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Strategic Innovative Educational Network
for Healthy Ageing

Kosovo

Country Profile on Healthy Ageing 2021



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Country profiles series

SIENHA is a European research project carried out by different universities whose aim is to support healthy ageing among European countries through the competence development of social and healthcare professionals.

Country Profiles provide an overview of the SIENHA project based on each partner country's situation regarding healthy ageing, including demographics and epidemiology, health status, health system and population needs. These profiles aim to provide context and highlight specific needs of each partner with the subsequent purpose of translating these results into future competencies.

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The data and information in these Country Profiles are based, mainly on European official statistics provided by the Eurostat, WHO, OECD, and Global Health Data Exchange to ensure data comparability. This information has also been complemented by the national statistics institutes of each country.

1. Demographic and socioeconomic context

The population in Kosovo increased by 0,06% between January 2020 and January 2021, reaching 1,935,259 inhabitants. The distribution of the population by age group and gender is shown in Figure 1.

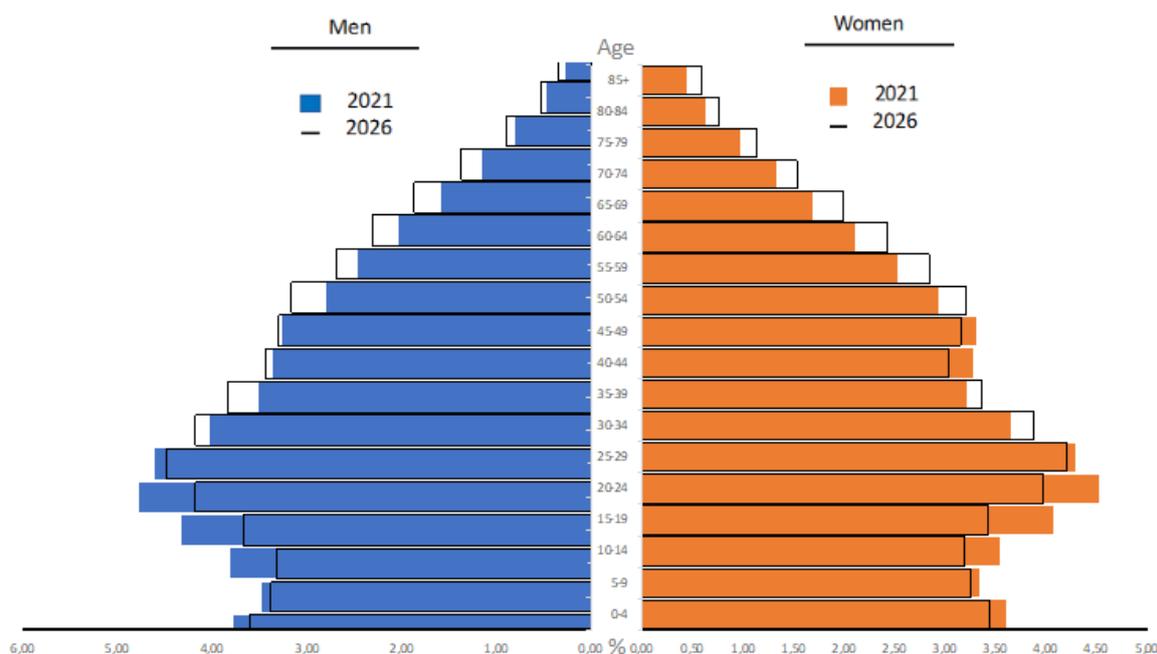


Figure 1: Demographic pyramid of Kosovo population in 2021 and its projection for 2026.

Kosovo's population has one of the lowest life expectancies compared to other European countries. In 2018, the EU's overall life expectancy was 81 years, with over two-thirds of EU countries exceeding 80 years (e.g., Spain and Italy had the highest life expectancy among EU countries in 2018, with over 83 years of life expectancy), while life expectancy in Kosovo is still around 72 years (see Figure 2).

Nevertheless, life expectancy increased rapidly and steadily in Kosovo, increasing by 3.6 years per decade on average, while EU countries have increased by 2.6 years. The gains in life expectancy in Kosovo have increased during the years 2011 and 2018, while they have been limited to only half a year in Spain, France and Germany during this period of time.

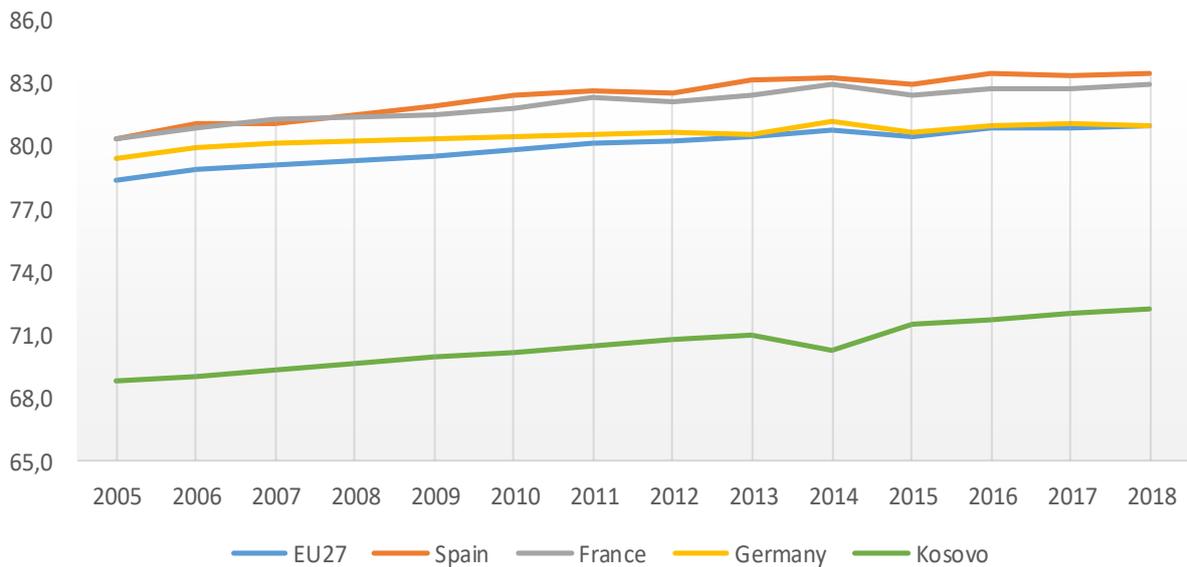


Figure 2: Life expectancy at birth from 2005 to 2018 in EU, Spain, France, Germany and in Kosovo, in years.

In 2019, the female and male life expectancies in Kosovo were 74.8 and 70.3 years, respectively. In comparison to Europe, the life expectancy at birth in Kosovo differs relatively more in the case of women: 82 years for females (Europe) vs. 75 years for females (Kosovo); 75 years for males (Europe) vs. 70 years for males (Kosovo). Furthermore, Kosovo's life expectancy is relatively more similar to that of Eastern European countries (69 years for males and 79 years for women, Figure 3), compared to the life expectancy of other European areas such as Northern, Western, and Southern.

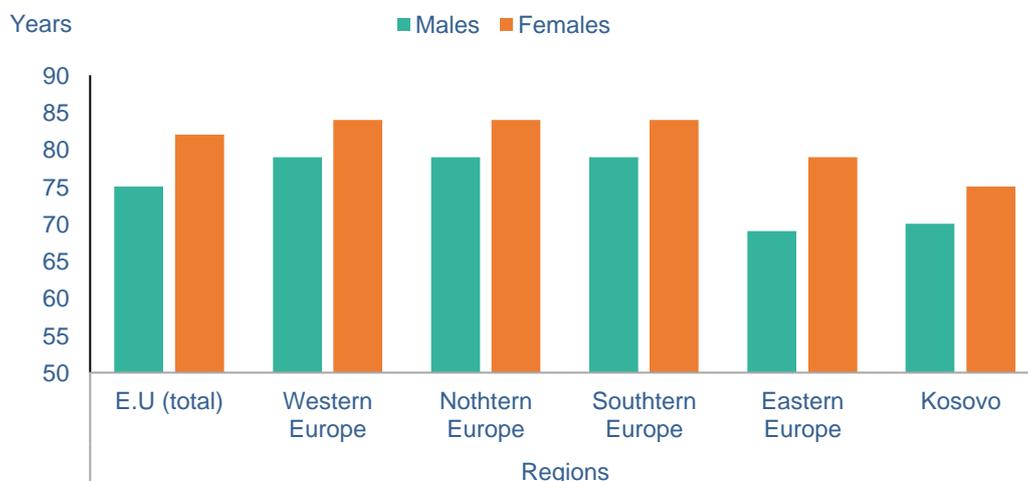


Figure 3: Average life expectancy in Europe for those born in 2020 by gender and Region (in years).

Kosovo's fertility rate is decreasing, 1.97 children per woman in 2019; and it seems to follow what was predicted in a report edited in 2017 by the Kosovo agency of statistics.

Adjusted gross household disposable income (2019)	4,284€ a year (357 euros monthly)
Unemployment rate (2020) between 15-64 years	25,7 %
Degree of urbanization	38%

Table 1. Socioeconomic characteristics.

Less than one sixth of the population has only a basic level of education

The total percentage of the population who have completed the lower primary level of education is 37.1%, whereas 29.4% have completed the middle primary level.

Regarding high school and university, 21.6% and 11.9% of students have completed them, respectively.

The level of education has been widely agreed to be in positive relationship with that of health wellbeing. Moreover, it has been shown that low level of education is associated with poor self-management, lower self-reported health status, reduced usage of health care services, and higher healthcare costs.

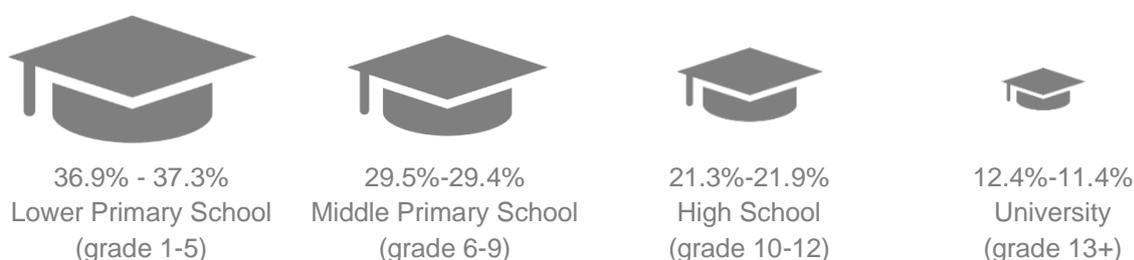


Figure 4. Percentage of population who have completed the respective levels of education by gender (male-female) 2020.

2. Health status

Self-reported health decreases markedly since adult middle age

The self-perception of good health differs across age groups in Kosovo's mainly young population. It begins to decline around the age of 45, while less than one-fourth (23.6%) of its population reaching the end of their lives (75 years or above) with a good perception of health.



Figure 5: Self-reported health by age group.

The main causes of death in Kosovo follows a similar pattern to that of European countries, including but not limited to: circulatory diseases (first place), cancer (second place), and respiratory diseases (third place).

Kosovo is one of the countries that has a lower mortality rate of the European countries with 5.3 and 10.4 (per 1,000 inhabitants) in 2019 in Kosovo and EU countries, respectively. Circulatory diseases, cancers, and respiratory diseases are at the top of the list of diseases, which cause the most deaths when compared to other causes of mortality (Figure 6).

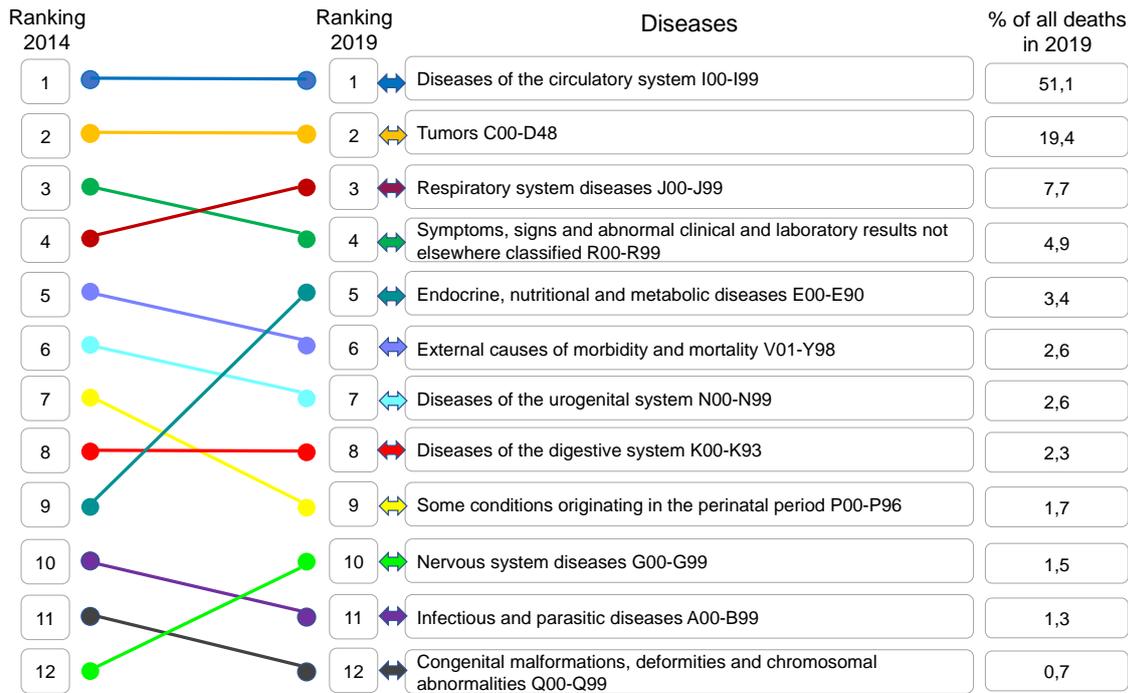


Figure 6: Ranking and evolution of the diseases in Kosovo between 2014 and 2019.

As it can be seen in Figure 7, the mortality level due to respiratory diseases in Kosovo is significantly lower (four times lower) than the average of European countries (15.6 and 75 deaths per 100,000 inhabitants in Kosovo and European countries, respectively).

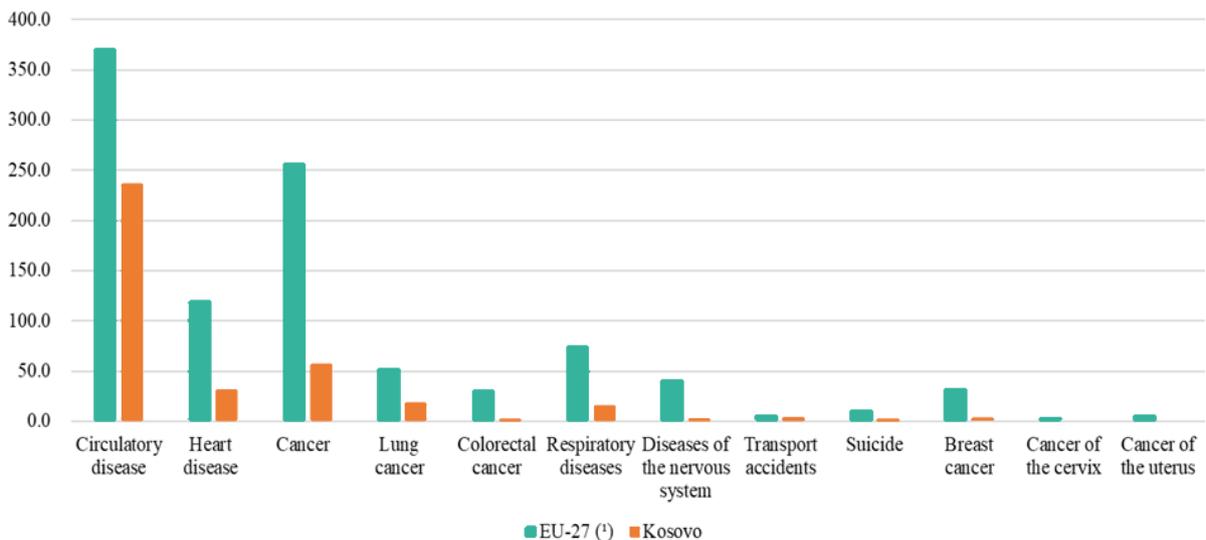


Figure 7: Causes of death-standardized death age in 2018 (per 100,000 inhabitants)

The data for the following indicators are partially or not available by the respective institutions in Kosovo:

- (1) NCD Deaths in Kosovo: DM2 prevalence was 8,25% in 2016; CVD reached 4849 cases in 2019; cancers reached 1031 cases in 2020; respiratory diseases were 281 cases in 2020 and for mental health, 4 cases have been reported.
- (2) Health Risk Factors in Kosovo: hypertension remains on the top of the list, with 3950 cases in 2019, and 51,5% of the population, followed by the tobacco consumption, with 41% of the population.
- (3) Diabetes in Kosovo: data are not available.

Health care professionals

The number of registered health care professionals in Kosovo in 2019 increased by 10.7% in comparison to the previous year.

The proportion of registered health-care providers differs across health disciplines. In 2019, nurses had the highest rate (9.13 per 1,000 inhabitants), followed by doctors (2,26) and dentists (1.62), while physiotherapists (0.22) and pharmacists had the lowest rates (0,7) (Table 2). Rates for two professions increased slightly between 2018 and 2019, to nurses (+0.05) and doctors (+0.01). However, rates for dentists and physiotherapists remained unchanged. Finally, rates for pharmacists decreased only slightly (-0,01).

Professionals	2018		2019	
	Number	Per thousand inhabitants	Number	Per thousand inhabitants
Doctors	3,616	2.01	4,244	2.26
Nurses	12,194	6.79	16,398	9.13
Dentists	1,554	0.86	1,554	0.86
Physiotherapists	405	0.22	405	0.22
Pharmacists	1,472	0.82	1,257	0.7
Total	19,241	10.72	23,858	13.29

Table 2: Number of healthcare professional in Kosovo in 2019.

3. Health system

The Kosovo Ministry of Health, which was established in February 2002, is responsible for policy development, strategic planning, licensing, quality assurance, and budgeting, in collaboration with the National Institute of Public Health. Its principal responsibility is to oversee, manage, and assist all levels of healthcare.

The public health care system in Kosovo is designed based on the Semashko model. It consists of the three main categories of health care: Primary, Secondary and Tertiary.

The primary healthcare services (early stages of prevention, diagnostics, and medical counselling, as well as dental care for its citizens) are provided by the Family Medicine Centres (FMCS) and Family Medical Points (PMF), located in every urban and rural areas.

As far as the secondary health care services (diagnostics, dental treatment, mental health services, blood transfusions, a spectrum of therapeutic treatments ranging from physical therapy to speech therapy, and emergency transportation) are concerned, they are provided in both inpatient and outpatient settings by the Regional Hospitals, located in 7 relatively larger urban areas (cities).

The tertiary healthcare sector, specialized in inpatient treatment and emergency care, comprises of 31 clinics and health care institutes. The central unit is that of the University Clinical Centre of Kosovo at UCCK, located in Pristina, the capital city of Kosovo. The UCCK is the only institution that provides advanced medical services. Besides, the National Institute of Public Health of Kosovo (NIPHK) is responsible for providing continuous and sustainable programs for the preservation and promotion of health, the reduction of environmental risks, early detection and monitoring of diseases, and represents the primary source of medical data.

In addition, numerous local and international private clinics and hospitals provide a wide variety of health services at the three above mentioned levels. Despite being relatively more expensive than public health clinics, they represent the preferred choice for those seeking medical treatment. Such an outcome is argued to evolve primary healthcare services due to the higher quality of services offered by the private health care organisations, followed by difficulties in accessing the respective health services from the public ones.

Health care expenditures

Kosovo invests significantly less budget in health than other countries in the region (i.e., Montenegro and North Macedonia invest around 8%, while Kosovo around 4 % of the GDP).

Furthermore, when compared to other European nations, Kosovo is one of the countries in the region/Europe with the lowest proportion of GDP spent on health, but it is improving public sector spending on population health.

The estimated health expenditures per capita in Kosovo in 2017 was nearly twelve times lower than that of the European level, 1,990 euros spending the equivalent of 158 euros/annually per capita (2017). The total health expenditures of Kosovo along with capital expenditures were 185,927.9 million € in 2020.

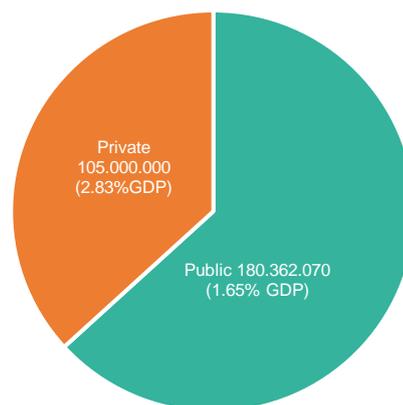


Figure 8. Kosovo health expenditures relative to its GDP in 2017, by sector (in Euro)

In comparison to other European countries, the Government of Kosovo invests the lowest

percentage of local GDP in public health. The majority of countries in the region spend approximately 6% of their GDP on healthcare.

In view of the low local capital investments made in Kosovo, this fact indicates that health care has not been treated a top priority and does not meet the needs of the population.

There is no data available in Kosovo on the percentage of health expenditure dedicated to prevention. However, there is a percentage that is assigned to rehabilitation. Rehabilitation centres account for 7.47 % of private health expenditures. When we compare the amount allocated to rehabilitation to the total expenditure in the country, this percentage drops from 7,47% to 2,71% (for the private healthcare expenditures and the total healthcare expenditures, respectively).

In 2019, the total draft-budget for the Ministry of Health (MH), Kosovar Hospital and University Clinic Service (KHUCS) and Municipality Healthcare Grant was around 225.6 million euros, with an increase of 31 million (16%) in comparison to 2018 (see Figure 9). In

terms of the MH and KHUCS budget, economic categories to increase the most were those of capital expenditure (a growth of 11.7 million euro, or 47%) and goods and services (11.5 million euro, or 25%). In order to reduce costs per service, the European Commission is demanding that the value of resources allocated to the health sector be enhanced.

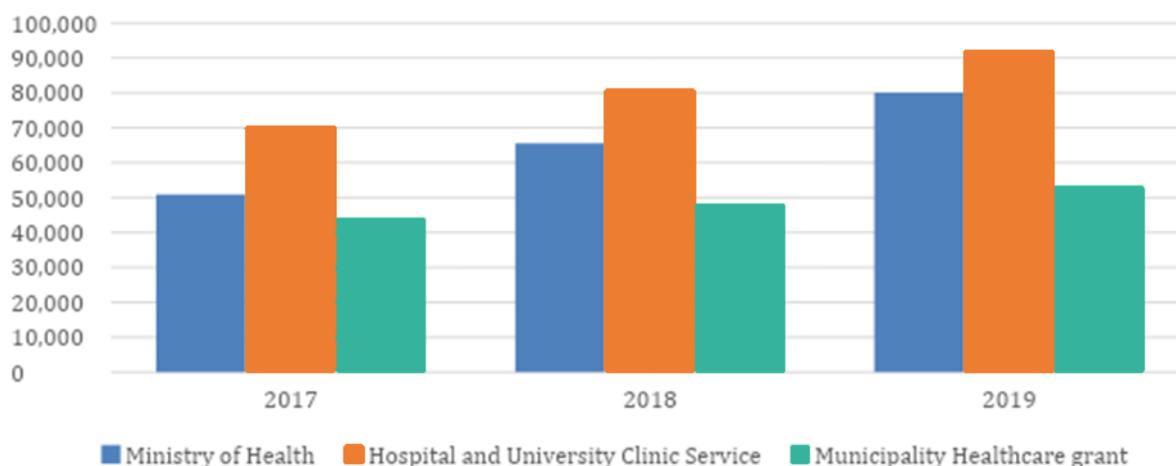


Figure 9: Healthcare Budget in Kosovo from 2017 to 2019 in HM, HUCS and Municipality healthcare (in thousand EUR).

According to a report published in 2019 by the KAS, around 30% of healthcare expenditure in 2017 was funded by residents personally. Given that, citizens of Kosovo were ought to use their own income to cover the health care costs. The out of pocket share in funding the health care costs applicable for Kosovo citizens is estimated to be twice to that of EU citizens.

Despite an increase in GDP, Kosovo spends roughly 3.8 percentage points less on healthcare than EU members (see Figure 10).

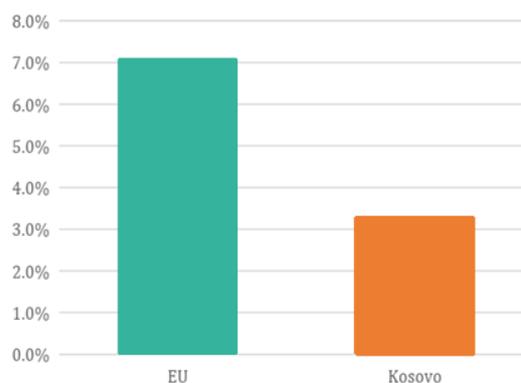


Figure 10: Healthcare expenditure (% GDP) in 2019 in Kosovo and EU Countries.

Nota Bene:

Since 2014, Kosovo has started compiling a Health Expenditure Report (using HAPT software). From 2009, the Kosovo Agency of Statistics has been reporting to the European Commission, EUROSTAT, MCC, OECD, and the United Nations. National Health Accounts Report is compiled according to the System of Health Accounts (SHA) 2011 methodology, although in Kosovo we do not yet use all codes,

as the structure of health expenditure has not yet been specified to the smallest details (example: medicine expenditure per each hospital inpatient or outpatient, by age, sex and region). We view this as an issue when it comes to giving comprehensive data on annual health-care expenses.

4. Key findings and population needs

Kosovo is one of the European countries that has the lowest life expectancy. However, according to the tendency over the last decade, it seems to be improving. The life expectancy increased by 2.6 and 2.5 percentage points for male and female, respectively from 2009 to 2019.

According to World Bank databases, the fertility rate, which was fairly high (2.65 children per woman), in 2005-2006 began to decline rapidly and dropped below 1.95 children per woman in 2020. We suppose that these two measures (life expectancy and fertility rate) will have a direct impact on health system, in terms of increasing the healthcare needs and therefore it would affect the adjustment of the healthcare system to an older population.

Although mortality and morbidity are also one of the lowest compared to other European countries, circulatory diseases, cancer, and respiratory diseases remain the main challenges of Kosovo's Healthcare system. A lot of data about risk factors is missing today, but we can easily suppose that with the increasing life expectancy, risks to develop some diseases could also increase. Thus, it appears necessary to change and improve the healthcare system through the development of innovative preventive methods which would be adapted to age groups.

The Semashko health-care system is used in Kosovo. However, this healthcare system does not provide comprehensive coverage to all members of the population. To address these issues, the WHO warned in 2017 that the percentage of out-of-pocket health spending would require in future strong pro-poverty policies to achieve adequate financial coverage. Moreover, the budget for rehabilitation care is the lowest of all health sectors in Kosovo. These findings and the ones mentioned in the previous paragraphs, highlight the need for more investment on the whole healthcare system in our country.

To conclude, even though Kosovo has a long way to go in terms of improving its healthcare system and residents' living standards, the country has demonstrated an amazing ability to improve throughout its history.

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