertical communication with other official quality mechanisms.

Regarding insufficient support to perform duties, there is one Quality Coordinator per organisation, regardless of the number of staff or services provided. Most Quality Coordinators work half-time and often in shifts, disabling the planning and execution of quality-enhancing activities. In addition,

the unavailability of vehicles to visit other, more remote facilities of the organisation is not such a rare problem (29). All of the mentioned above seriously impede the quality supervision work of Quality Coordinators.

Finally, the budget is controlled by the Municipal Directors for Health and Social Welfare, who are political appointees, not aware of the challenges within the organisation, and often have different agendas than being willing to invest in quality-supervising activities (Figure 1).

	POSITIVE	NEGATIVE
INTERNAL	STRENGTHS: <ul style="list-style-type: none"> - Internal supervision mechanisms - Quality Coordinator's motivation - Administrative independence 	WEAKNESSES: <ul style="list-style-type: none"> - Lack of training and communication - Insufficient support - Absence of budget control
EXTERNAL	OPPORTUNITIES: <ul style="list-style-type: none"> - Strategic interest in primary healthcare and healthcare quality - External supervisory quality mechanisms - Service purchasing by Health Insurance Fund 	THREATS: <ul style="list-style-type: none"> - Lack of responsive management - Insufficient coordination by the Ministry of Health - Absence of accreditation

Figure 1. Key factors in supervising quality in primary healthcare in Kosovo

External opportunities: External opportunities related to the supervision of the PHC quality are the Strategic interest of all stakeholders in PHC, External supervisory quality mechanisms, and Service purchasing by the Health Insurance Fund (HIF).

PHC and quality improvement have been a strategic interest in the last health sector strategy 2017-2021 (25) and the Government Programme 2021-2025 (18), which provides a window of opportunity to make substantial positive changes for healthcare quality.

Regarding external supervisory quality mechanisms, the MoH ensures the PHC quality by setting targets and standards in normative and strategic documents, and through external oversight - the Health and Pharmaceutical Inspectorate in the MoH

(20,22) - providing an outsider perspective on the performance of the organisation.

The final opportunity rests in initiating the purchase of services by the Health Insurance Fund (HIF), as HIF defines within the terms of the contract which quality standards healthcare organisations must meet to purchase their services. As such, HIF would supervise their fulfilment and decide on contracting (Figure 1).

External threats: The external threats found are a Lack of responsive management, Insufficient coordination by the MoH and Absence of Accreditation.

First, quality monitoring is complex as there are a small number of national clinical guidelines, the first four of which were published in 2018 (26). Further, there is a severe lack of responsive actions within the healthcare system. Organisations that do not adhere to basic standards of quality, and

have been warned or cited administratively, do not have external incentives to improve. There are no performance bonuses, quality awards, or public quality rankings.

Regarding insufficient coordination by the MoH, the Division of Quality Services in MoH has been lacking employees for years, causing severe hindrances in their activities in communicating with quality mechanisms, performing training, normative documents or others (28).

Finally, there is still no accreditation of healthcare services, although it has been a

legal requirement for over a decade (19) (Figure 1).

4.3 Total score

Table 2 presents the results of evaluating key factors of quality supervision in primary healthcare from the SWOT matrix.

After adding weight and value to the items of the SWOT matrix, the highest total score was achieved for strengths, followed by opportunities, weaknesses and threats.

Table 2. Evaluation of key factors of quality supervision in primary healthcare from the SWOT matrix in Kosovo.

SWOT matrix evaluation	Weight %	Value (0-3)	Partial score	Total group score
STRENGTHS				
Internal supervision mechanisms	25	2	50	235
Quality Coordinators' motivation	35	3	105	
Administrative independence	40	2	80	
WEAKNESSES				
Lack of training and communication	25	1	25	100
Insufficient support	25	1	25	
Absence of budget control	50	1	50	
OPPORTUNITIES				
Strategic interest in PHC and quality	40	3	120	220
External supervision mechanisms	20	1	20	
Service purchasing by HIF	40	2	80	
THREATS				
Deficient responsive management	40	0	0	20
Insufficient coordination by MoH	40	0	0	
Absence of accreditation	20	1	20	

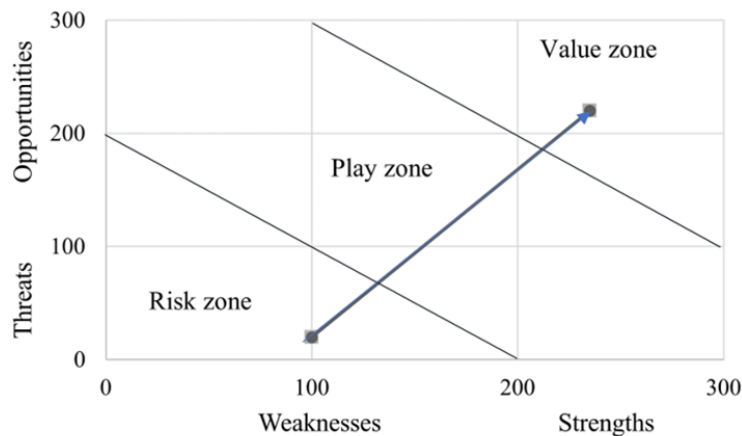


Figure 2. The total scores for SWOT analysis of quality supervision in primary healthcare in Kosovo.

After drawing a vector, we realised that the vector moves from the Risk zone in the lower left of the figure towards the value zone in the upper right side of the figure. The tail of the vector, presenting the intersection of the total scores for Weaknesses and Threats, falls into the risk zone – suggesting that these factors should be modified. The head of the vector, presenting the intersection of total scores for Strengths and Opportunities, falls into the value zone; therefore, we can be sure that the activities deliver additional value and that we should continue strengthening them (Figure 2).

5. Discussion

The main results of the study revealed that the critical area identified was Threats. Among the Threats, the Lack of responsive management and Insufficient coordination by the MoH received greater weight and a lower value, causing the lowest score among negative internal and external factors. The Lack of responsive management was considered very important and usually did not occur, e.g., no performance bonuses, quality awards, or official quality rankings. Introducing such mechanisms would require quality

monitoring, evaluation, and improvement and would be a valuable tool for all supervisory mechanisms of PHC. Further, budget allocation is historical and does not adapt to the changed needs; the fragmented health information system (HIS) provides a limited opportunity to check data on care quality, while frequent supply shortages cause inadequate provision of services. All of the aforementioned contribute to limited opportunities for supervision; therefore, budgeting based on performance, strengthening HIS and timely planning and procurement are recommended. On the other hand, insufficient coordination of the Division of Quality Services in MoH has caused a loss of communication with the Supervisory quality mechanisms in PHC and, consequently, the absence of information on the problems and challenges on the field, potentially leading to uninformed and non-evidenced policy making. A possible solution could be to enhance both-sided communication with relevant stakeholders and ensure the provision of evidence-based recommendations.

Comparison to other similar studies is challenging, as other studies used SWOT

analysis in primary healthcare to analyse diagnostic services (5), treatment (6,7), implementation of new programs (8), reorganisation (9,10) or work analysis (11). In recent years, SWOT analysis in primary healthcare in developing countries has been used for strategic direction and competitiveness (30) or to empower the implementation of screening programs (31). All of the studies provide situational analysis and guidance on further strategic and practice actions, and all aim to improve primary healthcare quality. Still, none deals in particular with quality supervision mechanisms, which highlights the importance of this study.

This study has some potential limitations. First could be the risk of missing essential documents assuming they were not provided online; thus, double-checking with relevant professionals would have been beneficial, through key informant interviews or a focus group discussion. However, pandemic limitations, the extreme workload of relevant professionals focusing on controlling the pandemic which was peaking in its wave at the time of the research, and differences in schedules caused an inability to do so. This bias was minimised by applying information triangulation. Another study limitation concerns the SWOT analysis, as it is prone to bias by the researchers who selected the factors and voted. This bias was minimised by applying investigator triangulation. Finally, the study results did not mention the common issues addressed in analysing healthcare, such as health information systems or experiences from other countries, which highlights “what is not being said” professionally.

On the other hand, this study has several important strengths. First, to our knowledge, this is novel research on applying SWOT analysis to evaluate quality supervision in PHC in developing countries, especially Kosovo. The SWOT analysis is combined with the coordinate vector model, which uses metrics and graphically illustrates the quality supervision factors, thus it is more precise than a SWOT matrix alone. Next, similar to other research, studies like ours can play an essential role in shaping health policies (32); thus, this research can provide the basis for evidence-based decision-making or a basis for further detailed analysis into factors of quality supervision in PHC. Further, it can be used for other processes at the national and local levels of healthcare in the country. Finally, it may be used by another country as a benchmarking study in the supervision of PHC quality since the quality of PHC is one of the priority research fields in healthcare (33).

This study is important for public health as the SWOT analysis proved to be a valuable diagnostic technique that can guide in identifying significant factors contributing to the situation with supervising quality in PHC. Determining positive and negative aspects provided a learning opportunity by which supervisory activities can be maximised in the future, minimising failures. Also, the SWOT analysis proved helpful when applied at the national level for a specific project, such as the supervision of PHC quality.

Future research in the field would expand the insights gathered with this SWOT analysis. The analysis did not provide detailed information regarding internal organisational factors and did not account

for the external societal, economic, or political influences on the current situation (34). Therefore, a more detailed analysis of such factors is inevitably recommended. It would also be advantageous to gain a better understanding of the external supervisory mechanisms for PHC, quality standards and external oversight from the Health Inspectorate. Further, knowledge of the internal supervisory mechanisms, like Quality Coordinators, would also be practical in addressing concerns regarding PHC quality. Ultimately, the results of this SWOT analysis can be utilised to concentrate efforts towards improving and sustaining the PHC quality supervision.

Conclusion: The SWOT analysis proved to be a valuable method to identify factors impacting the supervision of PHC quality and offer evidence for initiating modification activities within a healthcare quality setting in the country. Measures must be undertaken to minimise the weaknesses and threats of the quality supervision system, such as regular quality training, enhancing support to QC, publishing more national guidelines for PHC and introducing performance bonuses, quality awards or public quality rankings of institutions, resulting in better supervision and well-informed quality improvement measures.

Conflicts of interest: The authors declare that no conflicts of interest exist.

References

- [1] Binagwaho A, Ghebreyesus TA. Primary healthcare is cornerstone of universal health coverage. *BMJ* 2019 Jun;365:l2391. doi:10.1136/bmj.l2391.
- [2] Bosch-Capblanch X, Garner P. Primary health care supervision in developing countries. *Trop Med Int Health*. 2008 Mar;13(3):369–383. doi: 10.1111/j.1365-3156.2008.02012.x.
- [3] Clements CJ, Streefland PH, Malau C. Supervision in primary health care--can it be carried out effectively in developing countries? *Curr Drug Saf*. 2007 April 18;2(1):19-23. doi: 10.2174/157488607779315435.
- [4] Teoli D, Sanvictores T, An J. SWOT analysis. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; 2023 [cited 2023 Feb 18]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537302/>
- [5] Mash B, Powell D, du Plessis F, van Vuuren U, Michalowska M, Levitt N. Screening for diabetic retinopathy in primary care with a mobile fundal camera--evaluation of a South African pilot project. *S Afr Med J*. 2007 Dec;97(12):1284-1288. PMID: 18264611.
- [6] Piotie PN, Filmalter C, Mohlala MG, Zulu N, Segale A, Koenaithe C, et al. Factors affecting the implementation of a complex health intervention to improve insulin management in primary care: A SWOT analysis. *Afr. J. Prim. Health Care Fam Med*. 2022 Jul 4;14(1):1–9. doi: 10.4102/phcfm.v14i1.3467.
- [7] Brinkmann I, Kibuule D. Effectiveness of antibiotic stewardship programmes in primary health care settings in developing countries. *Res Social Adm Pharm*. 2020 Sept 1;16(9):1309-1313. doi: 10.1016/j.sapharm.2019.03.008.
- [8] Wazir, MS, Shaikh, BT, Ahmed, A. National program for family planning and primary health care Pakistan: a SWOT analysis. *Reprod Health* 2013 Nov 22;10(60). <https://doi.org/10.1186/1742-4755-10-60>.
- [9] Zon H, Pavlova M, Groot W. Decentralization and health resources transfer to local governments in Burkina Faso: A SWOT analysis among health care decision makers. *Health Sci Rep*. 2019 Jun 1;2(6):e119. doi: 10.1002/hsr2.119.
- [10] Ursol G, Skrypnyk A, Vasylenko O. SWOT-analysis of models of organization of provision of primary health care in the United Territorial Communities. *Eureka: HS*. 2019 Dec 3;0(6):65–71. doi.org/10.21303/2504-5679.2019.001052.

- [11] Baldissera MI, Vendruscolo C, Zocche DAA, Ferraz F, Martini RG. Characteristics of work in primary care identified in the collective exercise of application of the SWOT matrix. *Rev Bras Enferm.* 2023 Mar 17;76(2):e20220443. doi: 10.1590/0034-7167-2022-0443.
- [12] Ministry of Health Kosovo. Administrative instruction (health) no.08/2017 Organizing, structure, and determining the services and activities of primary health care institutions. Prishtina: Official Gazette of the Republic of Kosovo; Jul 14, 2017. Available from: <https://gzk.rks-gov.net/ActDetail.aspx?ActID=15099>
- [13] Ministry of Health Kosovo. The strategy of health services safety and quality improvement 2012-2016 [in Albanian]. Prishtina; Ministry of Health; 2012. Available from: <https://msh.rks-gov.net>
- [14] Tahiri Z, Toçi E, Rrumbullaku L, Hoti K, Roshi E, Burazeri G. Patients' evaluation of primary health care services in Gjilan region, Kosovo. *J Public Health (Oxf).* 2014 Mar;36(1):161–169. doi: 10.1093/pubmed/fdt041.
- [15] World Health Organization. Primary health care in Kosovo: rapid assessment. World Health Organization. Regional Office for Europe; 2019.
- [16] Bojaj G, Tahirbegolli B, Beqiri P, Alloqi Tahirbegolli I, Van Poel E, Willems S, Rizanaj N, Hoxha I. Health Service Management and Patient Safety in Primary Care during the COVID-19 Pandemic in Kosovo. *Int J Environ Res Public Health.* 2023 Feb;20(4):3768. doi: 10.3390/ijerph20043768.
- [17] Bowen GA. Document analysis as a qualitative research method. *Qual Res J.* 2009 Aug 3;9(2):27–40. doi: 10.3316/QRJ0902027.
- [18] Rebollar RE, Palacios MVG, Mangas MDCF, Fernández FJA, Rodríguez CMM, Martín AIC, et al. Strengths–Weaknesses–Opportunities–Threats analysis for a pediatric anesthesia program. *Pediatr Qual Saf.* 2020 Jan 22;5(1):e254. doi: 10.1097/pq9.0000000000000254.
- [19] Ministry of Health Kosovo. Law no. 04/L-125 on health. Prishtina: Official Gazette of the Republic of Kosovo; May 7, 2013. Available from: <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=8666>
- [20] Ministry of Health Kosovo. Law no. 02/L-38 on Health Inspectorate. Prishtina: Official Gazette of the Republic of Kosovo; Jul 1, 2006. Available from: <https://gzk.rks-gov.net/ActDetail.aspx?ActID=2404>
- [21] Assembly of Republic of Kosovo. Law No 03/L-040 on local self government. Prishtina: Official Gazette of the Republic of Kosovo; Feb 20, 2010. Available from: <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=2530>
- [22] Ministry of Health Kosovo. Administrative instruction (health) no 04/2020, Primary health care. Prishtina: Ministry of Health; Nov 20, 2020. Available from: <https://msh.rks-gov.net/>
- [23] Ministry of Health Kosovo. Administrative instruction no.09/2005 (in health) Quality standards for licensing and accreditation of health institutions and their implementation. Prishtina: Official Gazette of the Republic of Kosovo; Dec 9, 2005. Available from: <https://gzk.rks-gov.net/ActDocumentDetail.aspx?ActID=7341>
- [24] Government of Kosovo. Republic of Kosovo Government program 2021-2025 [In Albanian]. Prishtina; 2021 May [cited 2023 Feb 18]. Available from: <https://masht.rks-gov.net/wp-content/uploads/2022/06/Programi-i-Qeverise-se-Kosoves-2021-2025.pdf>
- [25] Ministry of Health Kosovo. Health sector strategy 2017-2021. Prishtinë; 2016 Nov [cited 2023 Apr 10]. Available from: https://kryeministri.rks-gov.net/wp-content/uploads/2022/07/Strategjia_sektorial_e_e_shendetesise_finalnentor_2016_ENG.pdf
- [26] Ministry of Health Kosovo. Clinical guidelines and protocols. [cited 2023 Feb 18]. Available from: <https://msh.rks-gov.net/Documents/Index/273>
- [27] Ministry of Health Kosovo. Information circular 1/2005. Prishtinë; Ministry of Health. 2005.

- [28] Fridom. Functional vertical review of the Ministry of Health Kosovo [In Albanian]. Prishtinë; 2013 Jul. Yumpu. [cited 2023 Apr 17]. Available from: <https://www.yumpu.com/xx/document/view/18219282/rishikimi-vertikal-funksional-i-ministrise-se-shendetesise-te-kosoves>
- [29] Baraku A, Pavleković G. Quality Coordinators' Perspective on Quality Improvement in Primary Healthcare in Kosovo: A Qualitative Study. JHQ. 2024 Apr. doi: 10.1097/JHQ.0000000000000431
- [30] Davydovich AR, Karamova AS, Kresova NS, Fesenko OP. Strategic directions for the competitiveness of primary health care organizations. Probl Sotsialnoi Gig Zdravookhranennii Istor Med. 2021 Jun;29(Special Issue):576–581. doi: 10.32687/0869-866X-2021-29-s1-576-581.
- [31] Kolesnyk P, Frese T, Vinker S, Shushman I, Zharkova A, Messaadi N, et al. Steps towards implementing evidence-based screening in family medicine in Ukraine: SWOT-analysis of an approach of multidimensional empowerment. BMC Fam Pract. 2021 Jan 14;22(1):20. doi: 10.1186/s12875-021-01367-2.
- [32] Kendall S. Primary care research – influencing and implementing into policy. Zdr Varst. 2021 Jun 28;60(3):144. doi: 10.2478/sjph-2021-0020.
- [33] Arvidsson E, Dijkstra R, Klemenc-Ketiš Z. Measuring quality in primary healthcare – opportunities and weaknesses. Zdr Varst. 2019 Jun 26;58(3):101-103. doi: 10.2478/sjph-2019-0013.
- [34] Gurel E, Tat M. SWOT analysis: A theoretical review. J Int Soc Res. 2017 Aug;10(51):994–1006. Available from: <https://www.sosyalarastirmalar.com/abstract/swot-analysis-a-theoretical-review-75703.html>