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► Occupational Safety and Health Profile

Promoting decent work through
strengthening occupational safety
and health management and social
dialogue in Kosovo



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Promoting decent work through strengthening occupational safety and health management and social dialogue in Kosovo

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► Abstract

In Kosovo¹, major changes in the development of the legal system for occupational safety and health (OSH) began in 2008. Law No. 2003/19 on occupational safety, health and the working environment provided the basic framework for organizing the OSH system, but it was not harmonized with the EU requirements and principles for the protection of workers.

A major breakthrough for the OSH system took place in 2013, when Kosovo adopted Law No. 04/L-161 on safety and health at work. This law incorporates the main principles of the EU Framework Directive 89/391/EEC. This brought fresh principles and a new approach to the OSH system of Kosovo: it introduced risk assessment for all work tasks, mainstreamed OSH in all aspects of work life, and targeted the responsibilities of employers and the involvement of employees.

Since then, Kosovo has adopted secondary legislation providing detailed supplementary requirements for each particular aspect of OSH. In 2014, regulations on minimum OSH requirements for workplaces and the safe use of equipment at workplaces were adopted. Sixteen individual EU directives on OSH were also transposed into law from 2016 to 2017. However, strict procedures were not followed to ensure their full compliance with the relevant EU Directives, meaning that the above-mentioned regulations were not fully in compliance. Two additional regulations covering risk assessment at workplaces and the training and qualification criteria for OSH experts and services were adopted in 2014. Important steps for institutional development have also been taken with regards to establishing a social dialogue framework.

This first step in establishing a new OSH system in Kosovo has set up key stakeholders and legal documents for the system's successful functioning, but unfortunately it has not ensured full compliance with the requirements of the relevant EU Directives. There have also been practical difficulties with implementation, as some of the requirements have been unrealistic and some important features of an OSH system have not yet been established. Moreover, the current output of the party responsible for the implementation and supervision of OSH requirements – the Labour Inspectorate – is not fully satisfactory, due to a lack of proper planning, insufficient technical resources and low competence.

Along with major gaps in the OSH system, there is an important lack of statistical indicators regarding occupational accidents and occupational diseases. This makes planning and implementing effective labour inspections and preventive measures challenging. A social security system to protect employees at work has not been implemented, and there is no proper occupational health surveillance system ensuring that occupational diseases be diagnosed and treated. Social dialogue and collaboration among institutions is not functioning properly, and there is not an OSH training system at all educational levels based on research findings. There is a critical lack of public awareness of OSH without a clear path on how to remedy it.

In response, the Ministry of Labour and Social Welfare has called for several changes to be made to the current legal system. Some were already adopted in 2020, and some are planned for 2021. The Ministry has also initiated the "Intersectoral Strategy on Safety and Health at Work 2021–2026 and Action Plan 2021–2023" with the support of several EU projects on gap analysis, training, and the development of an OSH legal framework.

¹ All references to Kosovo should be understood to be in the context of United Nations Security Council Resolution 1244 (1999).

► Abbreviations

CLP	Classification, Labelling and Packaging (chemical legislation)
ESAW	European Statistics of Accidents at Work
EODS	European Occupational Diseases Statistics
EU	European Union
EU-OSHA	European Agency for Health and Safety at Work
IALI	International Association for Labour Inspection
ICMM	Independent Commission for Mines and Minerals
ILO	International Labour Organization
KCC	Kosovo Chamber of Commerce
KBA	Kosovo Business Alliance
KFHTU	Kosovo Federation of Health Trade Union
KOSHA	Kosovo Occupational Safety and Health Association
LABADMIN/OSH	Labour Administration and Occupational Safety and Health Branch
LI	Labour Inspectorate
Labour Law	Law No. 03/L –212 on Labour of Kosovo
MED	Ministry of Economic Development
MESP	Ministry of Environment and Spatial Planning
MEST	Ministry of Education, Science and Technology
MoF	Ministry of Finance
MoH	Ministry of Health
MLSW	Ministry of Labour and Social Welfare
MTI	Ministry of Trade and Industry
CSHW	Council on Safety and Health at Work
OSH	Occupational safety and health
OSH Law	Law No. 04/L-161 on Safety and Health at Work
REACH	Registration, evaluation, authorization and restriction of chemicals
SLIC	Senior Labour Inspectors' Committee
UITUK	Union of Independent Trade Unions of Kosovo

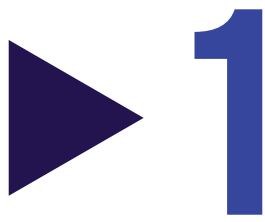
► Foreword

The Occupational Safety and Health Profile (OSH Profile) of Kosovo has been prepared by the ILO within the framework of the UNOPS project “Promoting Decent Work through Strengthening OSH Management and Social Dialogue in Kosovo,” funded by the Swedish International Development Cooperation Agency (Sida) represented through the Embassy of Sweden Pristina.

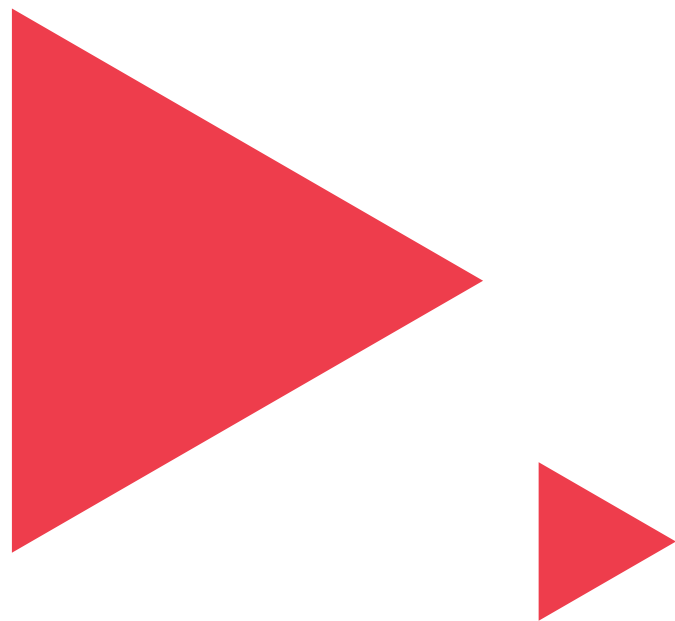
An OSH Profile is an essential document in the application of a systematic approach towards OSH. It provides an overview and the most up-to-date information on the current OSH situation in an area, and is used to assess gaps in the OSH system and identify priority areas for action. The methodologies used to develop OSH Profiles follow the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) and its affiliated Recommendation (No. 197). The objective of the OSH Profile is to analyse the current occupational safety and health situation in Kosovo, and to provide recommendations to bring the legislation more in line with international and European labour standards and best practices for OSH and labour inspections.

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We hope that this OSH Profile can serve as a useful source of information for policymakers, government officials, workers, employers, and OSH practitioners who aim to follow and monitor OSH developments, and that it can be used as the basis for formulating an improved OSH programme in Kosovo.



Laws and regulations, collective agreements



1.1 Legislation on occupational safety and health

Since 1999, the provisional institutions of self-governance have created basic laws and regulations in Kosovo in accordance with United Nations and ILO conventions and treaties. This led to **Law No. 2003/19 on occupational safety, health and the working environment** (adopted by the Kosovo Assembly on 9 October 2003), which provides the basic requirements for occupational safety and health (OSH) measures and stipulates the obligations of employers and employees. The adoption of this Law can be seen as the first step towards the transposition of EU law in the area of OSH.

The Ministry of Labour and Social Welfare (MLSW) elaborated on this framework law, which led to the adoption of **Law No. 04/L-161 on safety and health at work** (OSH Law) in 2013, replacing Law No. 2003/19. The new OSH Law follows most of the requirements of the EU Framework Directive 89/391/EEC and establishes a fresh approach with new principles, namely:

- the responsibility of employers in the field of OSH;
- streamlining OSH in all aspects of work life;
- risk assessment for all work tasks; and
- the involvement of employees to ensure compliance with OSH requirements.

Following the approach taken by many European countries, Kosovo's OSH legislation is based on the EU Framework Directive and its secondary legislation is based on the EU Individual Directives, which provide detailed supplementary requirements for each particular aspect of OSH. These are described in greater detail below.²

1.2. Occupational safety and health requirements in the basic laws

The Constitution that came into effect on 15 June 2008 provides a wide range of basic rights, including equality (article 24) and the right to personal integrity (article 26). Relating to labour relations and health, article 28 prohibits forced labour, while article 51 ensures basic rights to health care and social insurance, including insurance against unemployment, disease, disability and old age. In addition, article 49 provides the right to work and the free choice of one's profession and place of work. The Constitution also makes clear references to international human rights treaties (articles 19 and 22), including the UN Committee on the Elimination of Discrimination Against Women, which also covers OSH requirements. In particular, article 11 (f) refers to "the right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction," and article 12 also refers to health.

The Labour Law, adopted as **Law No. 03/L-212 on labour** in 2010, provides for the protection of employees' rights. It covers the legal requirements concerning labour relations and employee protection, but it is not fully compliant with all relevant EU Directives. However, the Labour Law regulates some aspects of OSH, including requirements related to working time and special provisions for women (such as the prohibition of potentially harmful work for pregnant and breastfeeding women) and employees under 18 years of age. As of December 2020, a new Labour Law is underway that transposes 17 EU Directives in the areas of work relations, social protection, wages, working time, and the modern protection of employees.

In Kosovo, occupational health services are regulated by **Law No. 04/L-125 on health**, adopted in 2012. This law provides the legal basis for the health care system. It aims to preserve

² Lazar Jovevski et al. *Regional Occupational Safety and Health Study of the Western Balkan Countries* (Macedonian Occupational Safety and Health Association, 2018); Minir Curri and Milan Petkovski, *Occupational Safety and Health - Study of Kosovo* (Macedonian Occupational Safety and Health Association, 2018).

and improve quality of life through the promotion of health, the prevention of disease, and the provision of comprehensive quality health care services. Article 12 on “measures and activities” specifically mentions the prevention and early treatment of workplace injuries in workplace and occupational diseases. This should be done in accordance with non-discrimination principles (article 5.1.2.), including additional measures for women. Article 15 states that health care is provided at the, central, local, employer, individual and professional levels.

Concerning product safety in the workplace, **Law No. 06/L-041 on technical requirements for products and conformity assessment** was adopted in 2011. Several regulations were adopted based on this Law, including **Regulation No. 04/2013 on safety machinery and Regulation No. 08/2012 on personal protective equipment** (issued by the Ministry of Trade and Industry (MTI)).

Regarding the use of chemicals, Kosovo adopted **Law No. 04/L-197 on chemicals** in 2014. This transposed EU legislation concerning the classification, labelling and packaging (CLP) and the registration, evaluation, authorization and restriction of chemicals (REACH). Kosovo also adopted the **Administrative Instruction** of the Ministry of Environment and Spatial Planning (MESP) **No. 04/2018 on preventing major accidents involving hazardous substances**. This transposed the EU SEVESO Directive (Directive 2012/18/EU of the European Parliament and of the Council of 4 July 2012 on the control of major-accident hazards involving dangerous substances, amending and subsequently repealing Council Directive 96/82/EC).

In addition, **Law No. 05/L-020 on gender equality** sets the scope for the application of gender equality principles (article 2) and calls for gender mainstreaming to be implemented in employment and social benefits. Chapter III specifies employment conditions and creates obligations for employers to prevent violence at work and create equal working conditions (articles 15, 16 and 17). These principles foresee

specific requirements under the OSH Law on employer responsibility, risk assessment, and the participation of employees in OSH systems.

Law No. 5/L-021 on protection from discrimination sets a broader requirement of non-discrimination for access to employment, self-employment and occupations, including fair employment conditions and selection criteria regardless of the activity or sector. It requires that reasonable accommodations be made for persons with disabilities (article 19), directly impacting certain aspects of the OSH system.

The MLSW has issued the **Administrative Instruction 05/2013 to prevent and prohibit hazardous child labour** in Kosovo. The Instruction contains the list of general activities and sectors to be prohibited for children under the age of 18.

1.3 Major OSH laws

As mentioned above, the OSH Law (**Law No. 04/L-161 on safety and health at work**), adopted in 2013, brought major changes to the OSH system of Kosovo with its EU-based approach. It follows most of the EU Framework Directive 89/391/EEC requirements, and is applicable to all sectors except the security force, the police, firefighters and rescuers. The OSH Law covers a wide range of employees (including interns and students carrying out practical training), but it does not cover the self-employed or family workers.

To ensure full compliance with the EU Framework Directive 89/391/EEC, the MLSW revised the OSH Law in 2019 and prepared a concept document identifying all necessary legislative changes. These changes were approved by the government in 2020.

The priority areas for improvement identified by the concept document were as follows:

- increasing the responsibility of employers;

- harmonizing the risk assessment terminology to ensure a better understanding of the concept;
- creating a system of registration, reporting, investigation and statistical data on accidents at work (pursuant to the European Statistics on Accidents at Work), and broadening the incidents at work that should be investigated by an employer (including near-misses);
- increasing the role of employees' representatives to ensure their active communication and participation;
- redefining the role and competencies of OSH experts and OSH services, both internal and external; and
- improving the protection of sensitive and vulnerable groups of workers such as young workers, women, breast-feeding mothers, the disabled, and elderly persons.

The OSH Law amendment process began in 2020 and is expected to be finalized by December 2021.

1.4 Major OSH secondary legislative acts issued by competent authorities

The main OSH legislation in Kosovo is based on the EU Framework Directive and the secondary legislation is based on Individual Directives, which provide detailed supplementary requirements for each particular aspect of OSH.

Following the adoption of the OSH Law in 2013, the following two regulations were adopted in 2014:

- **Regulation (MLSW) No. 4/2014 on the minimum safety and health requirements for the workplace**, which transposed Council Directive 89/654/EEC of 30 November 1989 concerning the minimum safety and health requirements for the workplace (the first

individual directive within the meaning of Article 16 (1) of Directive 89/391/EEC); and

- **Regulation (MLSW) No. 5/2014 on the minimum safety and health requirements for the use of work equipment by workers at workplace**, which transposed Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work (the second individual directive within the meaning of Article 16(1) of Directive 89/391/EEC).

However, as with the OSH Law, these two regulations were not in full compliance with the relevant EU Directives. As a result, the MLSW amended both regulations in October 2020. The current regulations are:

- **Regulation (MLSW) No. 01/2020 on amendment** and supplement of the Regulation (MLSW) No. 04/2014 on the minimum safety and health requirements for the workplace; and
- **Regulation (MLSW) No. 02/2020 on amendment** and supplement of the Regulation No. 05/2014 on the minimum safety and health requirements for the use of work equipment by workers at the workplace.

The amended regulations describe the requirements for specific risk factors in greater detail. For instance, they refer to the particular climate of a workplace depending on the physical nature of the work, the levels of indoor and outdoor lighting depending on the workplace and type of work, and to the permissible periods of time for outdoor work in cold and hot weather.

During 2016 and 2017, a total of 16 EU Individual Directives were transposed and adopted into law by the MLSW, pursuant to article 26 paragraph 2 of the OSH Law. The transposed Directives refer to the minimum requirements concerning personal protective equipment; manual handling; the use of display screens; work in explosive atmospheres; work on construction sites; work with asbestos; noise; vibration; safety working

with chemicals, carcinogens and mutagens; work with biological agents; protection against sharp injuries; and work with electromagnetic fields and optical radiation.

Annex 1 presents a list of the transposed EU OSH Directives and corresponding OSH legislation.

In addition to the primary OSH regulations, there are supplementary regulations that are essential for a well-functioning OSH system but not strictly required by EU Directives. The EU Directives leave each government to adopt their own specific regulations or guidelines based on their OSH legal systems and good practices. Among the supplementary regulations in Kosovo, the most important is **Regulation (MLSW) No. 3/2014 on the preparation of a risk assessment document and its contents, data on which the risk assessment is based, and recordkeeping for safety and health at work.**

This Regulation explains the specific requirements and the general provisions regarding risk assessment under OSH Law. However, several problems have been identified with it. For instance, it does not specify what the records of occupational accidents and health examinations should contain. As a result, employers do not keep these records. There is also a clear inconsistency between this Regulation and the EU Regulation 2016/6791 on General Data Protection Regulation, like where it requires that a worker's diagnosis of an occupational disease be indicated on forms available to a variety of persons at a company. An analysis conducted in 2019 by the EuropeAid project "Support to Labour Inspectorate for fighting against undeclared work" found that it was extremely difficult for any employer to prepare all of the necessary documentation in accordance with this Regulation. There are no specific requirements regarding women workers or members of vulnerable groups. The Regulation was revised in 2019, and a new **Regulation (MLSW) No. 2/2021 on workplace risk assessments** was adopted in February 2021.

Another important piece of supplementary legislation is **Regulation (MLSW) No. 2/2014 on the determination of conditions and criteria for certification and licensing persons and institutions that carry out health and safety at work duties as well as manner, terms and program professional exam pass.** The Regulation was adopted based on article 9, paragraph 5 of the OSH Law. However, this Regulation was not adequately implemented. Observers note that the system of OSH specialists and services is not working properly, and several provisions inhibit the effective functioning of this system.

A new **Regulation (MLSW) No. 1/2021 on the qualification of persons responsible for occupational safety and health and the licensing of occupational safety and health services and training companies** came into force in April 2021. The Regulation proposes a new system for training and certification of OSH experts, as well as licensing of OSH services. It also describes the structure and content of training programmes for OSH experts.

At the end of 2020, two additional regulations were prepared and are currently awaiting approval: one on safety practices regarding mineral extraction, and one on ionizing radiation.

The EU provides specific OSH legislation for the mining sector.

- Council Directive 92/91/EEC of 3 November 1992 concerns the minimum requirements for improving the safety and health protection of workers in the mineral-extraction industries through drilling (eleventh individual directive).
- Council Directive 92/104/EEC of 3 December 1992 concerns the minimum requirements for improving the safety and health protection of workers in the surface and underground mineral-extraction industries (twelfth individual directive).

The current OSH Law does not exclude the mining sector from its application. However, the current legislation – Law No. 05/L-062 on safety at work in mining activity opted in March 2016) and Regulation (MED) 6/2011 on mining safety – does not fully cover the transposition of EU Directives No. 92/104/EEC and 92/91/EEC on mineral extraction. In response, a new draft regulation on the minimum requirements for safety and health protection of workers in surface and underground mining activities, drilling, and other mining activities is currently being discussed by the MLSW and the MED.

A similar situation has occurred with regards to ionizing radiation, which is covered at the EU level by Directive 2013/59/EURATOM. This Directive sets down basic safety standards for protection against the dangers arising from exposure to ionizing radiation, repealing Directives 89/618/Euratom, 90/641/Euratom, 96/29/Euratom, 97/43/Euratom and 2003/122/Euratom. This Directive also applies to workplaces covered by OSH Law to some extent. A new regulation transposing the requirements of Directive 2013/59/EURATOM is currently being prepared by the Kosovo Agency for Radiation Protection and Nuclear Safety.

An analysis of the OSH legislation shows that, unlike in other European practices, no specific regulations have been elaborated and adopted in Kosovo to cover specific sectors, such as agriculture or forestry.³

1.5 OSH Standards

There is no official data on Kosovo companies (not including international companies) that is certified according to any of the known OSH standards, such as OHSAS 18001 (“Occupational Health and Safety Assessment Series”) or ISO 45001:2018 (“Occupational health and safety management systems – Requirements with guidance for use”).

Currently, there are no representatives from any of the major certifying organizations based in Kosovo (such as DNV GL, Lloyd’s Registry, BVQI, BSI, or TUV Nord Group).

There are also no known examples of implementation or requirements to implement the ILO’s Guidelines on occupational safety and management systems (ILO-OSH 2001).

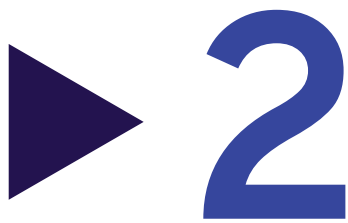
1.6 ILO Conventions and Codes of Practice on OSH

International labour standards, comprised of ILO Conventions and Recommendations, are the principal tools used by the ILO. Achieving “adequate and effective protection at work for all” is at the heart of the ILO’s mandate.

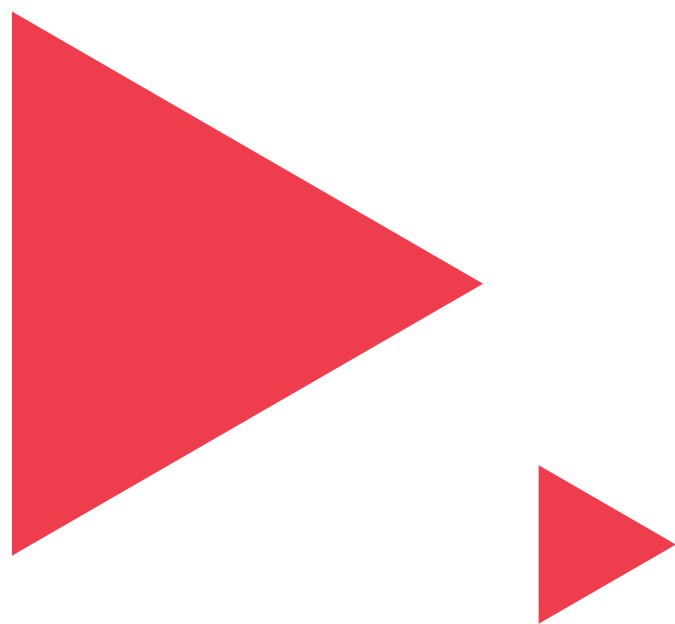
The legislation of Kosovo reflects key principles from some ILO Conventions (such as the Occupational Safety and Health Convention, 1981 (No. 155), the Forty-Hour Week Convention, 1935 (No. 47), and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)).

The ILO Codes of Practice on OSH provide guidance on a wide range of topics, including mining, construction, the use of chemicals, health surveillance, and the recording and notification of occupational accidents and diseases. Some parts of the ILO Codes of Practice were included in the labour inspection guidelines with the help of the EuropeAid project “Support to Labour Inspectorate for fighting against undeclared work.” The labour inspection guidelines are expected to be used by the Labour Inspectorate for work accident investigations and construction site inspections in 2021. The checklists used by labour inspectors and employers on various occupational risk factors (such as chemicals, manual handling and stress) also refer to the ILO Codes of Practice.

³ Jovevski et al.; Curri and Petkovski.



Authorities and bodies responsible for OSH (OSH supervision and administration systems)



2.1 OSH supervision and administration

The current system of OSH supervision and administration in Kosovo involves several institutions at the following levels:

- the policy-planning and legislation level;
- the enforcement and promotion level;
- the implementation level; and
- the infrastructure level.

Generally, the main OSH responsibilities are given to the MLSW and the Labour Inspectorate. There is a division of the MLSW that deals with occupational safety and health issues, and the Labour Inspectorate is an independent body working under the MLSW (as described in Section 3). Other stakeholders and institutions are also involved in different positions.⁴

However, even if all of the necessary key stakeholders are in place (as established or required by law), there are many practical challenges in the coordination among institutions. The current OSH service regulations, which were evaluated as inefficient, are currently under review, and a new draft regulation is expected to be approved in 2021.

The Ministry of Labour and Social Welfare

The MLSW plays a leading role in OSH. It is responsible for the development, planning and coordination of the OSH system and OSH policy in Kosovo. It is also responsible for enforcement through the Labour Inspectorate (an independent body under the MLSW), which is the main institution for supervision and control in the field.

The MLSW's main tasks in the field of OSH are as follows:

- to develop OSH policy and to facilitate its implementation;

- to ensure the elaboration of OSH legislation and its compliance with EU and international law;
- to promote the creation of a safe working environment and to ensure the protection of employees' rights to OSH;
- to facilitate and promote the development of an OSH administration system; and
- to promote and encourage social dialogue between the social partners.

The MLSW is composed of several departments. The Labour and Employment Department (Division for Labour Relations, Social Dialogue and Health and Safety at Work) is responsible for the development and implementation of OSH policies and strategies.

As a main stakeholder in OSH, the MLSW collaborates with all institutions under its supervision and authority, including the Labour Inspectorate. The MLSW evaluates the work of the Labour Inspectorate on an annual basis. Nevertheless, the MLSW should increase its strategic coordination with the Labour Inspectorate in the field of OSH.

In practice, cooperation with other ministries and their institutions, namely in the health sector, is insufficient. This is particularly true with regards to occupational health services, reporting, investigation, diagnosis, notification of occupational diseases, and the training of occupational health and medicine specialists.

The MLSW is also responsible for coordinating social dialogue with employers' organizations and trade unions, particularly when new legal requirements are being implemented. However, the exchange of information on OSH issues between the social partners needs to be improved.

⁴ Jovevski et al.; Curri and Petkovski.

The **National Development Strategy 2016–2021**, which addresses informal employment and the creation of adequate working conditions, gives the MLSW additional OSH responsibilities. It tasks the MLSW with improving working conditions for employees, fighting informal employment, and guaranteeing minimal health and safety standards at work, in line with international standards.⁵

The challenges faced by the MLSW in executing its mandate are referenced in the **Sectoral Strategy of the Ministry of Labour and Social Welfare 2018–2022**. This document presents the progress that has been reached in the implementation of legislation in recent years. It notes that “transposition is only one of the steps of the approximation process, which implies that Kosovo should continue to prepare conditions for the implementation and enforcement of new legislation drafted.”⁶

2.2 The OSH Committee

One of the recent changes in the Kosovo OSH system was due to the introduction of the Council on Safety and Health at Work (CSHW), established according to Regulation No. 14/2014 for setting the rules and working procedure of the National Council for Safety and Health at Work (issued pursuant to Law No. 04/L-161 on Safety and Health at Work). The CSHW was established to recommend and develop policies regarding the improvement of OSH and to continuously monitor employee safety and health at work. According to the regulation, the council is made up of 11 members, including tripartite partners and industry experts. There are three government representatives, two employer representatives, two worker representatives, two experts on OSH, one expert on labour medicine, and one ad-hoc expert, depending on the matter at issue.

The Council has a mandate to systematically monitor the state of health and safety at work, and to analyse and provide recommendations for advancing this field.⁷ So far, the CSHW has formulated recommendations on the development of a registration system for occupational diseases, on additional inspection campaigns for dangerous sectors and improvements in inspection efficiency, and on radiation safety, among others. The CSHW has performed regular site visits to get familiar with problems at the company level, and they are active in various working groups organized by the MLSW.

2.3 Roles of other ministries in OSH and coordination and cooperation mechanisms

Because OSH issues are multidisciplinary, they require the coordination of several different ministries.

The Ministry of Health

The Ministry of Health (MoH) is responsible for health policy and legislation, the coordination of health care, health monitoring, strategic planning, medical licensing and certification. The Kosovo health system is organized into primary, secondary and tertiary levels of health care. Occupational health is a part of the tertiary level of care. Although a reorganization to improve the accessibility to health services was mentioned in the Health Sector Strategy 2017–2020, the surveillance of employee health has not happened. It was suggested that the MoH provide work-related health services through its system of family doctors. These family doctors would be responsible for surveillance specific to the working conditions and health conditions of employees. In

⁵ “Improve the workers’ rights and guarantee the minimum standard of safety and health at work, in accordance with international standards. This will be done by enhancing the legal framework, promoting awareness and better monitoring of the legal framework implementation” (*Kosovo, National Development Strategy 2016–2021, 2016*).

⁶ Kosovo, Ministry of Labour and Social Welfare, *Sectoral strategy 2018–2022*, 2017,

⁷ Curri and Petkovski.

practice, health surveillance in the workplace is provided by two occupational health institutions: the Institute of Occupational Medicine located in Obiliq/Obilić, and the Kosovo Occupational Health Institute in Gjakova/Đakovica (described in Section 17). Other health care providers, such as family doctors, are not yet officially a part of the occupational health surveillance system. There is no regular collaboration between the MoH and the institutions working in OSH, such as the Labour Inspectorate.

The Ministry of Economic Development

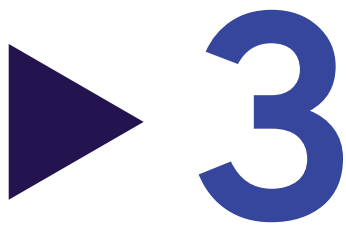
The Ministry of Economic Development (MED) is responsible for the overall development of economic activities in Kosovo and therefore plays a role in the OSH system. The Mining Department of the MED ensures, among other things, that the OSH requirements are followed pursuant to legislation covering the mining sector (according to **Law No. 05/L-062 on safety at work in mining activity**). Another related institution within the structure of the MED is the Independent Commission for Mines and Minerals⁸ (ICMM). The ICMM has a mine inspectorate that is responsible for the safety and health at work in mines. The MED is also responsible for **Law No. 02/L-103 on pressure equipment**, which has some implications for OSH.

The Ministry of Trade and Industry

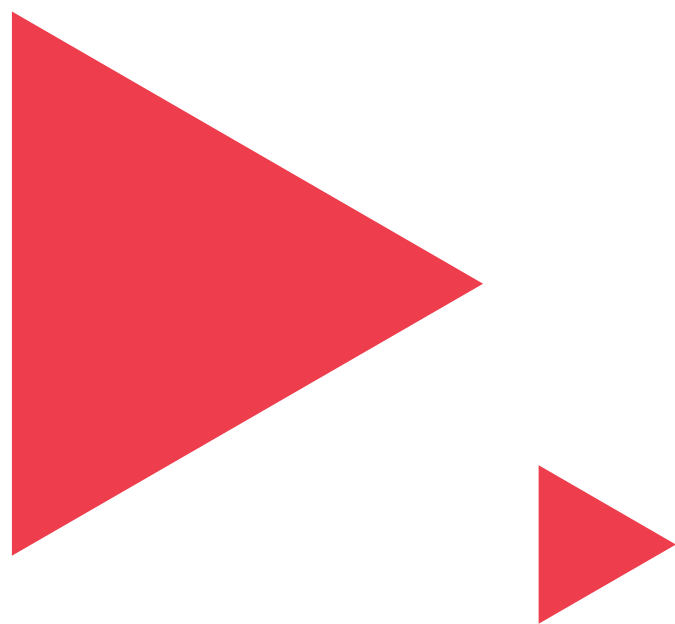
The Ministry of Trade and Industry (MTI) has a market inspectorate that is responsible for supervising the general safety of products, including occupational safety and health equipment. The MTI is also responsible for several regulations that have implications and relevance to OSH. These include:

- Regulation (MTI) No. 05/2012 on cableways carrying persons
 - Regulation (MTI) No. 03/2017 on the safety of lifts;
 - Regulation (MTI) No. 04/2013 on car safety; and
 - Regulation (MTI) No. 01/2020 on personal protective equipment.
- Apart from these ministries, the Agency for Gender Equality, working under the Prime Minister's office, has envisaged one specific OSH objective in its action plan: the "preparation of a regulatory impact assessment for insurance cases of accidents at work and occupational diseases to be carried out by the MSWL." Through its network of gender equality officers and government institutions, this agency's mandate is to ensure that impact assessments are carried out and included in the policy development process in all areas, including OSH.
- Regulation (MTI) No. 06/2012 on gas appliances;
 - Regulation (MTI) No. 04/2014 on equipment and protective systems intended for use in potentially explosive atmospheres;

⁸ <https://www.kosovo-mining.org/>.



Mechanisms for ensuring compliance, including the inspection systems



3.1 OSH Supervision and Inspection systems

The Labour Inspectorate⁹ (LI) is the key inspection and supervisory institution in the field of OSH. The LI was established in accordance with **Law No. 2002/09 on the Labour Inspectorate**. This Law was amended by **Law No. 03/L-017 on amendment and supplementation the Law on the Labour Inspectorate**. Currently the Law is under revision and a new law on the LI has been proposed.

The LI operates under the MLSW with the following primary tasks and functions:

- inspecting and supervising how the law is enforced in employment relationships, OSH and other areas defined by law;
- collecting, processing, analysing and publishing information on employment relationships and OSH gathered at the central, regional, sectorial, company and workplace levels;
- preparing proposals for the MLSW for drafting policies and strategies for the enforcement and improvement of employment relationships and OSH;
- preparing annual work plans defining priority areas for action, and setting up systems for monitoring their progress;
- carrying out work accident investigations and recording and registering these accidents in compliance with the procedures defined by law;
- investigating cases of occupational disease in compliance with the procedures defined by law;
- Controlling work equipment at the workplace, the use of individual and collective protection equipment by employees, and the use of chemical substances;

- reviewing the complaints and requests received by employees and employers;
- providing free advice for employers and employees related to the legal requirements related to employment relationships and OSH;
- promoting a preventive workplace culture to create safer working environments and increase the quality of work life; and
- cooperating with other governmental agencies, local authorities, employer and employee representatives, and international organizations.

The LI is organized in accordance with **Regulation No. 15/2015 on the internal organization and systematization of jobs in the Labour Inspectorate**, which determines the internal systematization of jobs in the LI. It outlines the different departments and divides the labour inspectors by area duties and responsibilities. The Regulation includes an organizational chart of the LI. The LI is currently covered by a strategic development plan for the period 2017–2021.¹⁰

3.2 Number of inspectors, inspection visits and results

According to **Regulation No. 15/2015 on the internal organization and systematization of jobs in the Labour Inspectorate**, the LI has 65 employee positions total. Currently, the LI employs 11 administrative staff members, 39 labour inspectors (predominantly male) and 7 regional coordinators. The Mitrovica/Mitrovica Division has nine staff members, five of whom are dedicated to south Mitrovica/ Južna Mitrovica. The Pristina Division is the largest with 14 inspectors, while the other 6 regional divisions have 2 to 5 inspectors. At the end of 2020 there were eight vacancies in the LI (see the table below). The LI budget was increased for 2021, and 90 full time staff positions were planned. This brings the number of vacant positions to more than 30 at the beginning of 2021.

⁹ <https://ip.rks-gov.net>.

¹⁰ Kosovo, Labour Inspectorate of Kosovo, Strategic development plan for period 2017–2021, 2016.

LI Units	Number of employees called for under Regulation No. 15/2015	Number of actual employees (end of 2020)
Office of the Chief Inspector	6	4
Department of Policy, Planning and Legal Affairs	4	2
Department of Finance and General Services	7	5
Coordination Division in the Pristina Region	18	15
Coordination Division in the Mitrovica/Mitrovica Region	4	9
Coordination Division in the Peja/Peć Region	6	4
Coordination Division in the Gjakova/ Đakovica Region	4	3
Coordination Division in the Prizren/Prizren Region	5	5
Coordination Division in the Ferizaj/ Uroševac Region	4	5
Coordination Division in the Gjilan/Gnjilane Region	5	5
Procurement Division	2	0
Total:	65	57

Labour inspectors are graduates of law (24), engineers (4), economists (2), chemists (2), or from other fields (1). ¹¹

Labour inspectors perform their activities in both employment relations and OSH. Inspectors currently have no specialization in either area, and each inspector is expected to cover both issues. Labour inspectors are authorized to enter any type of facility in the public or private sector under the scope of OSH law. There are no manuals or guidelines on LI procedures (such as the performance of labour inspections or investigating accidents) available for labour inspectors. Labour inspection visits are usually planned annually, and updated monthly and weekly. But there is no general concept or strategy for planning, or for the inspections themselves.

¹¹ Data: Labour Inspectorate, 2020.

Labour inspection visits can be regular visits (60 percent), follow-up visits (30 percent), requested visits (9 percent), or collaborative visits with other authorities (1 percent). The LI's annual reports state that it carried out 11,351 inspection visits in 2019. Most (70 percent) of these visits were carried out by two inspectors, meaning that each inspector performs about 350 inspections per year (or almost two visits daily). Such a high number of inspections can jeopardize the quality of these inspections, and it is advisable that this number be reduced and that visits to companies in high-risk areas be better planned out. It is also unclear if the registered inspection visits are consistent from year to year, or if they reflect the actual number of visits carried out.

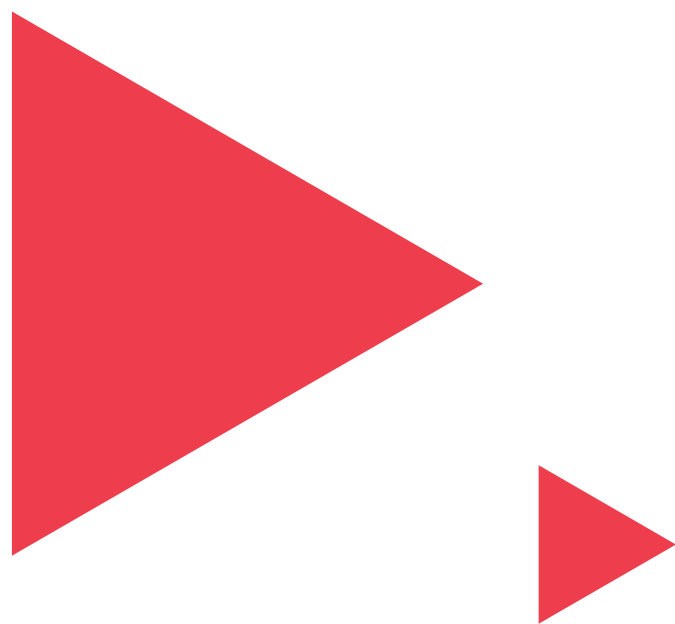
measuring devices and personal protective equipment. Moreover, there is practically no active or regular inter-institutional cooperation (such as joint inspections), and no public awareness activities.

Article 10 of Convention No. 81 calls for a "sufficient number" of inspectors to do the work required. As each Member State has different priorities for enforcement, there is no official definition for "sufficient." Among the factors that need to be taken into account are the number of establishments, their size, and the total size of the workforce. The only international benchmark indicator available is the number of inspectors per worker. In its policy and technical advisory services, the ILO posits that a reasonable ratio of labour inspectors to workers should approach 1/10,000 in industrial market economies, 1/15,000 in industrializing economies, 1/20,000 in transition economies, and 1/40,000 in less developed countries. An approximate calculation shows that this coefficient for Kosovo is rather good (39 line inspectors per approximately 536,000 workers, or 1/14,000 (data from 2019)), but the efficacy of this work based on risk and data analysis remains uncertain.

One of the primary challenges facing the LI is a lack of risk-based strategic planning based on labour inspection statistics, as there is no standardized system to collect, analyse and publish such statistics. Another obstacle is the poor day-to-day planning of visits given inspectors' limited access to databases, lack of an electronic system for data storage and information exchange, and low salary levels. Additionally, the labour inspectors' working conditions are unsatisfactory; they struggle with an inadequate supply of laptops, phones,

► 4

**Arrangements to promote,
at the level of the under-
taking, cooperation between
management, workers and
their representatives**



4.1 Number of OSH committees by the size of the undertaking

According to the OSH Law, there are no requirements regarding the organization of OSH committees within companies. Such committees could be organized by the employer or through additional collective agreements or trade union initiatives, but the data on this is unavailable.

4.2 Other OSH arrangements at the level of the undertaking

According to the OSH Law, each employer is obliged to appoint one or more employees to carry out OSH activities at their company. Appointed workers shall be provided with the appropriate training and equipment. The employer is responsible for involving an external OSH specialist when lacking qualified personnel internally. Such external personnel should be working in accordance with the requirements set by **Regulation (MLSW) No. 2/2014 on the determination of conditions and criteria for certification and licensing persons and institutions that carry out health and safety at work duties as well manner, terms and program professional exam pass**. As of April 2021, the new **Regulation (MLSW) No. 1/2021 on the qualification of persons responsible for occupational safety and health and the licensing of occupational safety and health services and training companies** is expected to come into force. There will be no major changes to the requirements at the company level. For companies working in low-risk industries employing fewer than 50 workers, an employer can satisfy OSH requirements if they have received the necessary “basic occupational safety and health training” (60 training hours), or if they appoint an employee with similar training (article 10). For so-called high-risk industries (construction, manufacturing, transportation, agriculture, forestry and mining) with less than

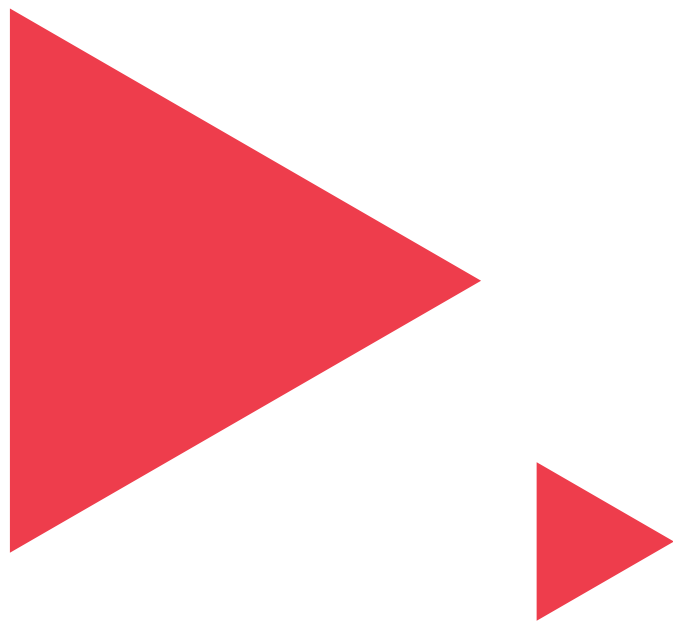
50 workers, “advanced occupational safety and health expert training” will be required, with an additional 20 hours of training needed in that particular area.

A medium-sized enterprise employing between 51 and 250 workers should appoint at least one trained and licensed OSH expert. Companies with over 250 workers shall engage one or more licensed OSH experts. These requirements are expected to be changed in 2021; it has been proposed that low-risk companies with over 250 workers have at least two certified OSH experts (as certification will replace licensing under the new system). Companies working in high-risk industries will have to appoint at least two certified OSH experts. It is also expected that for both low- and high-risk industries, an employer can fulfil the functions of an OSH expert only if they have ten or fewer employees. There is no data on the number of such appointed in-house or external experts under the current system. In March 2021, there were 258 trained and licensed OSH experts.¹²

¹² Data: MLSW.

► 5

Advisory body addressing OSH issues



5.1. Composition and mechanisms

Currently there is no institution with an OSH advisory capacity in Kosovo (see also Section 9). The only institution that functions as an advisory board with sufficient competence in OSH is the Council on Safety and Health at Work.

The Social and Economic Council was established in 2016 as a tripartite body to develop and promote social dialogue (often seen as an essential prerequisite for the successful implementation of OSH at the company level) and to serve as a mechanism for dialogue between governmental institutions, the private sector and social partners. It is composed of 15 members: five from employees' organizations, five from employers' organizations, and five from governmental institutions. It provides consultations and submits proposals in the areas of labour, employment and social protection. It is regulated by **Law No. 04/L-008 on Social Economic Council** adopted in 2011. This Law determines the organization, scope, forms of work and overall functioning of the Social and Economic Council.¹³ In practice, this Social and Economic Council is seldom involved in OSH issues, apart from its participation in some working groups. Most OSH-related issues are addressed instead by the Council on Safety and Health at Work.

The MLSW is tasked with promoting and encouraging dialogue among the social partners. It provides consultations and helps with negotiations between the government, employers and employees on issues related to employment promotion policies, minimum salaries and wages, and reviewing and evaluating the policies and measures for social sustainability.¹⁴

5.2. Recent discussion items and results

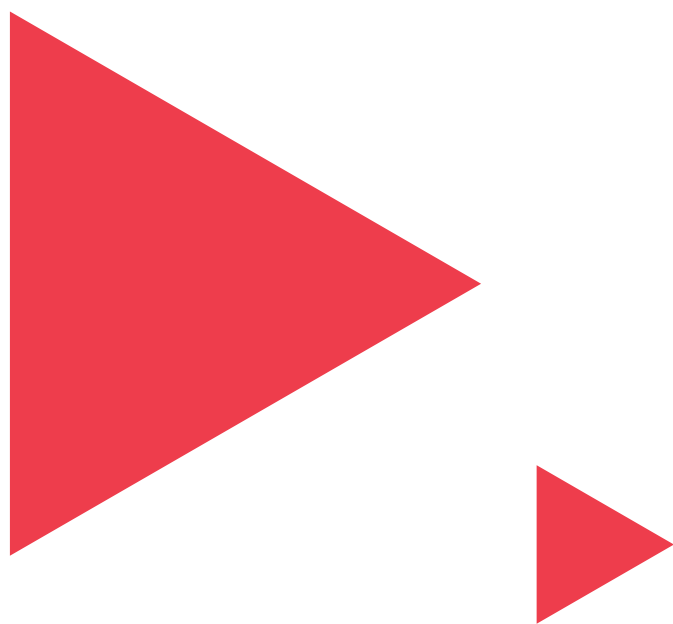
In 2020 the Council on Safety and Health at Work were involved in preparation of the "Intersectoral Strategy on Safety and Health at Work 2021–2026 and Action Plan 2021–2023." See Section 2.2 for more information.

¹³ Curri and Petkovski.

¹⁴ Curri and Petkovski.



OSH information and advisory services



6.1. Websites and other means to disseminate OSH information

There is no central information hub for OSH-related information in Kosovo. Several institutions and non-governmental institutions have web pages, including:

- the Ministry of Labour and Social Welfare;¹⁵
- the Labour Inspectorate;¹⁶ and
- the Occupational Safety and Health Association.¹⁷

In addition, the Labour Inspectorate has provided additional information on their Facebook account.¹⁸ The Labour Inspectorate is the official focal point of the European Agency for Safety and Health at Work.

EU technical assistance projects have implemented several campaigns, issued informational materials and organized seminars for OSH experts. All of these have been sporadic and project-based activities, dependent on various project-specific objectives. No gender-specific information was provided or taken into account in these projects.

6.2. OSH advisory or consultancy services provided

The system of external OSH service providers in Kosovo is currently being restructured (see Section 8).

The new system prescribes that an OSH service provider in Kosovo must be registered as a legal entity under the applicable legislation. It needs to employ at least three OSH experts to guarantee the professional accuracy of the provided services. They must have a written organizational framework and work procedures for all services, including workplace risk assessments, safety and health management systems, emergency planning, and work equipment inspection and testing, which need to be provided to employers. They also need to be able to provide technical and occupational measurements of workplace risk factors, such as noise, vibration, chemicals, dust and electricity. Finally, they must be accredited pursuant to the applicable legislation on accreditation. A legal entity which meets all of the conditions and criteria set out in the new Regulation can apply for an OSH service license. The OSH Commission managed by the MLSW will review the submitted documents and decide on the status of the application. This system has been outlined in **Regulation (MLSW) No. 1/2021 on the qualification of persons responsible for occupational safety and health and the licensing of occupational safety and health services and training companies**, which shall be implemented on 1 April 2021.

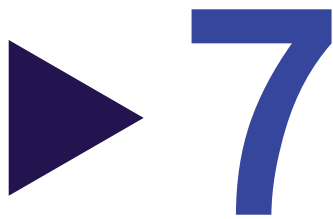
The Labour Inspectorate has not developed any consultancy activities, which are typical for institutions dealing with the supervision and regulation of workplaces. There are no systematic seminars or conferences on OSH organized in Kosovo.

¹⁵ <https://mpms.rks-gov.net/en/>.

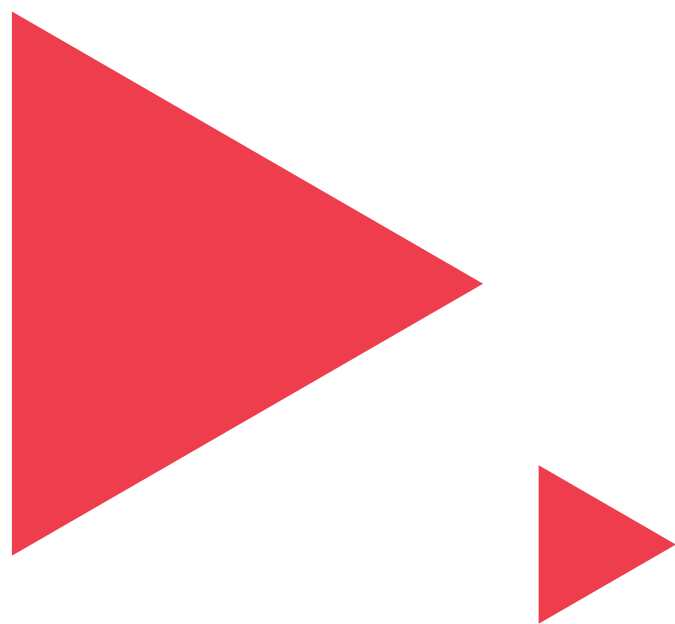
¹⁶ <https://ip.rks-gov.net/>.

¹⁷ <https://oshkosova.webs.com/>.

¹⁸ They can be found under the username "inspektoratipunes".



Provision of OSH training



7.1. List of OSH training systems

The OSH training system in Kosovo is currently under reconstruction as well. As of February 2021, **Regulation (MLSW) No. 2/2014 on determination of conditions and criteria for certification and licensing persons and institutions that carry out health and safety at work duties as well as manner terms and program professional exam pass** was still in force. This regulation has not been adequately implemented in practice: the prescribed system of OSH specialists and services is not functioning properly, and several provisions have proved to be unrealistic, inhibiting the effective functioning of this important tool for prevention. Recently, the EU project “Support to Labour Inspectorate for Fighting Against Undeclared Work” proposed a new system for training and certifying OSH specialists, certifying OSH trainers, and licensing OSH service providers and OSH training centres. The MLSW has prepared a new draft regulation based on these suggestions, which was adopted in February 2021 as **Regulation (MLSW) No. 1/2021 on the qualification of persons responsible for occupational safety and health and the licensing of occupational safety and health services and training companies**. This is expected to be implemented as of 1 April 2021.

The new system foresees three qualification levels with respect to the length and curricula of OSH training:

1. basic OSH qualification (60 training hours, including 40 hours of theory and 20 hours of practice);
2. advanced OSH qualification (requiring an additional 20 hours, 10 of theory and 10 of practice, specifically for high-risk industries); and
3. OSH expert qualification (150 training hours, with 120 hours of theory and 30 hours of practice, and background qualification and experience required).

The Regulation sets the requirements for OSH trainers: they must receive the OSH expert qualification, have a minimum two years work

experience, and have a minimum of 20 hours of adult training. It also covers the licensing procedure for OSH centres. These centres must be registered as legal entities, employ at least one occupational safety and health trainer, and have sufficient space and equipment. Apart from these basic requirements, such training centres should develop training programmes according to training type (as set out in Annexes I–III). The curricula should include basic information on the protection of vulnerable workers, including women. The certification and licensing procedures also provide for the withdrawal of a certificate or license.

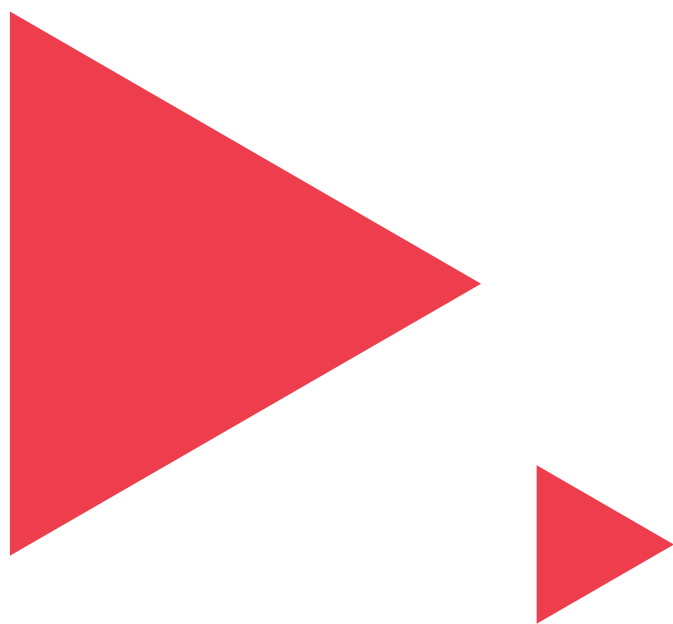
A few ad-hoc or project-based OSH training activities have also been organized, e.g., by the Kosovo Occupational Safety and Health Association (KOSHA) or by the EuropeAid project “Support to Labour Inspectorate for fighting against undeclared work”.

7.2. Number of training courses by theme and region

There is no information currently available on the people trained in OSH. The total number of trainees and their sectorial representation, regional distribution, gender and background qualifications are unknown. The whole system is now under revision, and all of the training centres will need to obtain new training licenses from April 2021 according to **Regulation (MLSW) No. 1/2021 on the qualification of persons responsible for occupational safety and health and the licensing of occupational safety and health services and training companies**. The new system also stipulates that the MLSW will oversee the training provided. This will be coordinated by a three-member OSH Commission established by the MLSW. This Commission will also be responsible for statistics on OSH.



Occupational health services, including industrial hygiene



8.1 Mechanisms

It should be noted that in the Kosovo legislation, “occupational health services” refer to occupational medicine centres (medical institutions providing health surveillance, diagnosis and the treatment of occupational diseases). The term “occupational safety and health services” describes traditional OSH services that in many EU countries also employ occupational medicine doctors, nurses, physiotherapists, ergonomists and other specialists covering the “health” aspect of OSH. Sometimes these terms are used inconsistently, which can cause misunderstanding.

Occupational medicine services

The OSH Law states that an employer is obliged to provide medical examinations for employees at institutions licensed for the provision of labour medicine in the following situations:

- before appointing an employee in a workplace under special working conditions;
- at least once in three years for all employees;
- at least once a year for employees working under special conditions; and
- whenever necessary, depending on the employee’s health condition.

The aim of these medical examinations is to determine an employee’s physical and psychological health for carrying out the work tasks required.

In practice, the system of medical surveillance of workers is ineffective. There is no specific secondary legislation that sets out the requirements for occupational medicine services.

There are several key problems related to the surveillance of workers.

- The decision of whether a worker is fit or unfit for a particular job should be made by a doctor specialized in occupational medicine (who holds an occupational physician certificate). However, many occupational physicians are retiring due to old age. Unless Kosovo trains new occupational physicians, Kosovo will not have a sufficient number of occupational physicians to conduct medical examinations for all workers.
- There are no specific sub-legal acts that elaborate on the health surveillance procedure for employers, employees, OSH specialists, or the medical institutions performing medical examinations. As this procedure is medical in nature, it should be developed together with the Ministry of Health.
- The cornerstone of health surveillance is a proper workplace risk assessment, which is not well incorporated into the law. During workplace risk assessments, OSH experts and OSH services should identify those risk factors where the risk level is high enough to cause occupational disease, and those workers should be sent for health examinations.
- The Labour Inspectorate is not adequately supervising the implementation of health surveillance at the company level.

In most cases, the health surveillance of workers is done by family doctors who lack specific training in occupational medicine and are unaware of the specific risk factors at their patients’ workplaces. This problem has been discussed by the MLSW and the Ministry of Health. However, not much progress has been made on this issue.

Occupational safety and health services

As with the other OSH systems, the system of licensing for OSH services is being reformulated (see Section 7), and the new **Regulation (MLSW) No. 1/2021 on the qualification of persons responsible for occupational safety and health and the licensing of OSH services and training companies** will go into force on 1 April 2021. The new licensing criteria for an OSH service provider require that it:

- be registered as a legal entity,
- have at least three occupational safety and health experts,
- have written procedures for all services (such as risk assessment), and
- have the capacity to measure occupational risk factors (such as noise and vibration).

OSH service providers must obtain their license from the OSH Commission of the MLSW, which is also tasked with supervising these services. However, the new regulation specifically does not require the involvement of occupational physicians or any other specialists (like ergonomists or psychologists) in the work of the external OSH service. Currently, there are 12 OSH service providers licensed under the previous requirements.

Occupational hygiene services

There are several external OSH service providers who provide industrial hygiene services, such as laboratory measurements of noise, lighting, or climate in a work environment. However, these institutions are not accredited in accordance with the ISO standard ISO/IEC 17025 ("General Requirements for the Competence of Testing and Calibration Laboratories"). Most of the methods and equipment used to perform these laboratory measurements are not in compliance with the relevant European or international standards, and they do not comply with the guidelines set out by international organizations (like the World Health Organization). Therefore, their results may

be unreliable. To address this problem, a new regulation has been drafted on workplace risk assessment.

There are also no industrial hygiene laboratories in Kosovo that measure the concentration of chemicals in a workplace. Such industrial hygiene laboratories should be part of the accreditation system, and should be accredited in accordance with the ISO 17025 laboratory quality standard.

8.2 List of occupational health service providers and their service contents

Occupational medicine services

Currently there are two specialized occupational health (**medicine**) services.

The Institute of Occupational Medicine in Obiliq/Obilić works as a private, outpatient medical centre. It was founded in 1963 as a public institution within the Kosovo Energy Corporation (KEK) and operated until 1999. Since 2006, the institute functions as a joint stock company within KEK, although it also performs medical services (including occupational medicine) for any company within Kosovo. The Institute has a contract with the KEK not only for regular and periodic medical examinations but also for day-to-day preventive services, including some health monitoring services in 13 medical specialties. There are other companies that have entered into contractual relations for regular and periodic medical examinations with the Institute as well.¹⁹

The Occupational Health Institute in Gjakova/Đakovica also provides occupational health and medical services (offering services for 12 medical specialties), as well as some limited advice in the area of OSH. They occasionally participate in academic research activities as well.

¹⁹ Rilind Zhenelaj and Xhevat Shkodra, Occupational health in Kosovo (University of Pristina Faculty of Medicine, 2012).

The main Family Medicine Centre in Pristina also provides certain services in the area of occupational medicine, including:

- examining employees' health for employment purposes;
- providing regular health surveillance of employees;
- investigating working conditions, as well as the causes of occupational injuries and work-related health complaints; and
- supervising workplaces to assess the effectiveness of preventive measures.

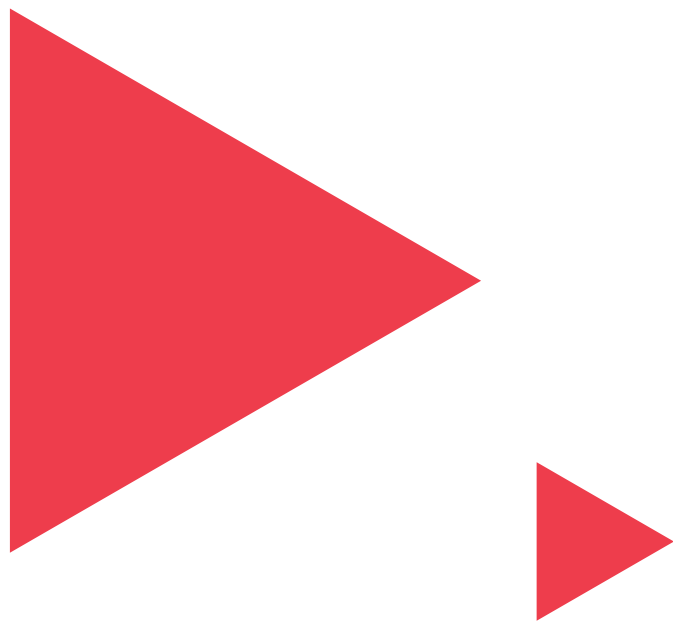
According to a study conducted in 2018, there were 52 doctors in Kosovo working in occupational medicine. However, there is no data on their skills, qualification levels and certification. A large number of occupational medicine doctors are employed by the Department of Occupational Medicine at the University of Pristina or in the occupational health centres.²⁰

Occupational safety and health services

As of 2021, there are 258 OSH expert certificates and 12 OSH service companies licensed by the MLSW. There is no information on the nature of their services, as such reporting has not been required. A few of these companies have websites, but they lack explicit details on what their services entail.



Research in OSH



9.1 Institutions conducting research in OSH

There is no dedicated research institution for OSH in Kosovo with clear-cut research activities and funding. There are currently three institutions with the capacity and competence to provide such research: the Institute of Public Health of Kosovo, and both occupational medicine institutes (the Institute of Occupational Medicine in Obiliq/Obilić and the Occupational Health Institute in Gjakova/Đakovica). These institutions do conduct some limited research in the field of OSH. Besides these, some other institutions have participated in OSH-related research, such as the Department of Pharmacy (University of Pristina Faculty of Medicine), the Physical Medicine and Rehabilitation Clinic (University Clinical Center), the Institute of Biochemistry (Department of Occupational Medicine at the University of Pristina Faculty of Medicine), and the University Haxhi Zeka. The Institute of Public Health of Kosovo had a unit for occupational medicine that was closed in 1996.²¹

Nevertheless, these activities are scarce and seem to be dependent on only a handful of researchers or on the needs of particular company. For example, of roughly 100 hundred publications (Scopus indexed) of the Institute of Public Health of Kosovo, only three or four are OSH-related. Moreover, the PubMed database contains fewer than ten publications on OSH conducted in Kosovo. Apart from these, there are a few research articles and activities from other Kosovo universities.

9.2 Main research items and projects in OSH research

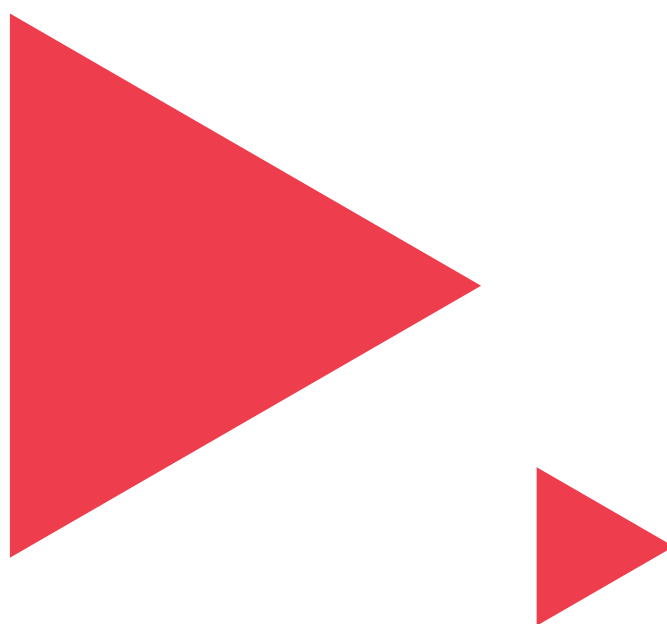
A very limited number of topics are covered by OSH research in Kosovo. A review of the available articles shows examples of specific OSH interventions. One discusses the treatment of bronchopulmonary disorders among former textile workers in the Emin Duraku factory in Gjakova/Đakovica. Another includes research on lower back pain experienced by workers at the Kosovo Energy Corporation. More recently, the stress-related health effects of the COVID-19 pandemic on health care professionals was studied. Some Kosovo universities are also exploring the intersections between the labour market and management systems and OSH.²²

²¹ Zhenelaj and Shkodra

²² Naim Morina et al., "Comparison of Effect of Leukotriene Biosynthesis Blockers and Inhibitors of Phosphodiesterase Enzyme in Patients with Bronchial Hyperreactivity," *Open Access Macedonian Journal of Medical Sciences* 6, No. 5 (2018): 777–781; Theranda Beqiri, "Health and Safety at SMEs," *Quality: Access to Success* 21, No. 177 (2020): 147; Ardiana Murtezani et al., "Low back pain among Kosovo power plant workers: A survey," *Italian Journal of Public Health* 9, No. 4: e8661.1–e866.7 (2012); Gezim Hodolli et al., "External individual monitoring of radiation workers in Kosovo," *Journal of Environmental Science, Computer Science and Engineering & Technology* 5, No. 2: 165–168 (2016).



Mechanisms for the collection and analysis of data on occupational injuries and diseases and their causes



There is no established mechanism for the collection and analysis of data on work accidents and occupational diseases.

There is also no specific legislation regarding the collection of data in the fields of occupational health medicine or occupational accidents. Therefore, there is no reliable data on accidents at work or occupational diseases in Kosovo. This has serious repercussions for the establishment of a functional OSH system; without reliable indicators, proper planning and decision-making is limited at best. Evidence-based planning for effective preventive measures, such as LI campaigns or informational campaigns to the general public about OSH, is impossible without reliable data.

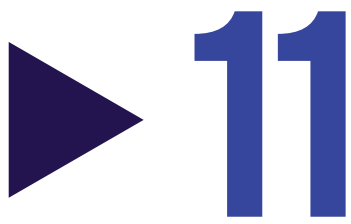
Regulation (MLSW) 3/2014 regarding occupational accidents and occupational diseases does not create the conditions for its feasible implementation. While the regulation states that documentation on accidents at work should be kept, there are no procedural requirements on the investigation, reporting or registration of accidents at work. This includes those accidents with at least three working days lost, as specified by the Framework Directive 89/391/EEC.

Data collection has improved at the LI during the last few years, with the help of the EuropeAid project "Support to Labour Inspectorate for fighting against undeclared work." However, the LI still does not fully use the data analysis tools as proposed, and data is still not collected in accordance with the standards of the European Statistics of Accidents at Work (ESAW).

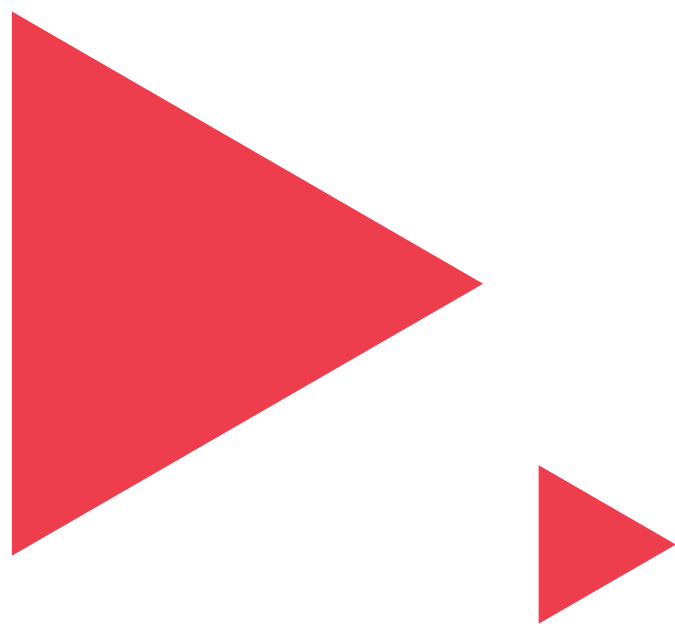
Data collection is worse concerning occupational diseases. There is no system of notification, investigation, diagnostics and reporting for occupational diseases. There is no list of what diseases constitute occupational diseases, and no clear rules on how such patients should be reported and how the medical reports should be kept.

The Statistical Yearbook 2019 of Kosovo contains no data on occupational accidents or occupational diseases.²³

²³ Kosovo, Office of the Prime Minister, Kosovo Agency of Statistics, Statistical Yearbook of Kosovo 2019, 2020.



Collaboration with insurance or social security schemes covering occupational injuries and diseases

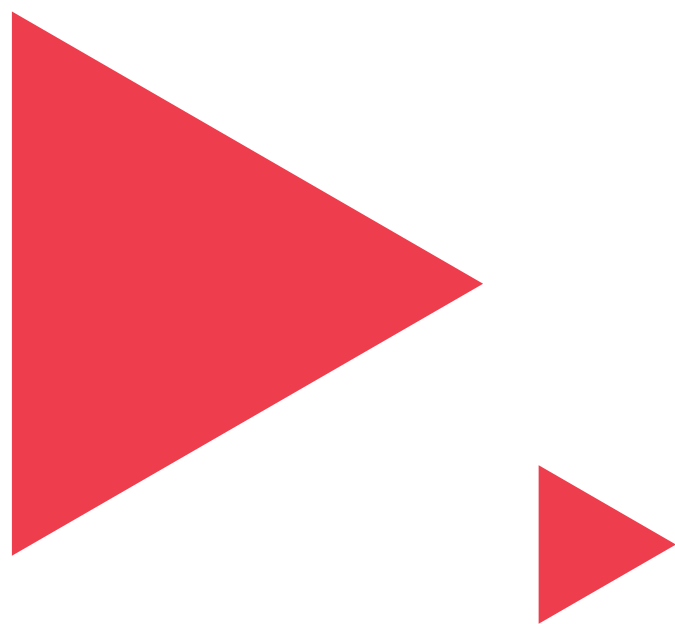


At present, Kosovo does not have the full range of social security schemes. However, some social security benefits are provided to employees within the framework of a general collective contract, which has a certain budgetary subsidy.

The general collective contract provides employees with the right to cash compensation in case of sickness. For the first month of sickness, one's loss of income is fully compensated by the employer. After the first month, an employee can receive, with certification by the medical commission, a temporary work disability benefit, financed by the general budget.

► 12

Support mechanisms for disadvantaged groups of workers



12.1 Workers in small and medium-sized enterprises (Having between 2 to 200 workers)

There are no specific OSH-related support mechanisms provided to workers in small and medium-sized enterprises. According to Kosovo legislation, medium-sized enterprises have between 51 and 250 employees.

12.2. Workers in micro-enterprises (with fewer than 10 workers)

There are also no specific OSH-related support mechanisms provided to workers in micro-enterprises. Kosovo legislation does not provide any specific rules on micro-enterprises.

12.3. Workers in the informal economy

There are no specific OSH-related support mechanisms provided to workers in the informal economy.

12.4. Migrant workers

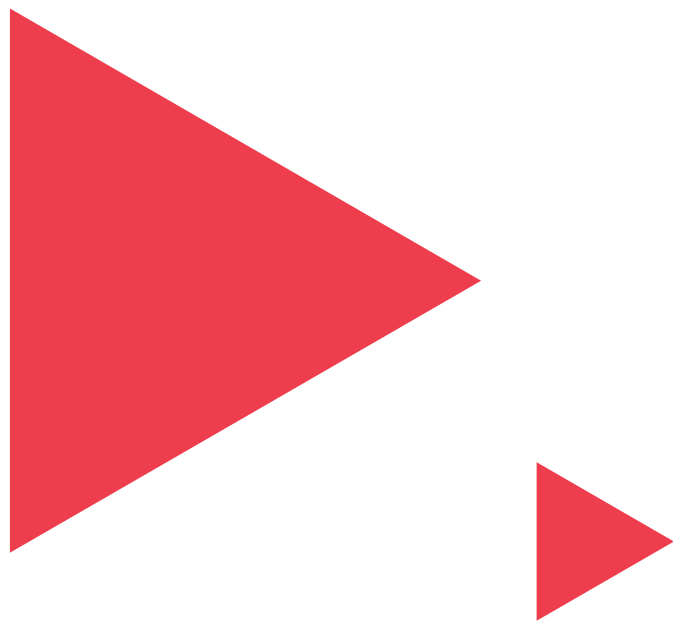
There are no specific OSH-related support mechanisms provided to migrant workers. However, they are entitled to all OSH-related rights if they work as registered workers.

12.5 Self-employed persons

There are no specific OSH-related support mechanisms provided to self-employed persons.



Support mechanisms for women workers



13.1 Special arrangements for reproductive health and maternity care

There are certain provisions in the existing legislation that ensure protection for reproductive health (pregnant women) and maternity care (including breastfeeding women). This is in both **Law No. 04/L-161 on safety and health at work and the Labour Law (No. 03/L-212)**.

The general concept under the OSH Law is that an employer is responsible for ensuring equal treatment when providing occupational safety and health measures (article 5), while also adapting the workplace and working environment to an individual's needs (article 7). These basic requirements do not specifically mention women, but in principle this concept includes any worker irrespective of gender. Specific requirements are mentioned in article 18, such as when an employer is required to inform workers of various risks, and what measures must be taken to protect the safety and health at work of employees, children, pregnant women, breast-feeding women and persons with disabilities. This presumes that an employer has undertaken risk assessments for different groups of workers. As mentioned above, a new draft regulation for risk assessment has been proposed, and it is in the process of being approved.

The Labour Law of Kosovo provides specific requirements for hazardous working conditions and maternity leave.

It prohibits pregnant and breastfeeding employees from working night shifts. It also stipulates that single parents and women with children younger than three years of age or children with permanent disabilities may perform night shifts only with consent (article 27).

Article 44 of the Labour Law requires an employer to provide special protection for employed women with disabilities. However, it does not state the minimum requirements for such protection. The

Labour Law also states that pregnant women, mothers of children under 3 years of age, and single parents with a child under the age of 3 or a child with a serious disability are not obliged to work more than full time (40 hours per week) or night shifts.

Article 46 of the Labour Law prohibits pregnant and breastfeeding women from work that is classified as harmful to health. An employer cannot employ pregnant and breastfeeding women in hard physical work, or work that exposes them to biological, chemical or physical factors that may risk reproductive health. The Labour Law requires that the MLSW issue a regulation for the classification of hard and dangerous forms of labour that may be harmful to pregnant and breastfeeding women, but this regulation has not yet been enacted. The Labour Law also includes several exceptions, such as employees working in the health care sector.

Article 49 of the Labour Law regulates maternity leave. In Kosovo, mothers are entitled to 12 months of maternity leave, with the right to leave up to 45 days before the child's expected due date (upon submission of a medical certificate). An employer has the right to request maternity leave in the 28 days before the expected childbirth date.

The Labour Law requires that, in the first six months of maternity leave, the employer compensates 70 percent of the basic salary. The next three months are to be paid by the general budget, and compensation equals 50 percent of the average salary in Kosovo. An additional three months of unpaid leave are available upon request. The Labour Law requests that women notify their employer at least 15 days before the end of the leave.

According to article 50, these basic rights are extended to fathers (or, in the case of the father's death, the guardian) if the mother dies or abandons the child, or if the mother agrees to convey these rights to the father of the child. The father is also entitled to two days of paid leave at the time of birth and two weeks of unpaid leave at

any time before the child is 3 years old, so long as they inform the employer at least ten days before.

Articles 51 and 52 of the Labour Law also provide basic rules to protect the interests of women in case of the infant's death or serious health problems.

The current Labour Law contains minimum protections for pregnant and breastfeeding women, but there are still major problems with the Law as written. Among the most important is the requirement that employers cover maternity leave costs for the first six months, because this leads to a high risk of discrimination and job loss for women. There is also no elaboration on what constitutes hard and dangerous labour, which could potentially lead to situations where the employer is left to freely interpret these terms.²⁴

Article 5 of **Law No. 05/L-023 on the protection of breastfeeding**, adopted in 2015, ensures that breastfeeding employees are given sufficient paid breaks during the workday: two hours from month six until up to month 12, and one hour from the first year to the second year. Every breastfeeding employee has a right to one or two paid break hours during workdays if they have notified the employer in writing and provided a doctors' certificate for breastfeeding. Article 6 of this Law expressly forbids the employment of breastfeeding women in workplaces that expose the mother and infant to health or safety risks. However, this Law does not specify the procedures for determining such conditions, such as a workplace risk assessment. There is no data available on how many workers have enforced these rights.

13.2 Special arrangements for the other needs of women workers, including the transportation of night workers or adjustments due to body size differences

Regulation (MLSW) No. 3/2014 on preparation of a risk assessment document, its contents, the data on which the risk assessment is based, and recordkeeping for safety and health at work does not include any specific provisions for women workers. Article 4 of the new **Regulation (MLSW) No. 02/2021 on workplace risk assessments** (adopted on 24 February 2021) states that "special attention during workplace risk assessment should be paid to vulnerable groups who are at particular risk or have special needs," including:

- women;
- pregnant women and breastfeeding women;
- young employees;
- older employees; and
- disabled employees.

Regulation (MLSW) No. 3/2016 on the minimum safety and health requirements for protection of employees regarding the manual handling of loads provides specific load limits (maximum weights) for men and women employees while standing in a basic standing position and under optimal working conditions. Annex II of the Regulation provides the following values:

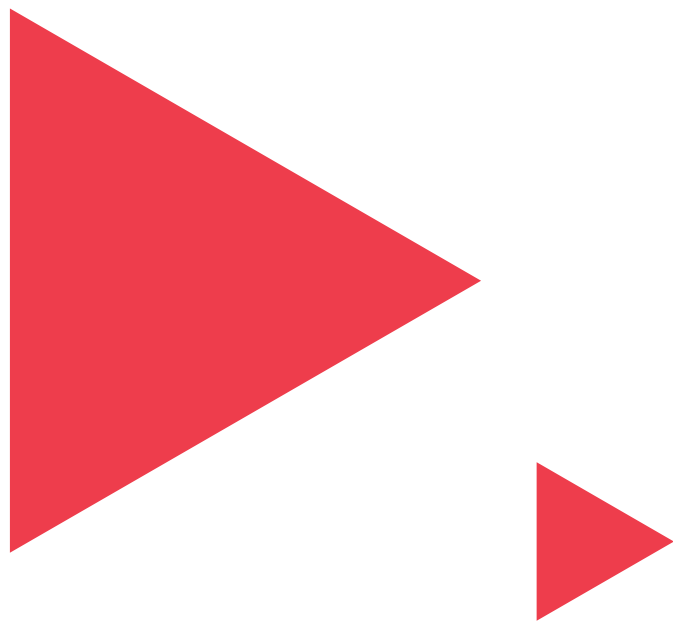
²⁴ Shqipe Gjocaj, "The silent struggle of breastfeeding mothers," Pristina Insight, 6 October 2018; Luljeta Vuniqi et al., Impact of the Labor Law on Women in Kosovo (Kosovar Center for Gender Studies, 2011); Ilir Banjska et al., Gender-based discrimination and labour in Kosovo (Kosovo Women's Network, 2019); Afrim Hoti, Respect and Protection of Labour Rights in Kosovo (Decent Work Balkan Network - Putting Equality and Solidarity at the heart of EU integration, 2011).

Age	Load limit values (kg)	
	Men	Women
18 – 29 years	50 kg	20 kg
30 – 39 years	45 kg	15 kg
40 – 49 years	40 kg	15 kg
50 – 65 years	35 kg	10 kg

There are also basic hygiene provisions specifically mentioning women in Regulation (MLSW) No. 4/2014 on the minimum safety and health requirements for the workplace. These additional requirements are included in latest amendments of this regulation (**Regulation (MLSW) No. 01/2020 on the amendment and supplement of regulation (MLSW) No. 4/2014 on the minimum safety and health requirements for the workplace**). These amendments (in Annex I, 18.3.2–18.4.2) call for a minimum number of lavatories based on the size of a company, and require that any workplace with more than five workers has separate facilities for men and women.

► 14

**Coordination and
collaboration mechanisms
at the central and
enterprise levels, including
programme review
mechanisms**

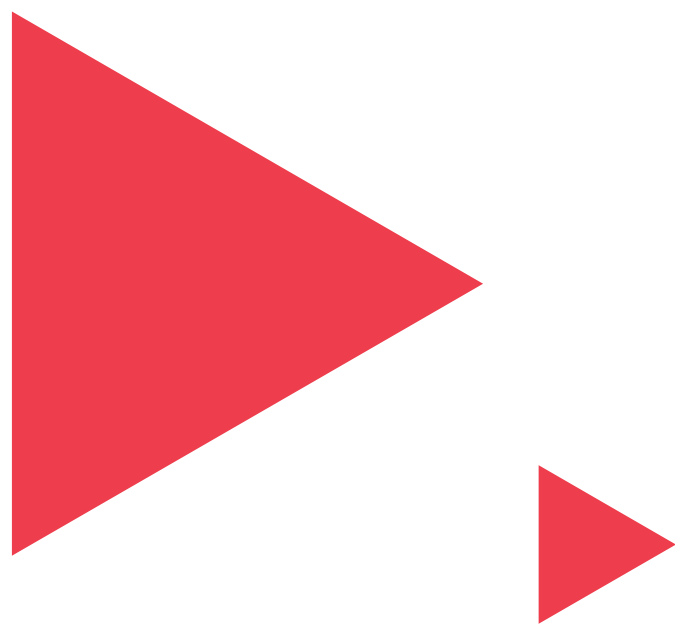


The coordination and collaboration mechanisms for OSH in Kosovo are described in Sections 2 and 5 of this Profile. Currently, the two main entities responsible for coordination and collaboration are the Council on Safety and Health at Work (described in Section 2.2) and the Social and Economic Council (described in Section 5).

There is no functioning review system for OSH programmes and activities at this time. This has been addressed in the draft “Intersectoral Strategy on Safety and Health at Work 2021–2026.” The draft strategy includes a description of mechanisms intended for implementation, monitoring, and reporting, which would allow for the review of various programmes at certain periods.

► 15

**Technical standards,
codes of practice and
guidelines on OSH**



There are currently no identified OSH technical standards, codes of practice, or guidelines specifically for Kosovo. The project “Support to Labour Inspectorate for fighting against undeclared work” proposes inspection guidelines for construction sites that could facilitate more effective inspections and thus improve OSH in the construction sector. This project also suggests guidelines for the investigation of occupational accidents. These materials could potentially be used as guidelines for a wider audience, especially OSH experts.

In addition, the aforementioned project proposes checklists for labour inspectors and employers on OSH risk factors such as chemicals, stress and work overload. These could be used as guidelines for employers to self-check on particular aspects of their working environment.

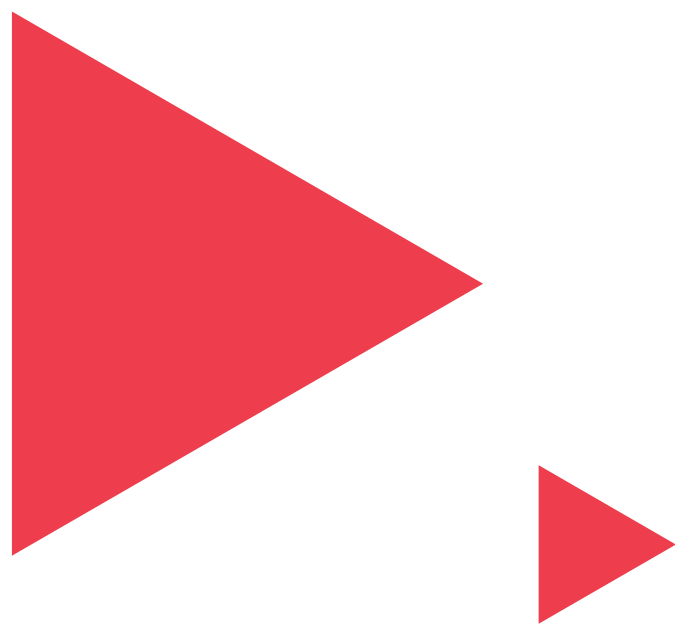
Some OSH-related technical standards have been made available by the Kosovo Standardization Agency. It has established three technical committees that cover certain OSH-related issues:

- the Technical Committee for Health (KT-7);
- the Technical Committee for Machinery (KT-10); and
- the Technical Committee for Personal Protective Equipment (KT-17).

For each of the committees there is a list of adopted standards for their area of expertise. Unfortunately, the lists are available in English only.

▶ 16

Educational and awareness-raising arrangements to enhance preventive safety and health culture, including promotional initiatives



16.1. Safety Day activities

For the last several years, there have been some activities for the World Day for Safety and Health at Work involving social partners and non-governmental organizations (such as KOSHA). The Labour Inspectorate has also provided some Safety Day information on their Facebook account.

16.2. Safety awards

There is no systematic process of identifying and rewarding good OSH practices in Kosovo. Only one safety award contest has been identified; it took place in 2019 as part of the European Healthy Workplaces Campaigns, organized annually by the European Agency for Health and Safety at Work (EU-OSHA) within the framework of the EuropeAid project “Support to Labour Inspectorate for fighting against undeclared work.” The topic of the contest was the management of dangerous substances at work. In total, three examples from two companies were received.

- Sharrcem provided a good practice example of the installation of visual switches on old motors and the application of power isolation through the “Lock Out, Tag Out and Try out” procedure.
- Sharrcem also provided a good practice example of the safe storage and disposal of chemicals in their laboratory.
- Mabco Constructions provided a good practice example of the safe on-site management of unexploded mines.

The winner was selected by the vote of a tripartite jury. In general, the OSH community is interested in sharing good practices, especially if the examples are in Kosovo companies.

Notably, a framework for organizing more good practice contests is being considered in Kosovo.

16.3. OSH education in secondary schools, vocational schools and universities

There are no identified training programmes for OSH at secondary or vocational schools in Kosovo.

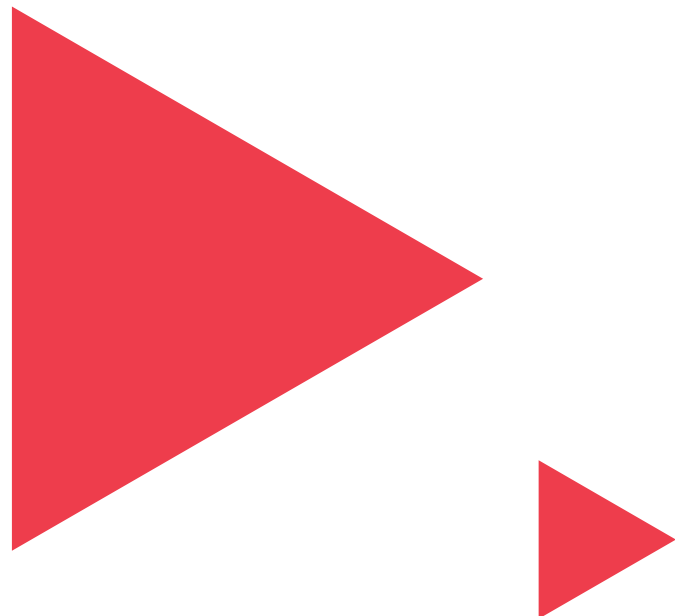
At the university level, there are no specific programmes on occupational health or occupational medicine apart from some isolated master’s courses for business studies that include risk assessment and management. Students in the Faculty of Medicine at the University of Pristina undergo several hours of occupational health education as part of a public health and family medicine course.

Occupational medicine (health) clinics are not specifically recognized as separate clinics, and medical centres offering occupational medicine services are not included under a separate heading in the 2019 Statistical Yearbook of Kosovo.²⁵

²⁵ Kosovo, Office of the Prime Ministry, Kosovo Agency of Statistics, Statistical Yearbook of Kosovo 2019, 2020.

▶ 17

Specialized technical, medical and scientific institutions with linkages to various aspects of OSH, including research institutes and laboratories concerned with OSH



17.1 List of academic institutions related to OSH

As described in Section 9, Kosovo has only a few academic institutions related to the field of OSH. The main institutions include the Institute of Public Health of Kosovo, the Institute of Occupational Medicine in Obiliq/Obilić, and the Kosovo Occupational Health Institute in Gjakova/Đakovica. The last two institutions are functioning more as occupational health services (out-patient clinics), with sporadic involvement in OSH research or other academic activities.

Other institutions that touch upon the area of OSH include the Department of Pharmacy within the Faculty of Medicine (University of Pristina), the Physical Medicine and Rehabilitation Clinic (University Clinical Center of Kosovo), the Institute of Biochemistry (Department of Occupational Medicine²⁶ in the Faculty of Medicine, University of Pristina), and the University Haxhi Zeka.

17.2 Non-governmental OSH Organizations

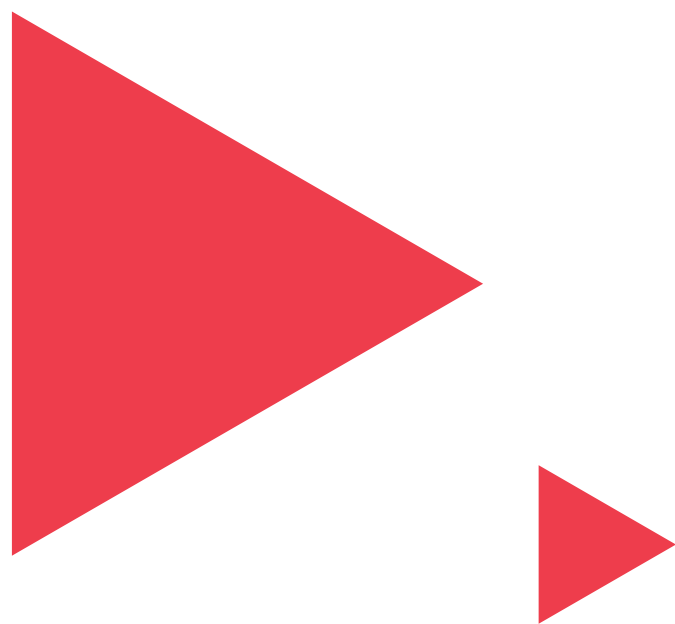
The Kosovo Occupational Safety and Health Association²⁷ (KOSHA) is a non-governmental OSH organization in Kosovo. KOSHA was established in 2009 by OSH experts seeing the need to contribute to the development of an OSH system in Kosovo. KOSHA is focused on promoting OSH in Kosovo and raising public awareness of OSH issues. KOSHA has participated in and initiated various training activities, campaigns and other small-scale projects aiming at the creation of a well-functioning OSH system in Kosovo. KOSHA also provides professional assistance on OSH-related issues, participates in public discussions and meetings, prepares OSH-related information and advocates for OSH in various law and policy documents. No specific work plans or programmes have been established for KOSHA.

²⁶ Note: The Department of Occupational Medicine is not listed as a separate unit.

²⁷ <https://oshkosova.webs.com>.

▶ 18

Company personnel engaged in the area of OSH, such as safety and health officers, safety engineers, occupational physicians and hygienists



There is no reliable data on the number of OSH specialists available in Kosovo. There is also no requirement to keep such a registry, and there are no professional standards for specialists, like safety engineers or occupational physicians.

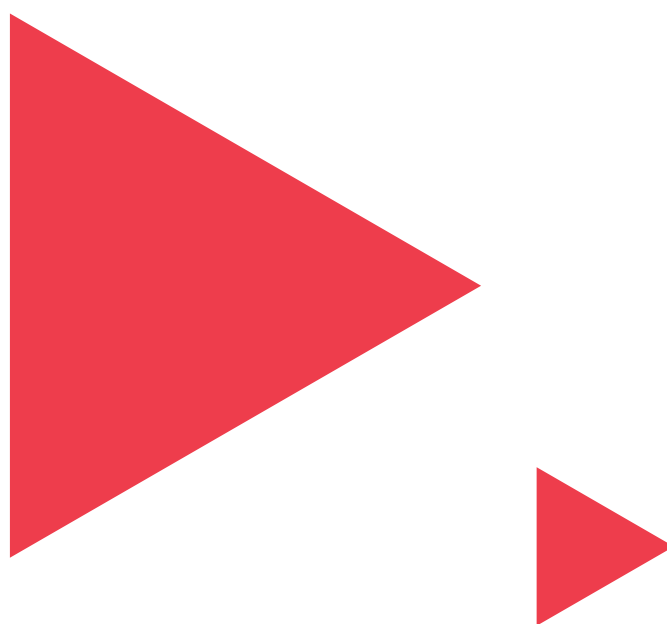
According to various sources, there are between 20 to 50 occupational physicians. But there is no recognized professional residency for occupational medicine, and no certification or registration requirement for occupational medicine doctors, so there is no reliable data on the professionals available.²⁸

There were more than 250 trained OSH specialists in Kosovo at the end of 2020, according to MLSW data.

²⁸ Curri and Petkovski; Zhenelaj and Shkodra

▶ 19

Occupational injury and disease statistics



19.1. Statistics on occupational accidents including sex-disaggregated data

The LI currently collects some statistical data on occupational accidents. This data is available from 2016 on the LI's webpage (under "Reports") in Albanian.²⁹ Annual reports mostly concentrate on the working results of the LI – the number of inspections, types of problems observed, and the fines issued but they also contain basic data on the total number of serious and light occupational accidents and fatalities. They also contain data on work-related deaths, including natural deaths, deaths in private houses, and deaths of self-employed persons. The statistical reports contain data without methodological explanations or analysis, and they vary slightly over the years with discrepancies observed.

There is no disaggregated data on workplace accidents in terms of sex, age, training or industry. There is no available data on the accident rates across industries. Moreover, data on some OSH indicators – even if they are included in the annual report – is not available, like data on sex and race discrimination and violence at the workplace.

Table 1. Number of work accidents* in Kosovo, 2011–2019**

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Accidents	31	46	37	63	47	62	50	126	90	N/A
Fatalities	10	17	17	9	9	9	19	20	11	N/A

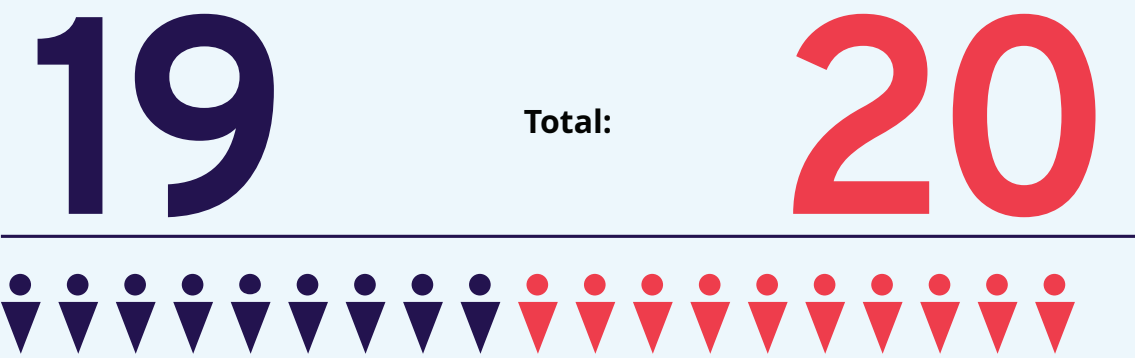
*Source: Annual statistical reports of the LI.

**Data also includes so-called "natural deaths" and the deaths of self-employed persons.

²⁹ Note: the report for 2019 is missing at the time of preparation of this profile.

Table 2. Occupational fatalities by industrial sector, 2017–2018*

Sector/Year	2017	2018
Construction	13	11
Energy	1	3
Production	1	2
Public utilities	1	1
Natural deaths	5	-
Other		3



*Source: Statistical data prepared by the LI.

19.2. Statistics on occupational diseases including sex-disaggregated data

As mentioned in Section 10, there is no reliable data on the frequency and nature of occupational diseases.

19.3. Examples of recent serious occupational disease outbreaks, including silicosis outbreaks, lead poisoning, and mercury poisoning

No data is available on recent serious occupational diseases (including silicosis, lead poisoning, and mercury poisoning) in Kosovo. This is related to the lack of specialists with proper training in OSH, the lack of industrial hygiene (ensuring reliable measurement data, such as the measurement of chemical substances), and a legal system that does not provide for the diagnostics, notification or reporting of occupational diseases.

19.4. Underreporting of work accidents and occupational diseases

Despite the limited availability and reliability of the reported data, the possible underreporting of work accidents and occupational diseases is a major issue in Kosovo. Approximate calculations show the fatal occupational accident rate to be 2.05 cases per 100,000 employed persons in Kosovo in 2019, and the total occupational non-fatal accident rate to be 16.8 cases per 100,000 employed persons.

For fatal occupational accidents, this is close to the EU average, which was 1.77 per 100,000 employees in 2018 (but 4.33 for Romania, 4.22 for Luxembourg and 3.27 for Latvia).³⁰ This rate should therefore be treated with caution.

For the total number of registered non-fatal occupational accidents, the EU average was 1,659 cases per 100,000 employed persons in 2018, and the lowest levels of non-fatal accidents were in Romania and Bulgaria, with 100 cases per 100,000 employees. This gives us reason to believe that the statistics might be reflecting as few as 1 percent of the actual non-fatal accidents in Kosovo.

Another indicator that has been used recently to evaluate underreporting is the fatal/non-fatal accident ratio, or the number of non-fatal accidents per one fatal accident. The EU average in 2018 was 1:937, meaning 937 accidents ended with one fatal accident. In Kosovo this ratio is 1:9, indicating a serious level of underreporting of non-fatal accidents.

³⁰ Eurostat, 2020.

The main causes for underreporting work accidents and occupational diseases can be described as follows.

First, there is a huge gap between the official statistics and the in-practice reporting of work accidents and occupational diseases.³¹ Some progress has been made in methodology and institutional collaboration, but further improvements are necessary at the technical level.

Even if there are some formal requirements in the OSH Law (article 23) for employers and the LI to report occupational accidents, they are not supported by secondary legislation to delineate just how the notification, investigation and reporting of accidents should be undertaken. The result is that employers are not clearly informed of their obligations, and there is no roadmap showing how accidents should be reported and investigated. Within the LI, there are no precise internal procedures for planning an investigation, conducting an investigation or reporting its findings. The EuropeAid project “Support to Labour Inspectorate for fighting against undeclared work” created a “manual for the investigation of accidents at work” in 2020, based on the legal requirements in Kosovo and on international good practices. The manual incorporates the minimum (and most critical) requirements used in the EU to classify and code accidents at work, established by the ESAW system and maintained by EUROSTAT. This could be used to improve workplace accident registration in Kosovo, but it has not yet been implemented.

The situation is worse for occupational diseases. There is no institutional system for the notification, investigation and reporting of occupational diseases.

Besides this, the competence of OSH experts, labour inspectors and medical staff is unknown, because there are no training or competency requirements for the reporting of occupational accidents and occupational diseases.

Another cause for underreporting occupational accidents and occupational diseases is a complete lack of incentives. There is no social insurance for occupational accidents and occupational diseases. Thus there is a lack of interest on the part of employees to report accidents or ill health, since there is no specific support available for treatment or rehabilitation.

There is also a lack of public awareness with regards of reporting occupational accidents and occupational diseases. People are unaware of the benefits of reporting and investigating such events. There is little awareness of the importance of effective prevention. This is made worse by the fact that such a reporting system has not been functional for nearly 30 years, and nearly two generations of workers have not experienced any reporting system for OSH. Moreover, changes in the economic structure make this difficult: more employees are now employed in smaller-sized companies in the private sector, where implementation of good reporting practices is a challenge.

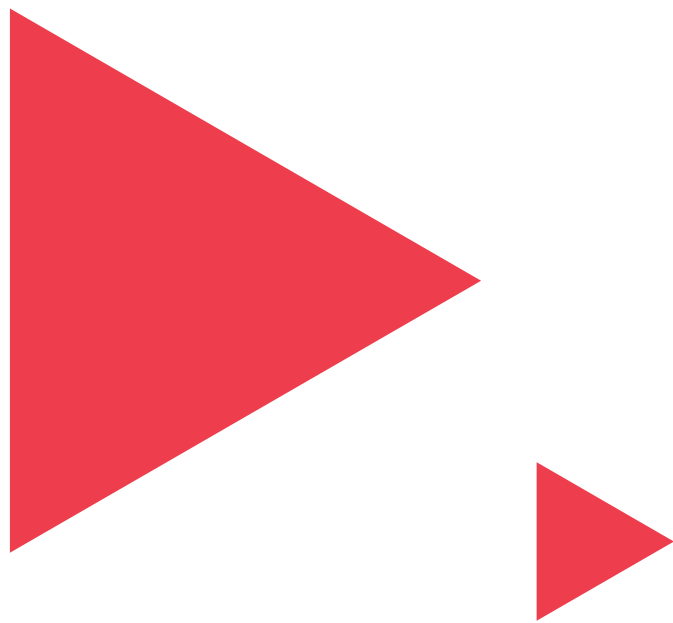
³¹ European Commission, Commission Staff Working Document: Kosovo 2020 Report, 2020.

High numbers of informal workers (informal economy) are also contributing to underreporting, as none of the current requirements are applied to illegal workers or un-registered businesses.³² Underreporting is particularly common for violent incidents at work where informal employment is present.

³² Etida Zeka et al., To pay or not to pay – a business perspective on informality in Kosovo (Instituti Riinvest, 2013); Alexandru Cojocaru et al., "Jobs diagnostics – Kosovo," Jobs Series (the International Bank for Reconstruction and Development and the World Bank) 5 (2017).



Industry-specific policies and programmes for hazardous occupations

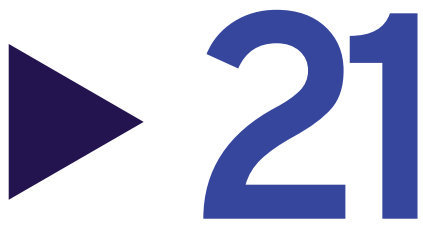


20.1. Construction

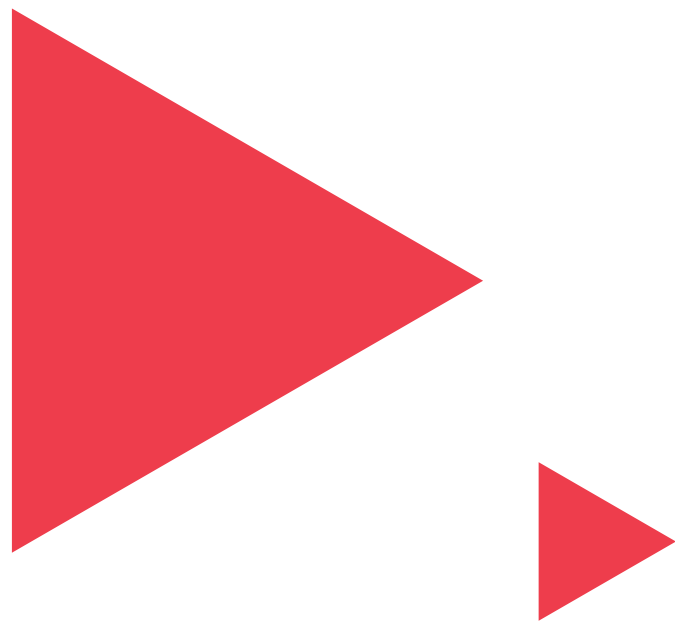
There are no specific OSH activities or programmes for the construction sector. The EuropeAid project “Support to Labour Inspectorate for fighting against undeclared work” includes elaborate inspection guidelines for construction sites that could facilitate more effective inspection visits and thus improve occupational safety and health in this sector

20.2. Agriculture

There are no specific OSH activities or programmes in agriculture.



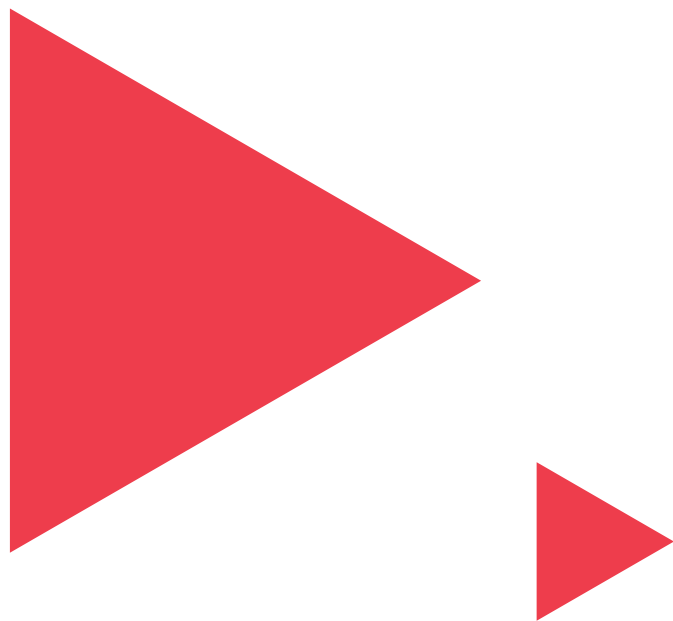
**Mechanisms to prevent
industrial disasters, and to
protect the environment
and promote public safety**



The current legal framework for environmental protection is provided by the Administrative Instruction **No. 04/2018 on preventing major accidents involving hazardous substances** issued by the Ministry of Environment and Spatial Planning. This instruction covers the requirements of the EU SEVESO Directive (Directive 2012/18/EU of the European Parliament and of the Council of 4 July 2012 on the control of major-accident hazards involving dangerous substances).

► 22

**OSH policies and
programmes
for employers'
and employees'
organizations**



22.1 OSH policies, programmes and activities for employers' organizations and companies

There are two main employers' organizations in Kosovo.

The **Kosovo Chamber of Commerce**³³ (KCC) was founded in 1962. The KCC is an independent, non-political, non-profit professional organization. It is the only business institution established by law, and the activity of the KCC is based on the Law on the Kosovo Chamber of Commerce (2004/7, adopted in 2005). Regarding OSH-related issues, the Law states that one of the duties of the KCC is to participate in economic and social dialogue jointly with business associations, other interested associations, and trade unions. The KCC has around 15,000 members and covers a wide range of activities in business development. The KCC also participates in labour market activities. However, it does not have any established formal policy or programmes on OSH.

The **Kosovo Business Alliance** (AKB) is an alliance of business associations and individual businesses in Kosovo, established in 2002 with more than 9,500 members. The AKB was created to promote better cooperation between business entities and the public. It provides trainings on business development and participates in social and economic activities. It also participates in the Economic and Social Council. However, the AKB has no formal policy or programmes on OSH.

The **American Chamber of Commerce** is another organization with less than 200 members.

22.2 OSH policies, programmes and activities for workers' organizations

According to **Law No. 04/L-011 for organizing trade union in Kosovo** (adopted in 2011), trade unions are entitled to represent their members before employers and public authorities in connection to any matter involving collective negotiations for employees, particularly in the promotion of social dialogue, economic rights, social rights, labour relations, and the protection of employee rights.

The largest trade union confederation in Kosovo is the Independent Trade Unions of Kosovo³⁴ (BSPK), which is affiliated with the International Trade Union Confederation and participates as an observer in the European Trade Union Confederation. The BSPK currently unites 19 trade unions across various sectors, including the United Union of Education and Science of Kosovo, the Independent Trade Union Federation "Elektrokosova," the Independent Trade Union of Kosovo Administration, and the Independent Trade Union of Small Economy and Handicrafts.

The Federation of Trade Unions of Health of Kosovo represents health workers and has around 12,000 members. Although trade unions participate in various activities organized by the MLSW and the LI, there are no regular programmes on OSH.

It is estimated that less than 10 percent of Kosovo workers are members of trade unions. The unionization rate is especially low in the private sector.³⁵

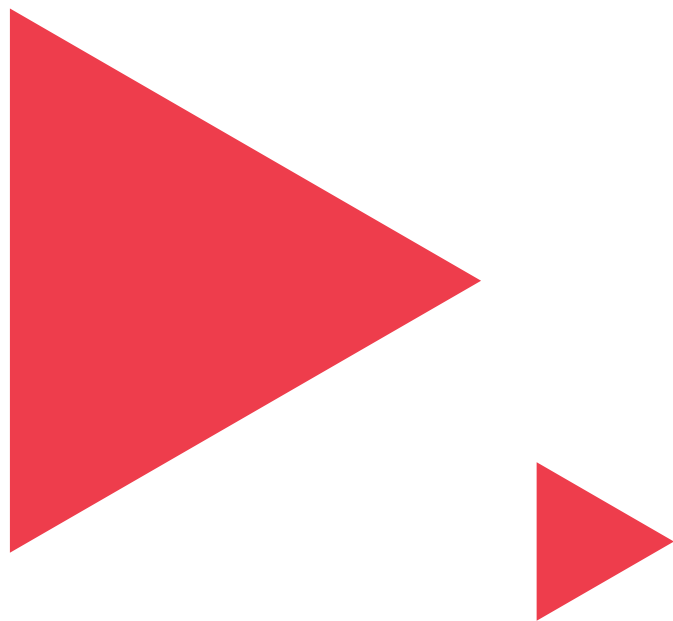
³³ <https://www.oek-kcc.org/>.

³⁴ www.bskp.org.

³⁵ Hoti; Zeka et al.; Cojocar et al.



**Regular or ongoing
activities related
to OSH, including
international
collaboration**



Two of the main international OSH associations are

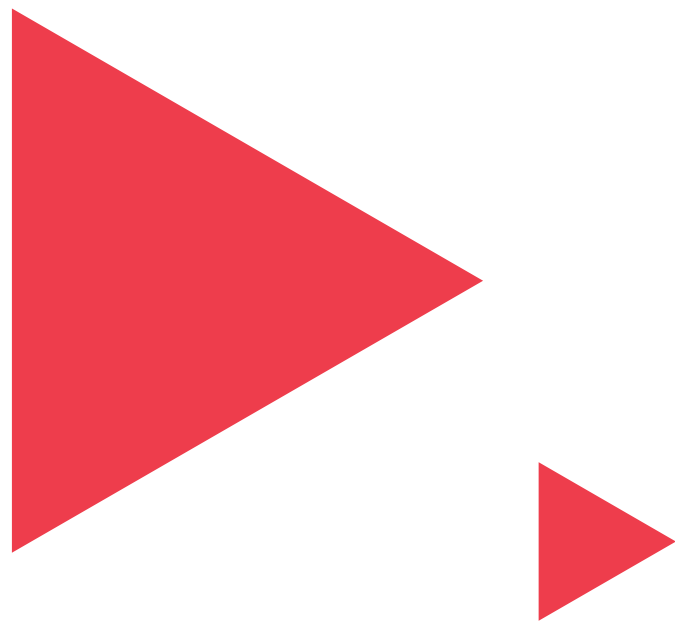
- the Senior Labour Inspector Committee (SLIC), which defines the common principles of labour inspection in the area of OSH, and
- the International Association for Labour Inspection (IALI), which promotes the professionalism of its members in all aspects of labour inspection, enhances their impact and effectiveness, and provides information to its members about professional issues.

At the moment, Kosovo is not a member of either of these associations.

As part of the EuropeAid project “Support to Labour Inspectorate for fighting against undeclared work,” a good practice award ceremony was held as part of the European Healthy Workplaces Campaigns by the EU-OSHA in 2019.



Financial and budgetary resources with regard to OSH at the central and local levels



Although precise data is not available, Table 3 presents the MLSW budget allocated to OSH from 2018 to 2020.³⁶

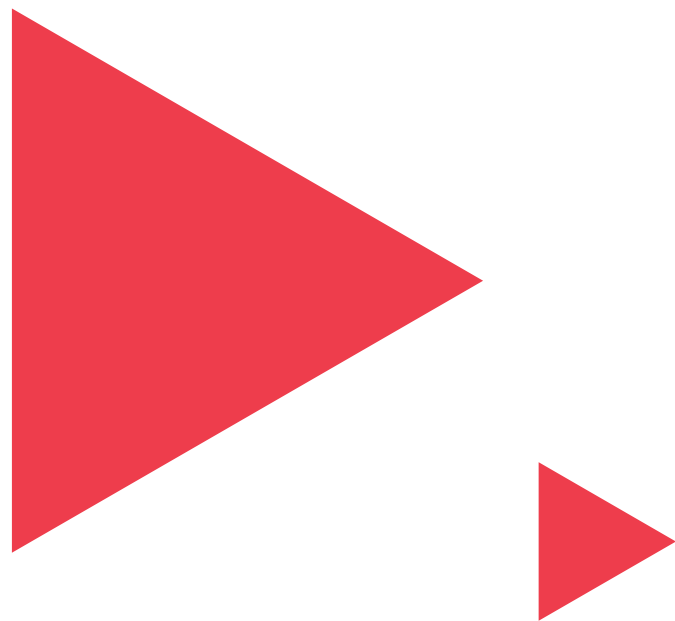
Table 3. The MLSW budget for OSH, 2018-2020

	2018	2019	2020
Safety and Health at work	309,000 €	202,500 €	177,500 €
Total:	689,000 €		

³⁶ Kosovo, Ministry of Labour and Social Welfare, Sectoral strategy 2018-2022, 2017.



**Data addressing
demographics, literacy,
economics and
employment**



Kosovo faces a challenge with insufficient statistical data. Amendments to **Law No. 04/L-036 on official statistics** were adopted in 2011 to improve the role of the Kosovo Agency of Statistics and to comply with the European Statistics Code of Practice. Memoranda of understanding on the exchange of statistical data have been concluded between the Civil Registry Agency, the Ministry of Health and the Kosovo Police. However, Kosovo still faces problems with regards to sectorial data and the application of the European classifications for statistics.³⁷

Table 4 summarizes the key demographic and labour market statistics in Kosovo from the Statistical Yearbooks, published by the Kosovo Agency of Statistics.

Table 4. Key demographic and labour market statistics in Kosovo, 2015–2019

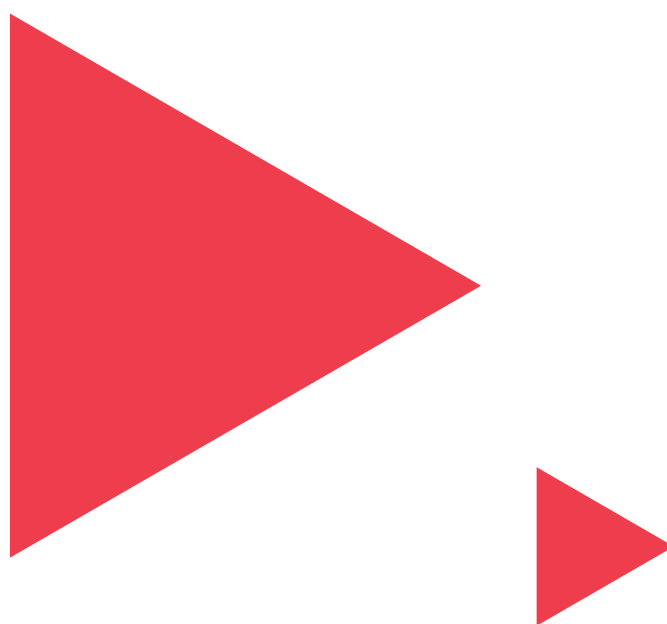
Statistical indicator / Year	2015	2016	2017	2018	2019
Population (in thousands)*	1,805	1,772	1,784	1,799	1,782
Male	882	888	884	879	869
Female	889	895	908	915	912
Number of active enterprises	35,472	33,274	34,992	35,540*	N/A
Economic activity rate for persons aged 20–64 (proportion of the population aged 20–64 that is economically active) (%)	42.8	44.0	49.0	46.6	N/A
Employment rate for persons aged 20–64 (proportion of the population aged 20–64 that are in employment) (%)	29.1	32.3	34.4	33.2	N/A
Male employment rate for persons aged 20–64 (%)	44.9	49.9	54.0	52.6	N/A
Female employment rate for persons aged 20–64 (%)	13.2	14.6	14.6	14.1	N/A
Employment share in agriculture, forestry and fisheries (%)	2.3	4.2	4.4	3.5	N/A
Employment share in industry (%)	18.7	18.0	17.4	14.3	N/A
Employment share in construction (%)	9.5	11.5	12.9	11.9	N/A
Employment share in services (%)	69.5	66.3	65.3	70.3	N/A
People employed in the public sector as a share of total employment, aged 20–64 (%)	32.6	30.8	28.4	30.8	N/A
People employed in the private sector as a share of total employment, aged 20–64 (%)	67.4	69.2	71.6	69.2	N/A
Unemployment rate (proportion of the labour force that is unemployed) (%)	32.9	27.5	30.3	29.4	25.7
Male unemployment rate (%)	31.8	26.2	28.5	28.3	22.6
Female unemployment rate (%)	36.6	31.7	36.4	33.3	34.4
Youth unemployment rate (proportion of the labour force aged 15–24 that is unemployed) (%)	57.7	52.4	52.7	55.4	N/A

**Estimate by Eurostat and the Kosovo Agency of Statistics.*

³⁷ European Commission, Commission Staff Working Document: Kosovo 2020 Report, 2020.

► 26

Analysis of gaps in the current OSH system



There are several serious gaps in the current OSH system in Kosovo. This section summarizes the most important gaps identified during the preparation of this Profile and describes the areas for future development of the OSH system.

The current OSH legislation is not fully compliant with the requirements of EU OSH Directives.

- The OSH Law shall be amended and adopted based on an elaborate gap analysis.
- Several existing regulations must be revised to achieve full compliance with EU OSH Directives (for example, on chemical agents, carcinogens, mutagens, and biological agents) and several missing regulations (for example, concerning minimum safety and health requirements for mineral extracting and mining activities and the protection of workers from ionizing radiation) must be adopted.

The legal framework for the work of the Labour Inspectorate is not functional.

- A new draft Law on the Labour Inspectorate shall be reviewed and adopted.
- Several sub-legal acts deriving from the new Law must be created and enforced with clear internal procedures on the organizational and functional structure of the LI. These should cover improving planned inspections (using OSH indicators, planning targeted campaigns), promoting the efficiency of inspection visits, elaborating on the skills required for inspectors, and providing consultations and information to employers, among other topics.

The statistical and monitoring tools for OSH indicators are missing in practice.

- A system for the collection, systematization and analysis of labour inspection statistics should be elaborated to ensure that there is data for monitoring the OSH system.
- OSH research is advisable so that parties can gain a full understanding of the OSH situation

in Kosovo and draw a baseline to evaluate future progress. This must be performed at regular intervals in the future, perhaps every five years, along with updated OSH Profiles.

The reporting systems for occupational accidents and occupational diseases do not work in practice.

- The legal framework for the reporting, investigation and notification of occupational accidents and occupational diseases shall be either created (for occupational diseases) or improved (for occupational accidents).
- Reporting systems shall be established based on these legal frameworks in accordance with ESAW and EODS standards.

A social insurance or security system for OSH is not established.

- A social security system for the protection of employees at work shall be established to compensate workers for work accidents and occupational diseases.

The health surveillance system for workers is not functional and lacks sufficient coverage.

- The legal framework for health surveillance shall be established with all of the necessary elements, based on risk factors at workplaces.

The Ministry of Labour and Social Welfare has insufficient human and technical capacity.

- The capacity of the MLSW shall be improved so that the agency can manage all necessary OSH issues.
- The mechanisms for the involvement of external experts on specific OSH issues shall be elaborated.
- The Ministry must reach the technical capacity to certify OSH services and experts.

The Labour inspectorate has insufficient human and technical capacity.

- The structure of the LI shall be reviewed and reorganized.
- Data and risk-based planning systems for LI activities shall be introduced, with modern IT tools for the analysis, planning and tracking of LI activities,
- Planning, and the quality of the work undertaken, shall be improved. This could be achieved by increasing number of inspectors (skilled in technical issues, public health, chemistry), undertaking risk-based inspection visits, and categorizing inspectors by sectorial specialization.
- Inspection tools shall be finalized and implemented with sufficient training for labour inspectors. This training should follow international practices (included in guides like “Occupational Safety and Health – A Guide for Labour inspectors and other stakeholders”).
- An internal training system for labour inspectors shall be introduced, together with the necessary competence matrix (based on a needs assessment).
- Sufficient technical tools and equipment shall be provided to inspectors to ensure efficient inspections and to serve as an example of good practice for employers. This includes proper personal protective equipment, measurement devices for basic OSH risks, and any necessary IT tools.
- A consultancy service and call centre for OSH and employment issues shall be established. Public awareness activities should start and be regularly undertaken in the future.
- Active collaboration shall be established with \ agencies such as EU-OSHA, SLIC and the IALI.

The Ministry of Health is insufficiently involved in occupational health medicine.

- A competent body in occupational health medicine should be established to develop the training, reporting and analysis systems for occupational diseases. This should probably

be based at the Institute of Occupational Medicine in Obiliq/Obilić or at the Kosovo Occupational Health Institute in Gjakova/Đakovica.

Cooperation between stakeholders is insufficient.

- Inter-sectorial and inter-institutional collaboration should be strengthened. This could be achieved by organizing workshops or conferences to introduce OSH topics to other governmental institutions.
- Joint inspections, on food safety and the protection of consumer rights, etc., should be institutionalized as routine practice and accompanied by legal changes if needed.
- The OSH strategy should be approved to ensure the coordinated action and collaboration among OSH stakeholders.

The system for certifying and licensing OSH experts and services is not functioning properly.

- Legal changes should be made to improve the system of OSH services, followed by an informational campaign for OSH experts and employers.
- Training curricula shall be established for OSH experts, including training necessary for recertification.
- A certification and recertification system shall be implemented.

OSH issues are not addressed in various educational programmes.

- There needs to be a discussion on including OSH-related topics in various training programmes at Kosovo's universities.
- OSH trainings shall be organized in medical, business, and human resources programmes and more.
- The current medical training programme should be updated to include, at a minimum,

OSH training for relevant medical specialties, especially family medicine.

- A discussion with the responsible ministry shall be organized regarding OSH mainstreaming into the academic, technical and vocational education systems. This should include the development of informational materials on OSH, such as posters, infographics and videos.

Social dialogue in the area of OSH is poor.

- The capacity of the social partners should be strengthened, and their members should be trained in OSH.
- Public awareness campaigns, like regional seminars and workshops, should be organized to promote a mechanism for OSH-related social dialogue at the company and sectorial levels, and to enhance the involvement of employers in OSH issues.
- Informational and awareness-raising materials on the benefits of social dialogue should be created and dispersed.

Public awareness of OSH is poor.

- A comprehensive OSH Communication Strategy and Action Plan should be elaborated.
- Public awareness campaigns should be organized, such as regional seminars, workshops, and media coverage. This should introduce the fundamental principles of OSH and prevention culture.
- A web-based information hub should be established to ensure that OSH-related information is available on a single webpage. This should include legal documents and the informational materials for each sub-legal act.
- Informational and awareness-raising materials should be developed on the main risks at workplaces, the main sub-legal acts for OSH, and on building a prevention culture in the field of OSH. International good practices and informational materials from

the EU or the ILO can be implemented here if necessary.

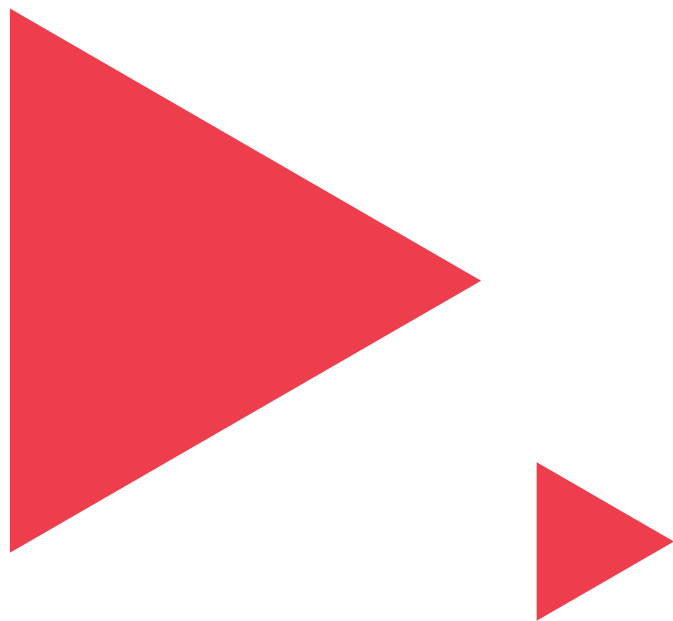
- Public awareness-raising campaigns should be organized to promote a preventive culture in the field of OSH.
- Regular healthy workplace campaigns should be implemented on the initiative of the European Agency for Safety and Health at Work. This should include organizing more good practice award contests.
- An Online Interactive Risk Assessment (OiRA) or similar assessment tool should be developed to provide information and increase OSH awareness for employers and the public. One advantage of the OiRA is that its maintenance work is provided by the European Agency for Safety and Health at Work for Kosovo.

Research capacity in the area of OSH is inadequate.

- A research programme should be established to encourage researchers to take an active part in OSH research.
- Accredited industrial hygiene laboratories should be developed to ensure that reliable objective information is available on the working environments in Kosovo.



Special section on COVID-19



27.1 Summary of the situation

Since the first confirmed cases on 13 March 2020, the number of confirmed COVID-19 cases in Kosovo increased to more than 50,000 by the end of 2020.

Despite political instability, the Ministry of Health set up the Committee for Coordination and Assessment of the Emergency Situation with COVID-19 in accordance with article 8 of the Response Plan, which provides a framework for public health emergencies. A curfew was put in place, restricting the movement of persons during specific hours based on their ID numbers or their age group (particularly those persons over 65 years old). Because of these strict measures, the cases were kept at controllable and traceable levels in this early phase, despite the ruling of the Constitutional Court declaring that the restriction of movement was unconstitutional. The measures also called for the closing of schools, shopping malls, bars, restaurants, and parks, the restriction of recreational activities, and the closure of non-essential businesses. Measures also limited indoor gatherings and the number of people who could enter public institutions, reduced the number of non-essential staff in public and private workspaces, and required the wearing of masks and social distancing. This allowed the government to ease these measures in May 2020, which was followed by an increase in the infection rate in June. The Executive Commission for Combating, Monitoring and Responding to the SARS-COV-2 virus within the Office of the Prime Minister was set up by the new government to respond to this increase. Based on their suggestions, the government reintroduced several public health measures in July, which called for the wearing of masks in public places, a curfew for some municipalities, restricted opening hours for restaurants and cafes, and testing requirements for persons entering Kosovo.

On 14 August 2020, Kosovo adopted **Law No. 07/L-006 on preventing and combating COVID-19 pandemics**, in order to provide a solid legal framework for the required public health measures. While the situation improved in August and September 2020, allowing for a partial easing of the measures on limited movement and working hours, the number of cases rose sharply in October and November, and the highest number of daily new cases and active cases was recorded since the beginning of the pandemic. This again led to more strict requirements (such as a curfew), and municipalities were now categorized into red, yellow, and green zones based on their number of COVID-19 cases, with different restrictions introduced for each zone in mid-November. Despite the rapid rise in infection rates, restaurants and schools stayed open due to the lobbying of business associations. They were merely urged to limit their capacity.

The fight against COVID-19 in Kosovo was further complicated by the political instability in starting in February 2020. Kosovo's response to the pandemic should be divided into two separate periods: from February to June 2020, and from June 2020 onwards. However, these periods – apart from public appearances and the rhetoric used – did not significantly differ in the actual measures taken against COVID-19, as most of them were based on external guidelines from the World Health Organization or the European Center for Diseases Control, enforced by the Institute of Public Health of Kosovo.³⁸

³⁸ European Commission, Commission Staff Working Document: Kosovo 2020 Report, 2020; Teuta Avdimetaj et al., *Between a rock and a hard place: Kosovo's challenges in dealing with the COVID-19 pandemic* (Kosovar Centre for Security Studies, 2020).

27.2 Health measures taken (lockdown, work arrangements, social-distancing), and the treatment of suspected and confirmed COVID-19 cases

The most important document currently providing a legal framework for preventive measures against COVID-19 is **Law No. 07/L-006 on preventing and combating COVID-19 pandemics**. It follows the primary international recommendations on what health measures should be taken: social-distancing, disinfection, COVID-19 testing, quarantine and isolation practices.

This Law authorizes the MoH to issue framework decisions (requiring government approval) and operational decisions daily in order to implement the goals and objectives of the announced framework decisions.

When suspected or confirmed COVID-19 cases are found in any institution, the institution is obliged to report them to the IPHK. The IPHK is responsible for setting the reporting standards, drafting instructions and coordinating public health interventions in Kosovo.

However, this Law does not give responsibilities to the MLSW or the LI, and it does not mention employers' responsibilities in the workplace. It does not require coordination with MLSW on COVID-19 related issues.

27.3 Prevention and mitigation measures for different types of workers, including healthcare workers and other essential workers

Prevention and mitigation measures are recommended in the "Interim Guidelines for the Application of Measures for Prevention and Combat of COVID-19 to be used by Public and Private Institutions in Kosovo," issued by the IPHK on 4 May 2020. These Guidelines provide specific recommendations for employers.

The most important recommendations included in these Guidelines are as follows:

- **Actively encourage sick employees to stay at home.**
 - Employees who have symptoms (such as a fever, cough, or difficulty breathing) should notify their employer and stay home.
 - Sick employees must follow the instructions and recommendations of the Ministry of Health, the Institute of Public Health and their family doctors.
 - Employees must not return to work until the conditions or criteria to terminate domestic isolation are met, in consultation with their family doctor and the relevant health institutions.
 - Employees who are in good health but have household members infected with COVID-19 should also notify their employer and follow the instructions and recommendations of the MoH, the IPHK and of their family doctors.
- **Implement basic measures to prevent infection by:**
 - (i) promoting frequent and careful hand washing and providing hand washing sites for employees, customers and visitors, and if soap and running water are not readily available, provide alcohol-based towels or wipes containing at least 70 percent alcohol;

- (ii) enforcing the use of masks to prevent the transmission of infection through the respiratory tract; and
- (iii) conducting continuous cleaning: disinfecting telephones, desks, keyboards and other work tools.
- **Maintain sound health standard procedures in the workplace by appointing a job coordinator responsible for COVID-19 issues and their impact on the workplace.**
- **Make sure that the rules on medical leave are flexible and consistent with public health guidelines in accordance with the legal provisions in force. This may include (i) giving additional days off for medical leave, (ii) implementing flexible regulations that allow employees to stay at home to care for sick family members or children whose schools and kindergartens have closed, and (iii) not requiring a positive COVID-19 test or a doctor's certificate for sick employees to take medical leave.**
- **Inform employees of how they can reduce the spread of COVID-19.**
- **Create rules and practices for social distancing such as avoiding large gatherings and maintaining a distance of at least 1.5 meters from others whenever possible. Employers may consider implementing the following strategies: (i) work from home, (ii) flexible working hours, (iii) increasing physical space among employees in the workplace, (iv) increasing physical space between employees and customers (for instance, serving customers through a drive-through window), (v) holding flexible meetings and travel options (virtual meetings, postponing meetings or non-essential events), (vi) reducing workplace activities to essential ones only, (vii) providing remote services (by telephone, video or web applications), and (viii) delivering by-products by mail rather than in person.**
- **Maintain a healthy working environment by improving ventilation systems.**
- **When official travel is necessary, stay updated on the areas where COVID-19 has**

spread and assess the benefits and risks associated with travel plans based on those assessments. Avoid sending employees who are most at risk for serious complications (for instance, older employees and persons with diabetes, kidney disease, heart disease and lung disease) to areas where COVID-19 is spreading. Employees who travel should be supplied with alcohol-based disinfectant in small bottles (less than 100 ml) and make sure they follow the instructions of local authorities. Employees returning from an area where COVID-19 is spreading should quarantine or isolate for 14 days upon arrival, according to the recommendations set by health experts.

These guidelines specify that some employees may be at greater risk for serious illnesses, such as older adults and those with chronic medical conditions. Therefore, in-person contact between these employees should be minimized or they should be assigned jobs that allow them to keep a distance of 1.5–2 meters from employees, customers, and visitors. They can also apply to work remotely if possible.

- **There are also special restrictions for the owners of premises:**
 - the maximum number of customers allowed is one person per 8 m²;
 - the owner is obliged to place a sign at the entrance notifying customers of the maximum number of persons allowed in the premise; and
 - The owner is obliged to implement measures to prevent and combat the spread of the infection.

27.4 Risk assessment, management and communication

“Interim Guidelines for the Application of Measures for Prevention and Combat of COVID-19 to be used by Public and Private Institutions in Kosovo” sets forth the main principles for risk assessment of COVID-19 in the workplace. The guidelines provide risk assessment and divide jobs into four risk exposure levels: very high, high, medium and lower risk. A risk level is assessed according to the type of job performed and the need for an employee to have close contact with persons who are known or suspected to be infected with COVID-19.

- **Very high exposure risk jobs are those with a high potential for exposure to known or suspected sources of COVID-19 through specific medical procedures, post-mortem examinations, or laboratory procedures. Workers in this category include:**

- healthcare workers (such as doctors, nurses, dentists and emergency nurses) performing intubations, bronchoscopies, some dental procedures, or invasive specimen collection on patients suspected or infected with COVID-19;
- healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients; and
- healthcare workers in a morgue performing autopsies on the bodies of people who are known or believed to have had COVID-19 at the time of their death.

- **High-risk exposure jobs are jobs with a high potential for exposure to known or suspected COVID-19 sources. Workers in this category include:**

- healthcare service providers and support staff (such as doctors, nurses, and other hospital staff who enter patients' rooms) exposed to known or suspected COVID-19 patients;

- medical transport workers (like ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles; and
- morgue workers involved in preparing for burial the bodies of people who are known or believed to have had COVID-19 at the time of their death.

- **Medium exposure risk jobs include those jobs that require frequent or close (2 meter) contact with asymptomatic persons with COVID-19.**

- In areas without ongoing community transmission, workers in this risk group may have frequent contact with travellers who return from international locations with widespread COVID-19 transmission.
- In areas where there is ongoing community transmission, workers in this category may have contact with the general public (for instance, at schools or large grocery supermarkets).

- **Lower exposure risk (caution) jobs are those jobs that do not require contact with people known to have, or are suspected of having, COVID-19, and that do not require frequent close (2 meter) contact with the general public. Workers in this category have minimal occupational contact with the public and other co-workers.**

► REFERENCES

- Avdimetaj, Teuta, Plator Avdiu, and Shpat Balaj. 2020. Between a rock and a hard place: Kosovo's challenges in dealing with the COVID-19 pandemic. Kosovar Centre for Security Studies.
- Banjska, Iliriana, David JJ Ryan, Nicole Farnsworth, Lirika Demiri, Liridona Sijarina, and Adelina Tërshani. 2019. Gender-based discrimination and labour in Kosovo. Kosovo Women's Network.
- Beqiri, Theranda. 2020. "Gender unemployment gap in Kosovo – Empirical study," Journal of Academic Research in Economics 12 (138-150).
- Beqiri, Theranda. 2020. "Health and Safety at SMEs." Quality: Access to Success 21, No. 177: 147.
- Cojocar, Alexandru, Mohammed Ihsan Ajwad, Reyes Aterido, Jieun Choi, Agim Demukaj, Francesca Lamanna, David Keith De Padua, Carly Petracco, and Michael Webber. 2017. "Jobs diagnostics – Kosovo." Jobs Series (the International Bank for Reconstruction and Development and the World Bank)
- Curri, Minir and Milan Petkovski. 2018. Occupational Safety and Health – Study of Kosovo (Project "Increasing capacities and strengthening of the role of the regional CSOs for improvement of the labor conditions and dialogue with Public Institutions"), Macedonian Occupational Safety and Health Association.
- European Commission. 2020. Commission Staff Working Document: Kosovo 2020 Report.
- Gjocaj, Shqipe. 2018. "The silent struggle of breastfeeding mothers," Pristina Insight, 6 October 2018.
- Hodolli, Gezim, Sehar Kadiri, Gazmend Nafezi, Meliq Bahtijari, and Konstandin Dollani. 2016. "External individual monitoring of radiation workers in Kosovo," Journal of Environmental Science, Computer Science and Engineering & Technology 5(2): 165–168.
- Hoti, Afrim. 2011. Respect and Protection of Labour Rights in Kosovo. Decent Work Balkan Network - Putting Equality and Solidarity at the heart of EU integration.
- Jovevski, Lazar, Milan Petkovski, and Slavica Jankova. 2018. Regional Occupational Safety and Health Study of the Western Balkan Countries (Project "Increasing capacities and strengthening of the role of the regional CSOs for improvement of the labor conditions and dialogue with Public Institutions"), Macedonian Occupational Safety and Health Association.
- Kosovo, Government of Kosovo. 2016. National Development Strategy 2016–2021.
- Kosovo, Labour Inspectorate of Kosovo. 2016. Strategic development plan for period 2017–2021.
- Kosovo, Ministry of Labour and Social Welfare. 2017. Sectoral strategy 2018–2022.
- Kosovo, Office of the Prime Ministry, Kosovo Agency of Statistics. 2020. Statistical Yearbook of Kosovo 2019, 2020.
- Morina, Naim, Arsim Haliti, Ali Iljazi, Drita Islami, Sadi Bexheti, Adnan Bozalija, and Hilmi Islami. 2018. "Comparison of Effect of Leukotriene Biosynthesis Blockers and Inhibitors of Phosphodiesterase

Enzyme in Patients with Bronchial Hyperreactivity," Open Access Macedonian Journal of Medical Sciences 6 (5): 777–781.

- Murtezani, Ardiana, Zana Ibraimi, Ela Petrela, Merita Berisha, and Teuta Osmani. 2012. "Low back pain among Kosovo power plant workers: A survey," Italian Journal of Public Health 9 (4): e8661.1–e866.7.
- Vuniqi, Luljeta, Sibel Halimi, Luljeta Demolli, and Ilir Miftari. 2011. Impact of the Labor Law on Women in Kosovo. Kosovar Center for Gender Studies.
- Zeka, Etida, Premton Hyseni, Julia Leuther, Gent Beqiri, Lumir Abdixhiku, Alban Hashani, and Agon Nixha. 2013. To pay or not to pay – a business perspective on informality in Kosovo. Instituti Riinvest.
- Zhenelaj, Rilind and Xhevat Shkodra. 2012. Occupational health in Kosovo.

► Annex 1. List of transposed EU OSH Directives in Kosovo (as of 31 December 2020)

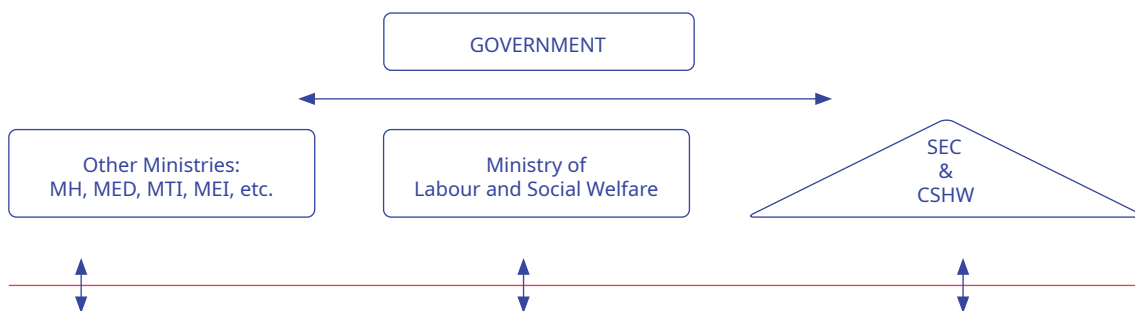
	OSH Legal Act/Regulation in Kosovo	Transposed EU Directive
1	Law No. 04/L-161 on safety and health at work	Framework Directive 89/391/EEC
2	Regulation (MLSW) No. 4/2014 on the minimum safety and health requirements for the workplace ; Amendment: Regulation (MLSW) No. 01/2020 on amending and supplementing the regulation (MLSW) No. 04/2014 on minimum safety and health requirements for the workplace	89/654/EEC of 30 November 1989 concerning the minimum safety and health requirements for the workplace (first individual directive)
3	Regulation (MLSW) No. 5/2014 on the minimum safety and health requirements for the use of work equipment by workers at the workplace; Amendment: Regulation (MLSW) No. 02/2020 on amending and supplementing the regulation (MLSW) No. 05/2014 on minimum safety and health requirements for the use of work equipment by workers at the workplace	Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at the workplace (second individual directive)
4	Regulation (MLSW) No. 2/2016 on the minimum safety and health requirements for the use of personal protective equipment at the workplace	Directive 89/656/EEC of 30 November 1989 on the minimum health and safety requirements for the use of personal protective equipment at the workplace (third individual directive)
5	Regulation (MLSW) No. 3/2016 on the minimum safety and health requirements for the protection of employees regarding the manual handling of loads	Council Directive 90/269/EEC of 29 May 1990 on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers (fourth individual directive)
6	Regulation (MLSW) No. 4/2016 on the minimum requirements for the provision of safety and health signage at work	Directive 92/58/EEC of 24 June 1992 on the minimum requirements for the provision of safety and/or health signs at work (ninth individual directive)
7	Regulation (MLSW) No. 6/2016 on the minimum safety and health requirements for work with display screen equipment	90/270/EEC of 29 May 1990 on the minimum safety and health requirements for work with display screen equipment (fifth individual directive)
8	Regulation (MLSW) No. 5/2016 on the minimum requirements regarding the occupational safety and health of employees at risk from explosive atmospheres	Directive 1999/92/EC of the European Parliament and of the Council of 16 December 1999 on the minimum requirements for improving the safety and health protection of workers potentially at risk from explosive atmospheres (fifteenth individual directive)
9	Regulation (MLSW) No. 1/2017 on the protection of employees from risks related to vibration at the workplace	Directive 2002/44/EC of the European Parliament and of the Council of 25 June 2002 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (vibration) (sixteenth individual directive)

10	Regulation (MLSW) No. 2/2017 on the protection of employees from risks related to noise at the workplace	Directive 2003/10/EC of the European Parliament and of the Council of 6 February 2003 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (noise) (seventeenth individual directive)
11	Regulation (MLSW) No. 6/2017 on the minimum requirements for safety and health protection of workers at temporary or mobile construction sites	Council Directive 92/57/EEC of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile construction sites (eight individual directive)
12	Regulation (MLSW) No. 7/2017 on the protection of employees from risks related to exposure to asbestos at work	Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work
13	Regulation (MLSW) No. 10/2017 on the safety and health protection of employees from risks related to chemical agents at work	Council Directive 98/24/EC of 7 April 1998 on the protection of the health and safety of workers from the risks related to chemical agents at work (fourteenth individual directive), Directives 91/322/EEC, 2000/39/EC, 2006/15/EC, 2009/161/EU on the lists of indicative exposure limit values
14	Regulation (MLSW) No. 4/2017 on the protection of employees from risks concerning carcinogens and mutagens at work	Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work (sixth individual directive)
15	Regulation (MLSW) No. 5/2017 on the protection of employees from risks relating to exposure to biological agents at work	Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work (seventh individual directive)
16	Regulation (MLSW) No. 3/2017 on the prevention of sharp injuries at workplaces in the hospital and healthcare sector	Directive 2010/32/EU of 10 May 2010 implementing the Framework Agreement on the prevention of sharp injuries in the hospital and healthcare sector
17	Regulation (MLSW) No. 9/2017 on the protection of employees from risks related to optical radiation	Directive 2006/25/EC of the European Parliament and of the Council of 5 April 2006 on the minimum health and safety requirements regarding the exposure of workers to risks arising from physical agents (artificial optical radiation) (nineteenth individual directive)
18	Regulation (MLSW) No. 8/2017 on the protection of employees from risks related to electromagnetic fields	Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) (eighteenth individual directive)
19	Draft regulation on the minimum requirements for safety and health protection of workers in surface and underground mining activities , drilling and certain other mining activities, expected to be adopted by the government	Council Directive 92/91/EEC of 3 November 1992 concerning the minimum requirements for improving the safety and health protection of workers in the mineral-extracting industries through drilling (eleventh individual directive), Council Directive 92/104/EEC of 3 December 1992 on the minimum requirements for improving the safety and health protection of workers in surface and underground mineral-extracting industries (twelfth individual directive)
20	Draft regulation on the protection of employees and other workers exposed to ionizing radiations , expected to be adopted by the government	Directive 2013/59/Euratom laying down the basic safety standards for protection against the dangers arising from exposure to ionizing radiation, repealing Directives 89/618/Euratom, 90/641/Euratom, 96/29/Euratom, 97/43/Euratom and 2003/122/Euratom

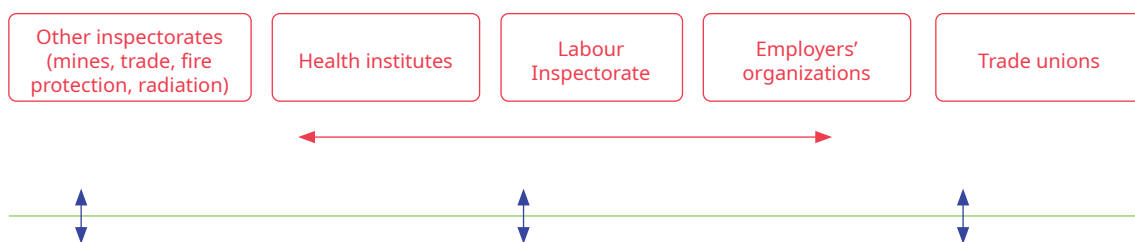
► Annex II: OSH institutional framework

The following institutional framework is adapted from the draft “Intersectoral Strategy on Safety and Health at Work 2021 – 2026 and Action Plan 2021 – 2023,” elaborated by the MLSW and the project “Support to Labour Inspectorate for fighting against undeclared work” (EuropeAid/138633/DH/SER/XK), released in November 2020.

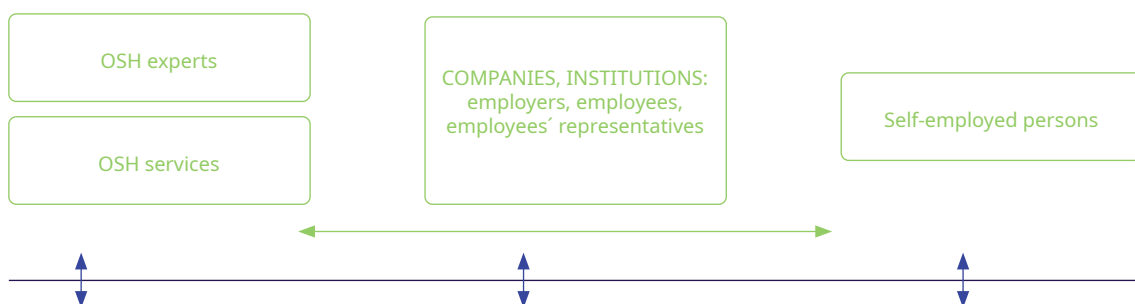
Policy-planning level



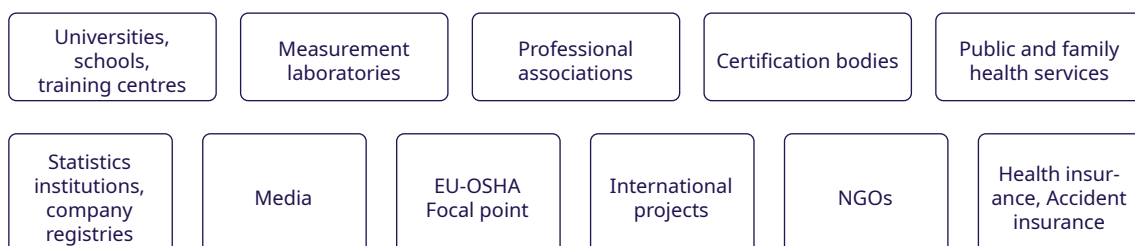
Enforcement and promotion level



Implementation level



Infrastructure level





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