

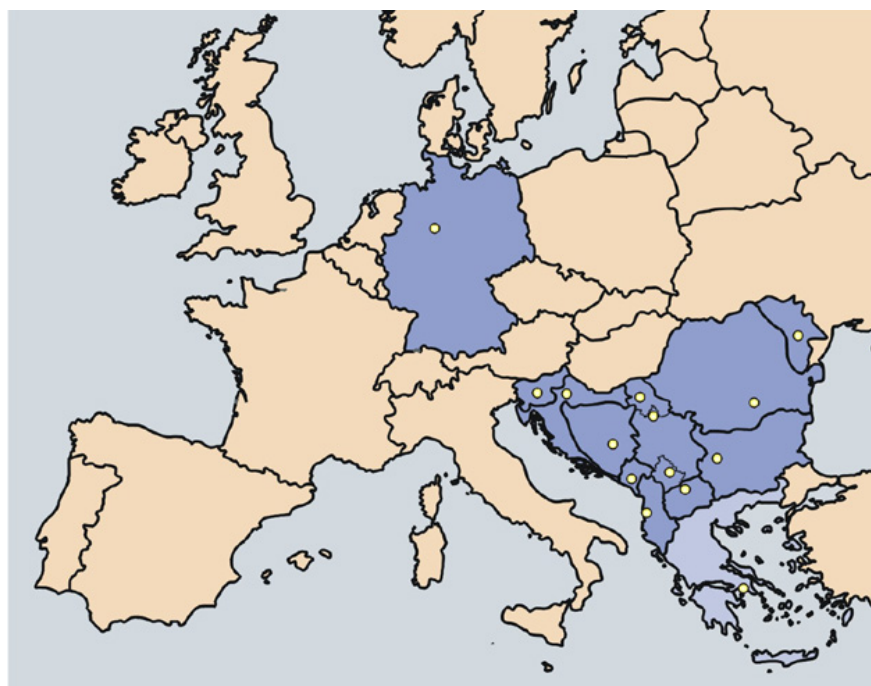


**Public Health Collaboration in South Eastern Europe  
(PH-SEE)  
Programmes for Training and Research in Public Health**



**STABILITY PACT  
FOR SOUTH EASTERN EUROPE**

# **MINIMUM HEALTH INDICATOR SET FOR PH-SEE COUNTRIES**



**SECOND REPORT**

**Bielefeld, 2005**

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## **Summary**

The Minimum Health Indicator Set (MHIS) was developed for all 10 countries of South Eastern Europe during the years 2001-2003. The objective was to establish an indicator set with 30 health indicators allowing comparability between the countries of South Eastern Europe. In 2003, a pilot phase was carried out. The results of the pilot phase showed that 2/3 of the 30 indicators were suited to describe the after-war situation in a satisfactory way. A regionalisation of the indicators was not intended.

8 indicators were not suited or the data were not comparable or available. 8 indicators were replaced. The analysis of the indicators used during the pilot phase showed that the development of the health status and health system can be evaluated with a limited number of indicators which reflect all relevant areas (population, morbidity, mortality, health institutions).

The data were taken from the Health for All Database of the WHO Regional Office for Europe for the years 1996-2000. This MHIS seems to be a good model for the training of students and postgraduates to use and interpret an indicator set. Otherwise it would be very important to use the MHIS in continuation for evaluating the further development of the health status and health care situation in South Eastern Europe.

But the SEE-countries have started to use their self-developed indicator sets or they use the Millenium Goals and Indicators proposed by the United Nation.

We decided to follow up the revised Minimum Health Indicator Set with 30 indicators (8 of which are replaced) for the years 2000-2005. At least 22 indicators have not been changed, we can analyse 10 years for trend development and forecasting.

The second report follows the structure of the first report. Additionally, we added a trend analysis of 7 important indicators for all SEE-countries for the years 1990-2003.

The authors prefer an analysis of the data up to the year 2005, but this seems to be unrealistic.

The main result of this second report is a positive one. The deterioration of the health status has been stopped. Life expectancy is increasing, infant mortality is decreasing, measles incidence is on a very low level due to high immunization coverage. Tuberculosis incidence is too high in some of the SEE-countries and the range of figures between MIN and MAX values increased in the SEE-countries between the years 2000 and 2003.

The health care facilities – hospitals – have reduced the number of hospital beds and the average length of stay to a level which has fallen below the European (25 Member States) level. The number of physicians has not increased significantly over the last years.

Monitoring the ongoing amelioration of health status and health care is an important practice field for undergraduate and postgraduate students.

But the most important target of the first and second report is the evaluation of the situation in each of the SEE-countries and comparison between each other. This requires good data quality and comparable definitions.

# **1 Introduction**

1.1 History of the Minimum Health Indicator Set (MHIS)

1.2 Results of the pilot phase

## 1.1 History of the Minimum Health Indicator Set (MHIS)

The Minimum Health Indicator Set (MHIS) was launched in February 2001 at the first international conference on Public Health Collaboration in South Eastern Europe (PH-SEE). The objective of the MHIS was to establish an indicator set of 30 health indicators, intended to allow comparability between the countries of South Eastern Europe with regard to the development of the health status of their populations and health care systems. It was therefore decided to commission a task force with the drawing up of an indicator set corresponding to the situation in the SEE countries.

The task force was made up of the following PH-SEE members:

- Doris Bardehle, Germany
- Genc Burazeri, Albania
- Doncho Donev, Macedonia and
- Ulrich Laaser, Germany.

In the same year, the draft of a *Minimum Health Indicator Set* was presented at the second conference of the PH-SEE Network. At this conference, the indicators were discussed and accepted by all members. In 2002, the decision was made "to establish a meta database with information on the indicator definitions, accessibility and reliability"(1).

At the second PH-SEE Summer School in July 2002, the existing data were completed and analysed as part of a public health training course. During the Summer School, students entered the data in tables, using the WHO Health-for-All data set as a basic data set and completing it with country-specific data.

## 1.2 Results of the pilot phase

The results of the pilot phase clearly showed that 2/3 of the 30 indicators were suited to describe the after-war situation in a satisfactory way. The main objective of the Minimum Health Indicator Set was to define key indicators describing the situation specifically with regard to the health status of the population. The monitoring of changes such as for example the improvement or deterioration of indicators as a marker of the situation in the individual SEE countries was also an important objective of the indicator set. A regionalisation of the indicators such as for example at district level was not intended (1).

The analysis of the pilot phase indicators has, however, revealed two problems: firstly, the quality of some data is or seems to be insufficient. Secondly, some of the selected indicators are not suited for country comparisons since corresponding data were only available in some of the 10 countries involved. On the other hand, it turned out that indicators important in terms of health policy were missing (1).

The final conclusion drawn was that 22 of a total of 30 indicators were a good reflection of the health status and situation in health care in the SEE countries. Due to the poor data situation it was decided to replace 8 indicators so that the indicator set again reached the original number of 30 indicators. The analysis of the indicators used during the pilot phase showed that the development of the health status and health system can be evaluated with a limited number of indicators provided the quality of data corresponds to the requirements and the indicators reflect the relevant areas (mortality, morbidity and health institutions) (1).

## **2 Methodology**

2.1 List of the Minimum Health Indicator Set (MHIS)

2.2 Data collection and meta data

2.3 Quality of data

2.4 Completeness of data

## 2.1 List of the Minimum Health Indicator Set (MHIS)

Compared with the 2003 pilot phase (1), 8 indicators have been added. In the following list, the new indicators are printed *in italics*. These new indicators are intended to describe the situation in the SEE countries in a better way than the 8 indicators which have been dropped from the indicator list.

Indicator	Description	HFA-DB No.
01	% of population aged 65+ years	0030 999902
02	<i>Live births per 1,000 population</i>	<i>0060 998004</i>
03	<i>Unemployment rate in %</i>	<i>0200 020501</i>
04	Life expectancy at birth, in years, male	1011 060101
05	Life expectancy at birth, in years, female	1012 060101
06	Infant deaths per 1,000 live births	1110 070100
07	<i>Perinatal deaths per 1,000 births</i>	<i>1170 070403</i>
08	Maternal deaths per 100,000 live births	1210 080100
09	<i>Maternal deaths, abortion per 100,000 live births</i>	<i>1211 080101</i>
10	<i>SDR, all causes, all ages per 100,000, male</i>	<i>1811 990102</i>
11	<i>SDR, all causes, all ages per 100,000, female</i>	<i>1812 990102</i>
12	SDR, diseases of circulatory system, all ages per 100,000, male	1321 090102
13	SDR, diseases of circulatory system, all ages per 100,000, female	1322 090102
14	SDR, malignant neoplasms, all ages per 100,000, male	1521 100102
15	SDR, malignant neoplasms, all ages per 100,000, female	1522 100102
16	SDR, external cause injury and poison, all ages per 100,000, male	1721 110102
17	SDR, external cause injury and poison, all ages per 100,000, female	1722 110102
18	SDR, infectious and parasitic disease, all ages per 100,000, male	1821 993002
19	SDR, infectious and parasitic disease, all ages per 100,000, female	1822 993002
20	Tuberculosis incidence per 100,000 (population)	2010 040301
21	<i>Measles incidence per 100,000 (population)</i>	<i>2080 050111</i>
22	<i>Diphtheria incidence per 100,000 (population)</i>	<i>2100 050113</i>
23	Hospital beds per 100,000 (population)	5050 270205
24	Physicians per 100,000 (population)	5250 270201
25	General practitioners (PP) per 100,000 (population)	5290 992733
26	Dentists (PP) per 100,000 (population)	5300 270203
27	Average length of stay, all hospitals, (in days)	6100 992901
28	Total health expenditure as % of gross domestic product (GDP)	6710 340102
29	% of infants vaccinated against diphtheria (1 <sup>st</sup> year of life)	7160 280101
30	% of infants vaccinated against poliomyelitis (1 <sup>st</sup> year of life)	7200 280105
Background information	Male population by 5-year age groups (31 Dec./average)	
	Female population by 5-year age groups (31 Dec./average)	

PP = Physical Persons

The numbering of the indicators has been taken over from the HFA 21 database. The indicators are assigned to the following topics of the WHO database:

Demographic and socio-economic indicator:	3 indicators 2 background indicators
Mortality-based indicators	16 indicators
Morbidity, disability and hospital discharges	3 indicators
Lifestyles	0 indicators
Environment	0 indicators
Health care resources	4 indicators
Health care utilization and expenditure	2 indicators
Maternal and child health	2 indicators

The indicator list provides for a gender-specific structure of the indicators. Therefore the number of mortality-based indicators increases to 16, compared to 12 indicators from the pilot phase.

The indicator "coverage of all vaccinations in children up to one year of age (%)" could not be continued in this form since WHO lists each individual vaccination as an indicator: tetanus, diphtheria, pertussis, measles, poliomyelitis. Therefore the proposal was made to leave only two vaccinations (coverage) in the indicator set and to use incidence rates for measuring the efficiency of vaccinations. The incidence of measles and diphtheria is a criterion for measuring the efficiency of vaccinations in children.

All indicators will also in future be listed together with the EU average of the 25 Member States; the listing of minimum and maximum values has also proved to be useful and will be maintained.

Over the last years, the European Union has developed a strategy on European Community Health Indicators (ECHI), intended to lead to a coordinated indicator set (ECHI II, Short List and Comprehensive Indicator List) between all EU Member States and accession countries by the year 2008. The shortlist indicators to the greatest possible extent correspond to the data of the WHO-DB and of the OECD database (2). Quantified data on the shortlist are not yet available.

## **2.2 Data collection and meta data**

The data, on which the analysis is based, have been taken from the "European Health For All database" (HFA-DB) provided by WHO/Europe. The analysis refers to the June 2004 version. The data are being administered and updated by WHO in cooperation with institutions in the individual countries. The data differ with regard to the date of their last entry. The meta data descriptions have been taken over from the "definitions", country-specific entries have been adopted literally.

Additional data can be taken over from the reports of the European Observatory on Health Care Systems of the SEE countries of Albania (3), Bosnia and Herzegovina (4), Bulgaria (5), Croatia (6), Greece (7), Moldova (8), Romania (9), Slovenia (10), FYR of Macedonia (11). The listing of the available country analyses is included in the reference list. Data in the country reports often deviate from the data stored in the WHO-db, corresponding footnotes should therefore be made.

## **2.3 Quality of data**

The data quality of some countries is not as good as it could be. A major criterion for data deviations are unreliable population figures but also inadequate quality of official data in some SEE countries. Many indicators were recalculated after the conducted national census, so that over the years 1999 – 2002, the time period when the census was carried out, trend breaks can be observed for the SEE countries.

Inadequate population data have over the last years led to the fact that some of the indicators which include calculated proportions (which are related to the population) were not suited for a comparison between SEE countries because distortions occurred. Zaletel-Kragelj et al. (12) describe that indicators are not comparable due to incorrect population data.

This also applied to indicators from Albania. Bardehle et al. (13) analysed data from the Albanian population and mortality statistics. In Albania, too low population statistics (denominator) resulted in high life expectancy and low mortality figures which again led to wrong conclusions with regard to existing problems "of the situation in health status and health care".

Detailed information on the indicators and, as far as available, on the quality of data can be found under definitions in section 3.1 "Indicators and meta data description for SEE countries, 2000-2004".

## **2.4 Completeness of data**

The data are not complete for each individual indicator. For the period under review (2000-2004) values are missing, a fact which can be explained by inadequate and/or perhaps missing data supplies to WHO. As for the years 1996-2000, data for Bosnia-Herzegovina are also missing for the years 2001-2003. In the same way, standards for data collection in Europe are missing for many indicators, leading to incomplete data.

This becomes particularly obvious for the indicators "unemployment rate", "maternal deaths due to abortion" and "total health expenditure", for these three indicators, data were only available for three countries in the year 2002. The situation is different for the indicators "tuberculosis incidence", "measles incidence" and for "vaccination against diphtheria and poliomyelitis", for which the corresponding data are available for each individual country.

The population data for background information could not be completed for some countries.

## **3 Analysis**

3.1 Indicators and meta data description for SEE-countries, 2000-2004

3.2 Analysis of indicators for SEE-countries

3.3 Trend analysis of 7 indicators for SEE-countries

### 3.1 Indicators and meta data description for SEE-countries, 2000-2004

Indicator 01
-----------------

% of population aged 65+ years

HFA-DB Indicator No. 0030 999902

#### Definition

##### World Health Organization

Estimate of resident (de jure) population on 1 July of given calendar year. Usually, it is calculated as an average of end-year estimates. The central statistical office (CSO) is the source in most countries. This data item is used as a denominator to calculate most of the other indicators. Although "de facto" population would be preferable, the "de jure" population is used because it is more commonly available, particularly in age-disaggregated form. However, in the case of some countries, particularly in those which were affected by war in the 1990s, the difference between official population estimates and actually residing in-country population (i.e. de facto) may be too large. In such cases special efforts should be made to provide also estimates for the "de facto" population to be used as a denominator. Since the 2000 data collection cycle, a separate entry for the "de facto" population has been provided (indicator 999997). WHO usually receives mid-year population figures by sex and age, together with annual mortality data. However, for some countries there is a delay of 2 or even more years in reporting mortality and population figures by age, making it impossible to calculate many indicators for which numerator data are available for more recent years. In such cases, countries are expected to provide at least provisional figures on the total population by sex only; these will be automatically replaced later with the final population data from the mortality data reporting system. If these data are not available, UN population estimates (based on projections) are used for the most recent year until they are replaced by national estimates received from countries. In some cases this may cause some inconsistent trends for the latest year.

##### Albania

INSTAT (estimate).

##### Bosnia and Herzegovina

Statistical Almanac of BIH - The State Institute of Statistics BIH. Available up to the war time-period on a yearly basis. Source: CSO war period-estimates for FBIH. Source: CSO, PHI.

##### Croatia

Definition changed between 1995-1996 from 'de jure' to 'de facto' principles. The population estimate for 1996 was based on the 1991 census according to the 'de facto' principle, on the balance of international migration 1991-1996 and natural increase for that respective period. The population for 1995 was estimated by the 'de jure' principle which means that persons were enrolled according to the place of permanent residence, regardless of whether present or absent. Temporarily present persons were not included in the total number of inhabitants.

##### Republic of Moldova

From 1997, live birth and mortality data (plus population data used to calculate mortality rates), do not include data for Transnistria.

##### Slovenia

Statistical Office of the Republic of Slovenia, Ljubljana 1996.

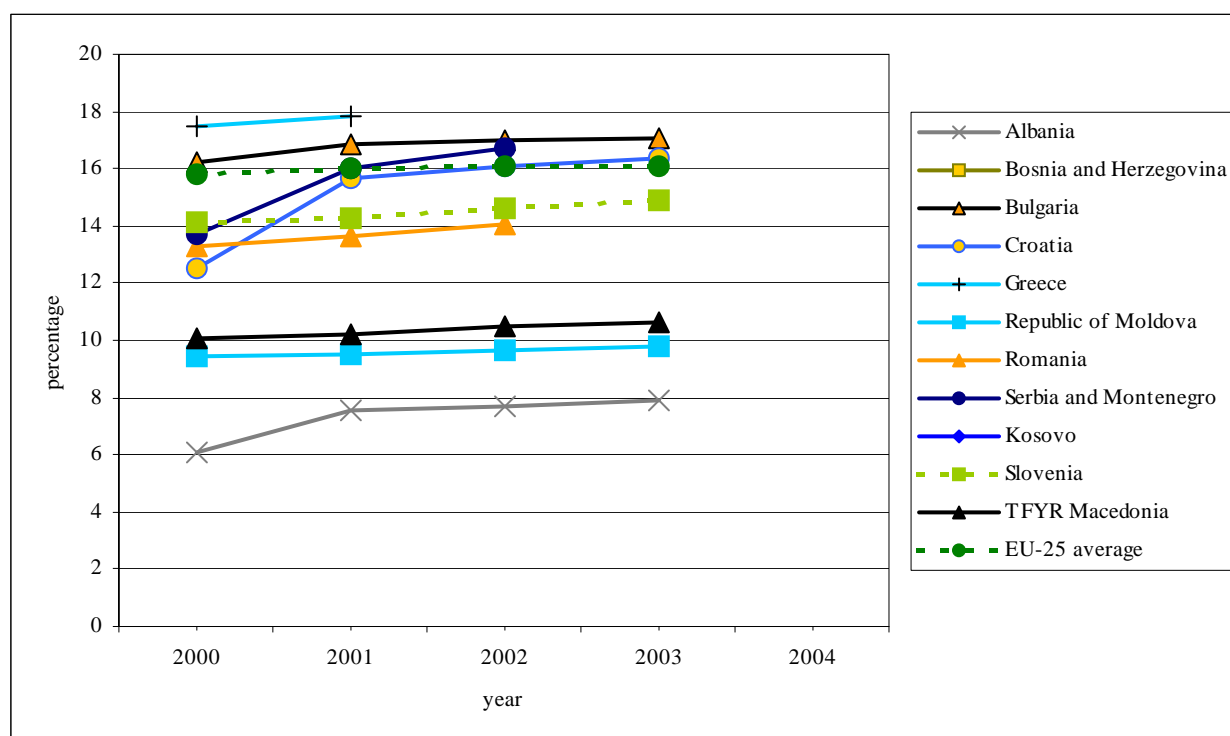
## Indicator 01: % of population aged 65+ years, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	6.11	7.54	7.67	7.87	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	16.25	16.83	16.98	17.06	...
Croatia	12.51	15.63	16.10	16.39	...
Greece	17.49	17.86	...	...	...
Republic of Moldova	9.41	9.54	9.62	9.81	...
Romania	13.31	13.63	14.04	...	...
Serbia and Montenegro <sup>#</sup>	13.72	16.04	16.68	...	...
Kosovo	...	...	...	...	...
Slovenia	14.10	14.30	14.63	14.88	...
TFYR Macedonia	10.10	10.24	10.48	10.64	...
EU-25 average	15.83	16.04	16.09	16.11	...
MIN SEE-countries	6.11	7.54	7.67	7.87	...
MAX SEE-countries	17.49	17.86	16.98	17.06	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

Figure 01: % of population aged 65+ years, SEE-countries, 2000-2004



**Definition**

## World Health Organization

Live birth is the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live-born. The number of live births includes all live births during the given calendar year, irrespective of registration of the date of birth. WHO receives for most countries the number of live births as part of the annual reporting of mortality and population data. (For some indicators, data is received as part of the Annual HFA data request, e.g. live birth data by age of mother or live births with birth weight of 1000+ g which is used as a denominator for the calculation of perinatal mortality rates).

## Albania

INSTAT and Ministry of Health.

## Bosnia and Herzegovina

Statistical Almanac of BIH - The State Institute of Statistics BIH.

## Croatia

November 2002: The number of live births for 1998-2001 includes all children whose mothers are residents of the Republic of Croatia if they were not absent from Croatia longer than one year or those who were not residents but have lived in Croatia for one year or more. Source: Croatian Central Bureau of Statistics.

## Republic of Moldova

From 1997, live birth and mortality data (plus population data used to calculate mortality rates), do not include data for Transnistria.

## Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996 (Perinatology information system of Slovenia).

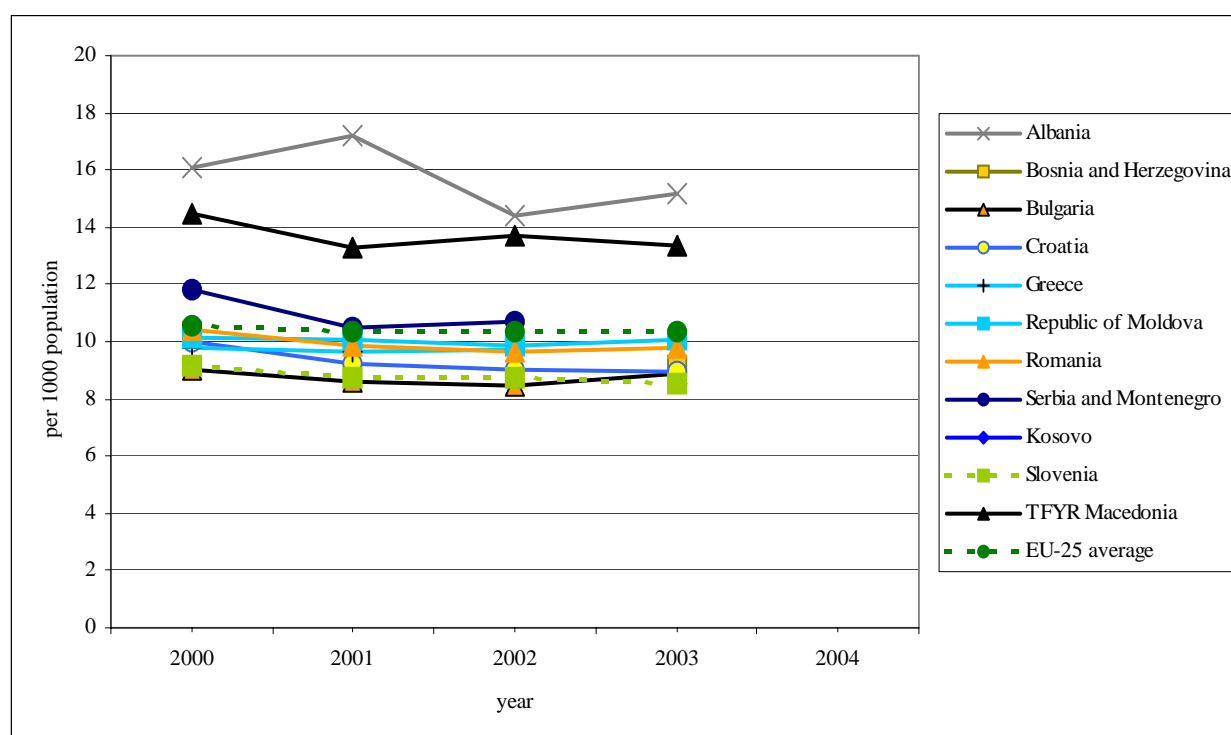
## Indicator 02: Live births per 1,000 population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	16.08	17.18	14.44	15.15	...
Bosnia and Herzegovina	10.35	...	...	9.14	...
Bulgaria	9.02	8.62	8.45	8.87	...
Croatia	9.98	9.24	9.02	8.93	...
Greece	9.78	9.67	9.74	...	...
Republic of Moldova	10.15	10.04	9.84	10.09	...
Romania	10.45	9.83	9.66	9.78	...
Serbia and Montenegro <sup>#</sup>	11.84	10.48	10.68	...	...
Kosovo	...	...	...	...	...
Slovenia	9.16	8.74	8.76	8.55	...
TFYR Macedonia	14.46	13.27	13.74	13.33	...
EU-25 average	10.58	10.38	10.37	10.37	...
MIN SEE-countries	9.02	8.62	8.45	8.55	...
MAX SEE-countries	16.08	17.18	14.44	15.15	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

Figure 02: Live births per 1,000 population, SEE-countries, 2000-2004



---

*HFA-DB Indicator No. 0200 020501*

**Definition**

## World Health Organization

The International Labour Organization (ILO) definition is applied. The "unemployed" comprise all persons above a specified age who during the reference period were: without work, currently available for work or seeking work. See any issue of the Yearbook of Labour Statistics for details. The ratio (in %) of the total labour force is used. The official estimates from the Employment Statistical Office, as most commonly available, are recommended to be used if data from ILO are not available (WHO/EURO uses the ILO Yearbook of Labour Statistics as a common source of data).

## Albania

INSTAT.

## Bosnia and Herzegovina

The total labour force is the number of persons who are capable for work. Source: Institute for employment BIH. Available up to the war time period on a yearly basis. Source: CSO war period - no data available.

## Croatia

Since 1992 the percentage has been calculated per population estimate.

Calculation of previous data was per 1991 census. From 2000 onwards, the ILO methodology has been accepted.

## Romania

The data are reported by the Center of Health Statistics and Medical Documentation, National Institute of Statistics.

## Slovenia

Statistical Office of the Republic of Slovenia, Ljubljana 1996.

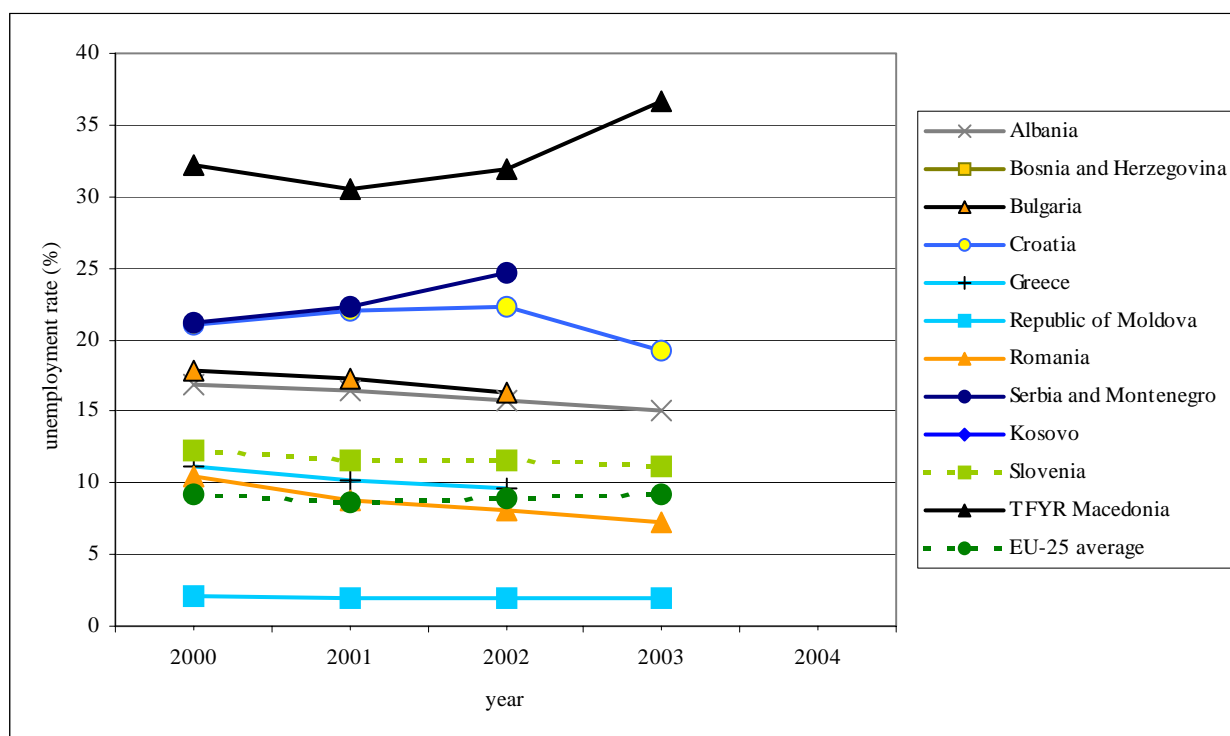
### Indicator 03: Unemployment rate in %, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	16.80	16.40	15.80	15.00	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	17.90	17.30	16.30	...	...
Croatia	21.10	22.00	22.30	19.20	...
Greece	11.10	10.20	9.60	...	...
Republic of Moldova	2.10	2.00	1.90	2.00	...
Romania	10.50	8.80	8.10	7.20	...
Serbia and Montenegro <sup>#</sup>	21.20	22.30	24.70	...	...
Kosovo	...	...	...	...	...
Slovenia	12.20	11.60	11.60	11.20	...
TFYR Macedonia	32.20	30.50	31.90	36.70	...
EU-25 average	9.17	8.62	8.93	9.13	...
MIN SEE-countries	2.10	2.00	1.90	2.00	...
MAX SEE-countries	32.20	30.50	31.90	36.70	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

Figure 03: Unemployment rate in %, SEE-countries, 2000-2004



HFA-DB Indicator No. 1011 060101

**Definition**

## World Health Organization

Calculated by WHO/EURO for all countries which report detailed mortality data to WHO, using Wiesler's method. Age disaggregation of mortality data: 0, 1-4, 5-9,10-14, etc, 80-84, 85+. Unfortunately, some countries are not able to ensure complete registration of all death cases and births. Therefore, life expectancy calculated by using incomplete mortality data is higher than it actually is. In some cases under-registration of deaths may reach 20% and this has to be kept in mind when making comparisons between countries. Particularly high levels of mortality under-registration are observed in countries which were affected by armed conflicts during the 1990's, e.g. Georgia, Albania, Tajikistan and some other countries of the former USSR and ex-Yugoslavia. In the case of Georgia this problem is further aggravated by missing sufficiently accurate population estimates used as a denominator.

## Albania

Life expectancy is much higher than in reality due to the under-registration of death cases.

The sharp increase in 2001 is caused by the sharp change in the population age structure based on the 2001 population census.

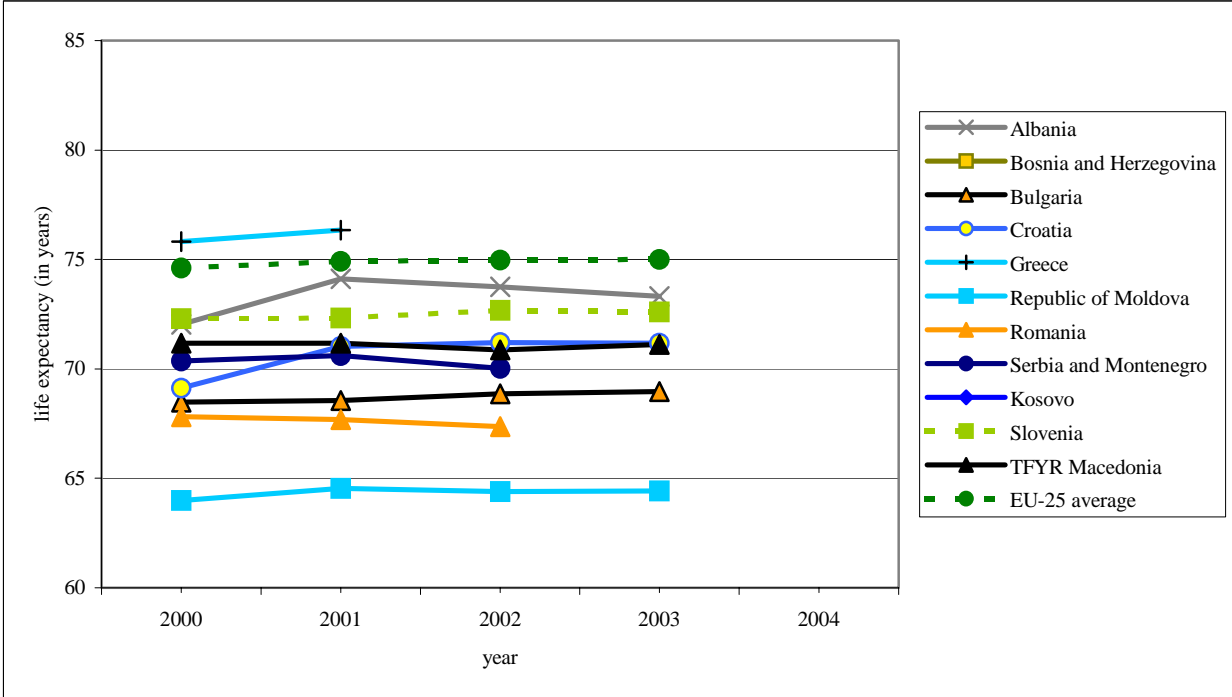
**Indicator 04: Life expectancy at birth, in years, male, SEE-countries, 2000-2004**

Country	Year				
	2000	2001	2002	2003	2004
Albania	72.03	74.12	73.75	73.31	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	68.48	68.55	68.86	68.97	...
Croatia	69.12	71.03	71.21	71.17	...
Greece	75.82	76.34	...	...	...
Republic of Moldova	63.99	64.54	64.39	64.42	...
Romania	67.81	67.69	67.36	...	...
Serbia and Montenegro <sup>#</sup>	70.36	70.61	70.03	...	...
Kosovo	...	...	...	...	...
Slovenia	72.30	72.32	72.67	72.60	...
TFYR Macedonia	71.18	71.18	70.87	71.12	...
EU-25 average	74.61	74.92	74.98	75.00	...
MIN SEE-countries	63.99	64.54	64.39	64.42	...
MAX SEE-countries	75.82	76.34	73.75	73.31	...

Data source: WHO/Europe, HFA Database, January 2005.

# Data with Kosovo

**Figure 04: Life expectancy at birth, in years, male, SEE-countries, 2000-2004**



HFA-DB Indicator No. 1012 060101

**Definition**

## World Health Organization

Calculated by WHO/EURO for all countries which report detailed mortality data to WHO, using Wiesler's method. Age disaggregation of mortality data: 0, 1-4, 5-9,10-14, etc, 80-84, 85+. Unfortunately, some countries are not able to ensure complete registration of all death cases and births. Therefore, life expectancy calculated using incomplete mortality data is higher than it actually is. In some cases under-registration of deaths may reach 20% and this has to be kept in mind when making comparisons between countries. Particularly high levels of mortality under-registration are observed in countries which were affected by armed conflicts during the 1990's, e.g. Georgia, Albania, Tajikistan and some other countries of the former USSR and ex-Yugoslavia. In the case of Georgia this problem is further aggravated by missing sufficiently accurate population estimates used as a denominator.

## Albania

Life expectancy is much higher than in reality due to the under-registration of death cases.

The sharp increase in 2001 is caused by the sharp change in the population age structure based on the 2001 population census.

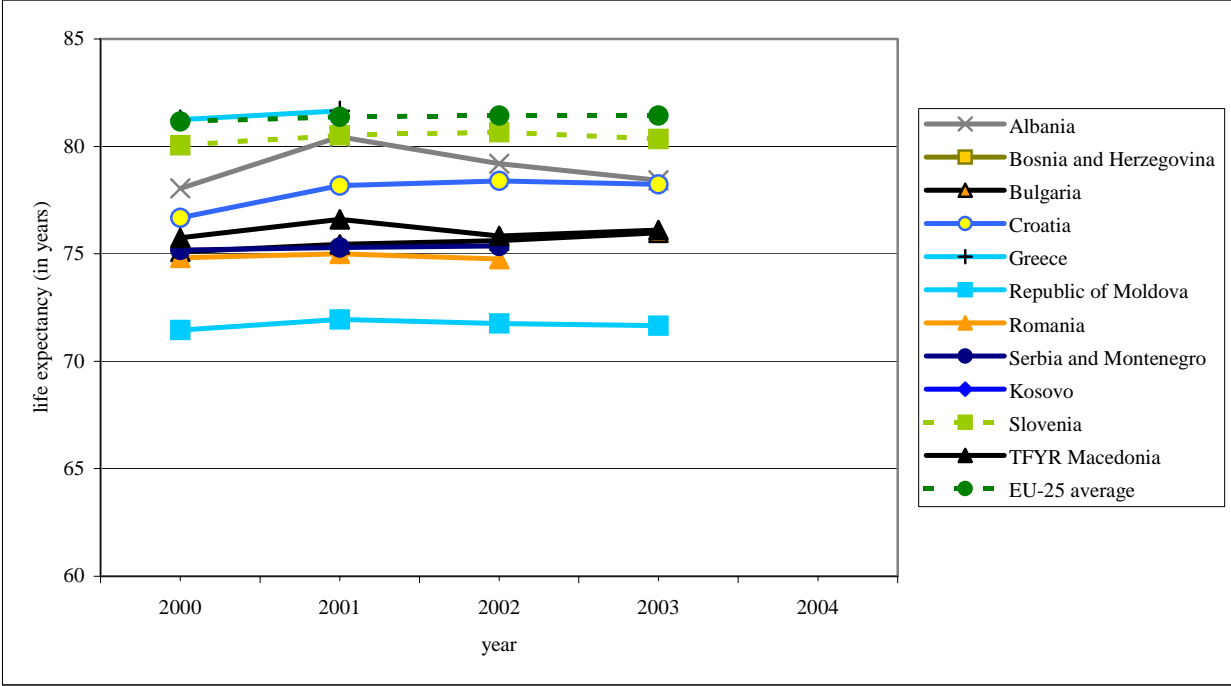
**Indicator 05: Life expectancy at birth, in years, female, SEE-countries, 2000-2004**

Country	Year				
	2000	2001	2002	2003	2004
Albania	78.04	80.45	79.20	78.42	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	75.09	75.44	75.62	75.98	...
Croatia	76.68	78.17	78.40	78.23	...
Greece	81.24	81.66	...	...	...
Republic of Moldova	71.45	71.94	71.76	71.66	...
Romania	74.82	75.01	74.76	...	...
Serbia and Montenegro <sup>#</sup>	75.18	75.29	75.36	...	...
Kosovo	...	...	...	...	...
Slovenia	80.05	80.52	80.66	80.35	...
TFYR Macedonia	75.74	76.60	75.83	76.11	...
EU-25 average	81.16	81.38	81.43	81.44	...
MIN SEE-countries	71.45	71.94	71.76	71.66	...
MAX SEE-countries	81.24	81.66	80.66	80.35	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 05: Life expectancy at birth, in years, female, SEE-countries, 2000-2004**



HFA-DB Indicator No. 1110 070100

**Definition**

World Health Organization

A measure of the yearly rate of deaths in children less than one year old. The denominator is the number of live births in the same year. Infant mortality rate = [(Number of deaths in a year of children less than 1 year of age) / (Number of live births in the same year)] \*1000 (ICD-10). Unfortunately, some countries are not able to ensure complete registration of all death cases and births. Therefore, infant mortality rates which are calculated using incomplete mortality data are lower than they actually are. In some cases under-registration of deaths may reach 20% or more and this has to be kept in mind when making comparisons between countries. Particularly high levels of mortality under-registration are observed in countries of central Asia and Caucasus, Albania and possibly some other countries, like those of former Yugoslavia. See indicator No1100 070110 which contains different estimates for the same indicator, based on other sources and special methods.

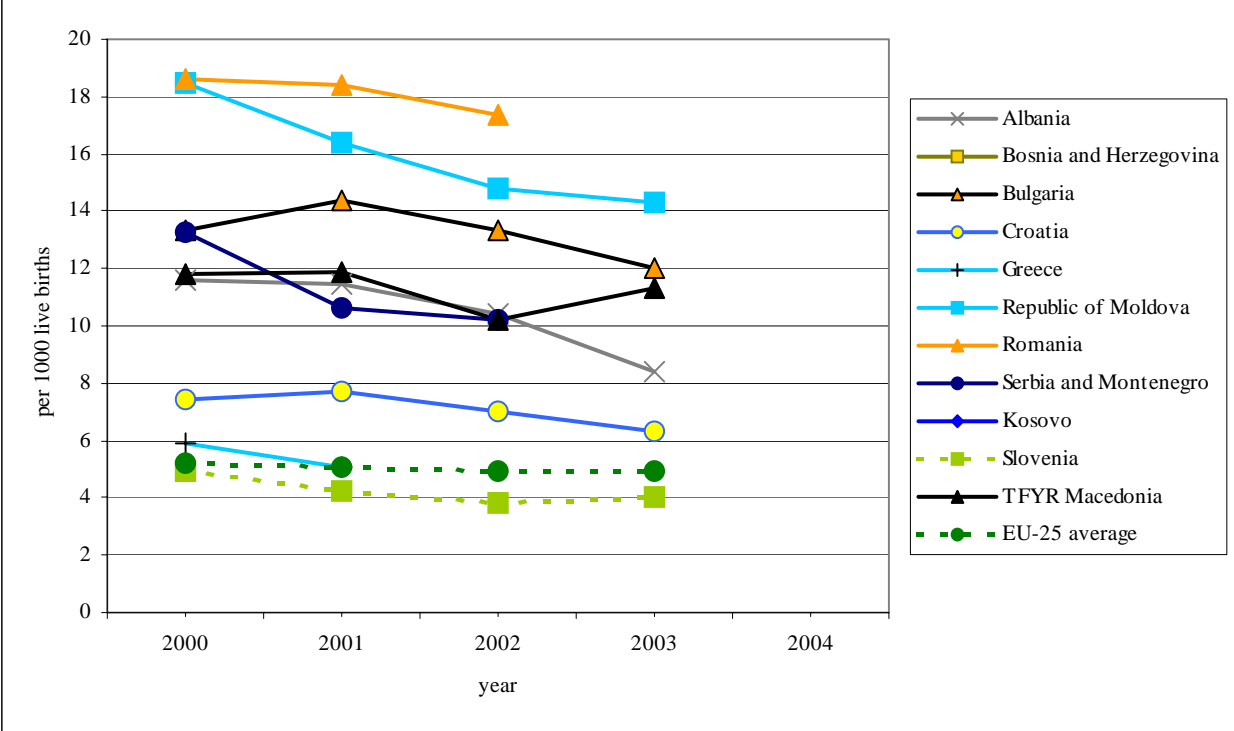
**Indicator 06: Infant deaths per 1,000 live births, SEE-countries, 2000-2004**

Country	Year				
	2000	2001	2002	2003	2004
Albania	11.62	11.44	10.44	8.38	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	13.31	14.40	13.34	11.98	...
Croatia	7.41	7.68	7.03	6.33	...
Greece	5.91	5.10	...	...	...
Republic of Moldova	18.44	16.38	14.79	14.31	...
Romania	18.63	18.41	17.33	...	...
Serbia and Montenegro <sup>#</sup>	13.25	10.63	10.18	...	...
Kosovo	...	...	...	...	...
Slovenia	4.91	4.25	3.83	4.04	...
TFYR Macedonia	11.81	11.88	10.19	11.29	...
EU-25 average	5.21	5.05	4.95	4.94	...
MIN SEE-countries	4.91	4.25	3.83	4.04	...
MAX SEE-countries	18.63	18.41	17.33	14.31	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 06: Infant deaths per 1,000 live births, SEE-countries, 2000-2004**



HFA-DB Indicator No. 1170 070403

### Definition

World Health Organization

Weight-specific (1000 g +) fetal deaths and early neonatal deaths per 1,000 births (live births+stillbirths). If weight-specific data are not available, any available data provided according to national criteria are used as a proxy.

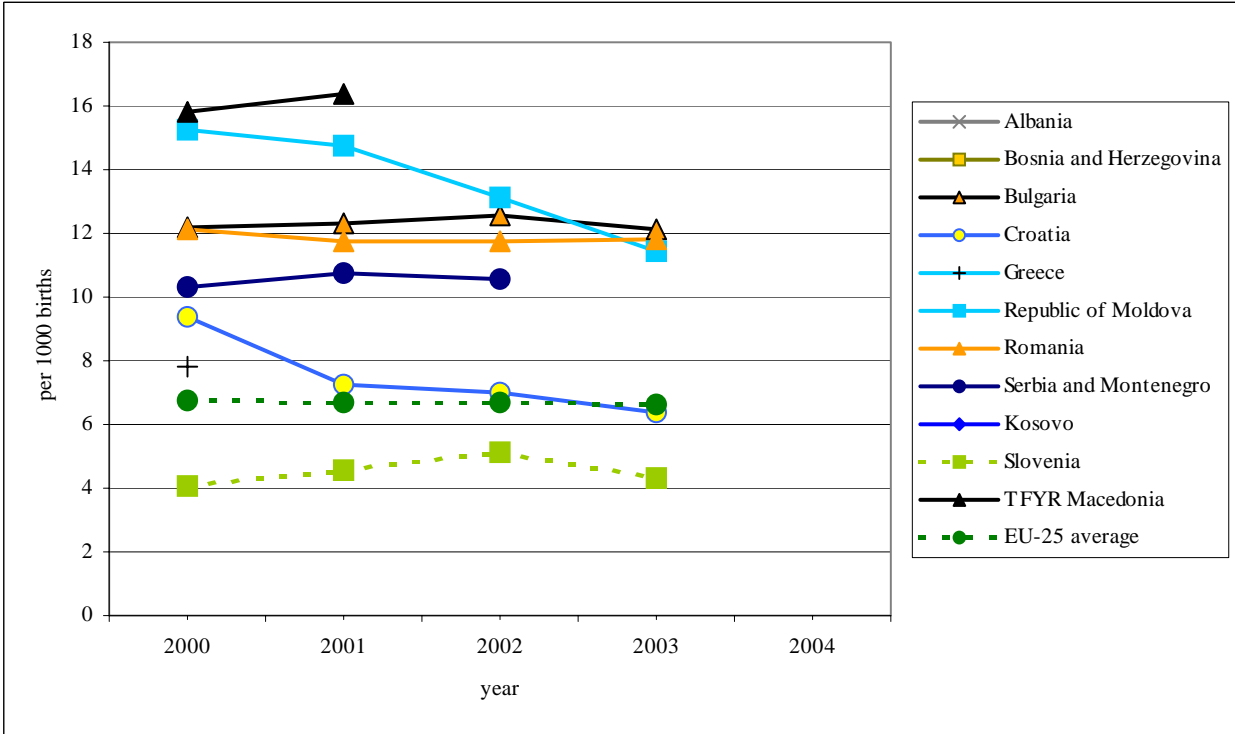
### Indicator 07: Perinatal deaths per 1,000 births, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania*	...	...	...	...	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	12.16	12.32	12.57	12.10	...
Croatia	9.37	7.26	7.01	6.35	...
Greece	7.81	...	7.01	...	...
Republic of Moldova	15.22	14.73	13.13	11.42	...
Romania	12.10	11.77	11.76	11.79	...
Serbia and Montenegro <sup>#</sup>	10.31	10.74	10.59	...	...
Kosovo	...	...	...	...	...
Slovenia	4.09	4.54	5.15	4.34	...
TFYR Macedonia	15.82	16.38	...	...	...
EU-25 average	6.78	6.67	6.68	6.65	...
MIN SEE-countries	4.09	4.54	5.15	4.34	...
MAX SEE-countries	15.82	16.38	13.13	12.10	...

Data source: WHO/Europe, HFA Database, January 2005.

# Data with Kosovo  
\* In Albania stillborn babies are not yet registered.

**Figure 07: Perinatal deaths per 1,000 births, SEE-countries, 2000-2004**



HFA-DB Indicator No. 1210 080100

**Definition**

## World Health Organization

ICD10: O00-O99. A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. There are also alternative sources of information on maternal mortality which are used to calculate this indicator: a) Routine mortality data by cause statistics, regularly reported to WHO (in most cases from Central Statistical Offices); b) Hospital data reported to Ministries of Health. Normally, the numbers of maternal deaths from both sources should be identical and this is the case in most western countries. However, in some countries, mainly of eastern Europe, there are large differences because of national practices of death certification and coding. In such cases hospital data are more complete/accurate. Since the January 2001 issue of HFA-DB, the maternal mortality rate is calculated using both data (when both figures are reported), taking the larger figure if unequal. Experts argue that even in countries with good vital registration systems maternal mortality is actually higher by approx. 50%. WHO, UNICEF and UNFPA have developed such adjusted estimates for 1990 and 1995.

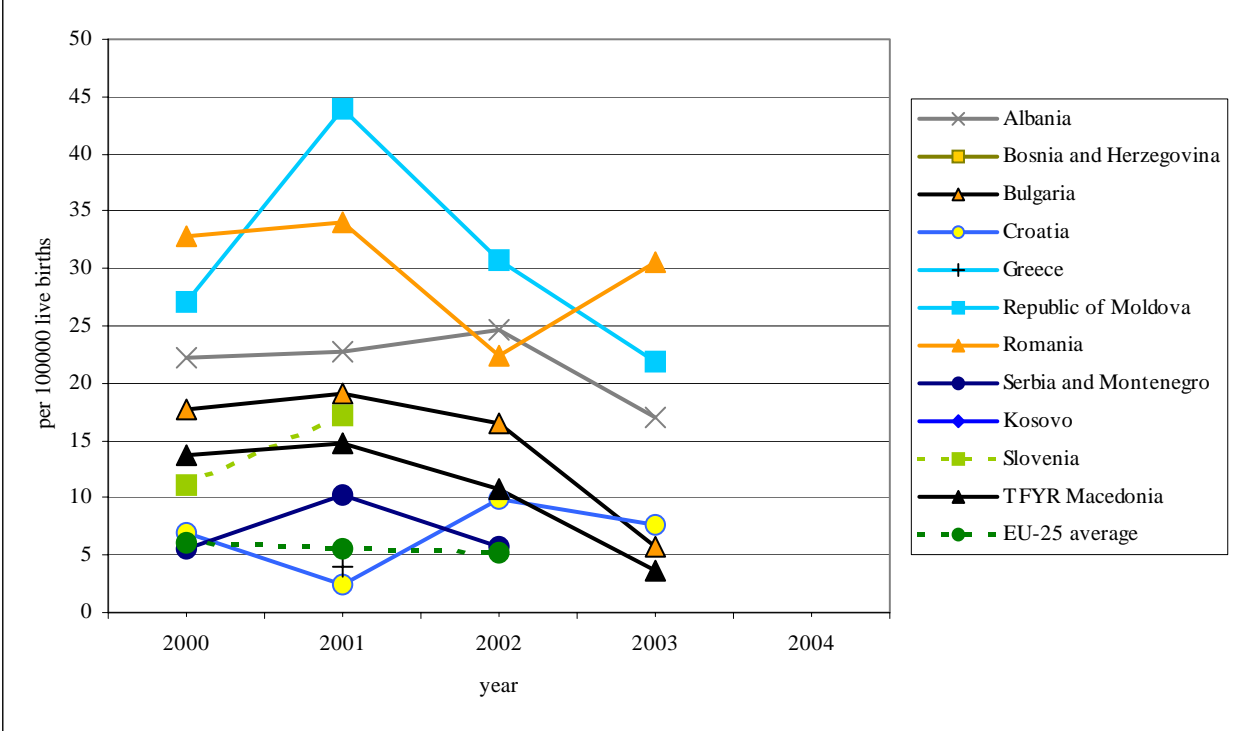
**Indicator 08: Maternal deaths, all causes per 100,000 live births, SEE-countries, 2000-2004**

Country	Year				
	2000	2001	2002	2003	2004
Albania	22.29	22.76	24.71	17.02	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	17.64	19.07	16.54	5.77	...
Croatia	6.86	2.44	9.98	7.56	...
Greece	...	3.91	...	...	...
Republic of Moldova	27.07	43.90	30.81	21.94	...
Romania	32.83	34.03	22.32	30.59	...
Serbia and Montenegro <sup>#</sup>	5.56	10.31	5.77	...	...
Kosovo	...	...	...	...	...
Slovenia	11.04	17.22	...	...	...
TFYR Macedonia	13.65	14.81	10.81	3.70	...
EU-25 average	6.15	5.58	5.29	...	...
MIN SEE-countries	5.56	2.44	5.77	3.70	...
MAX SEE-countries	32.83	43.90	30.81	30.59	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 08: Maternal deaths, all causes per 100,000 live births, SEE-countries, 2000-2004**



Indicator 09
-----------------

Maternal deaths, abortions per 100,000 live births

HFA-DB Indicator No. 1211 080101

### Definition

World Health Organization

ICD10: O00-O08. A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

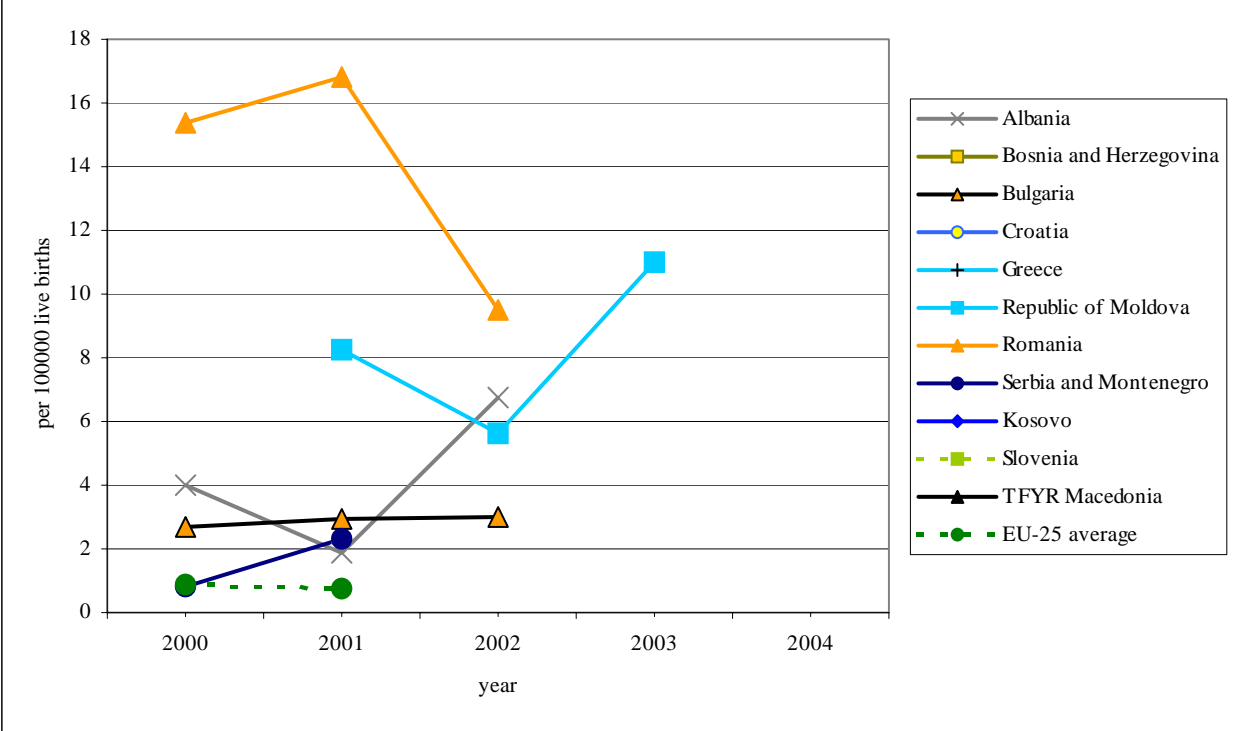
### Indicator 09: Maternal deaths, abortions per 100,000 live births, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	3.99	1.90	6.74	...	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	2.71	2.93	3.01	...	...
Croatia	...	...	...	...	...
Greece	...	...	...	...	...
Republic of Moldova	...	8.23	5.60	10.97	...
Romania	15.35	16.79	9.50	...	...
Serbia and Montenegro <sup>#</sup>	0.79	2.29	...	...	...
Kosovo	...	...	...	...	...
Slovenia	...	...	...	...	...
TFYR Macedonia	...	...	...	...	...
EU-25 average	0.87	0.72	...	...	...
MIN SEE-countries	0.79	1.90	3.01	10.97	...
MAX SEE-countries	15.35	16.79	9.50	...	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 09: Maternal deaths, abortions per 100,000 live births, SEE-countries, 2000-2004**



Indicator 10
-----------------

SDR, all causes, all ages per 100,000 male population

HFA-DB Indicator No. 1811 990102

### Definition

World Health Organization

ICD-10 code: All causes: A00 - R99 and V00 - Y99. SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population. (added by author)

### Indicator 10: SDR, all causes, all ages per 100,000 male population, SEE-countries, 2000-2004

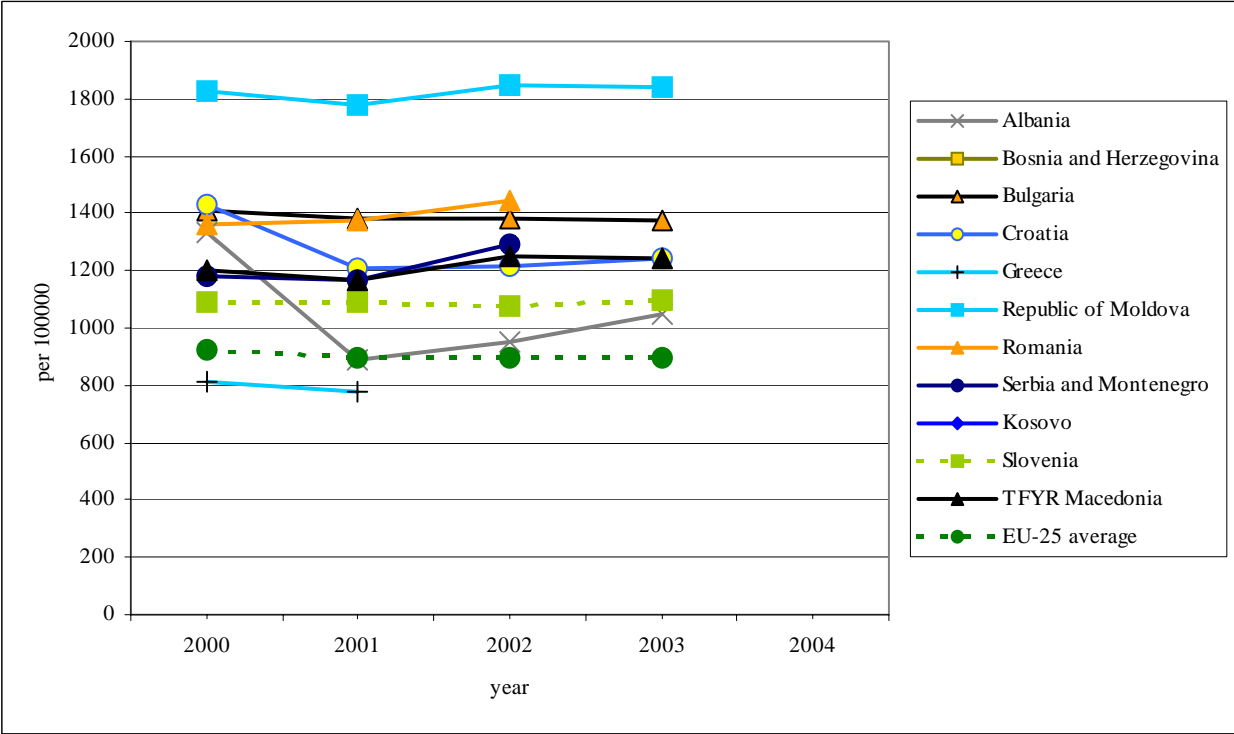
Country	Year				
	2000	2001	2002	2003	2004
Albania	1330.79	891.57	951.34	1046.34	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	1410.47	1383.84	1379.60	1373.64	...
Croatia	1427.41	1207.29	1214.80	1242.75	...
Greece	811.27	777.13	...	...	...
Republic of Moldova	1829.09	1775.32	1844.96	1836.92	...
Romania	1358.30	1371.68	1442.36	...	...
Serbia and Montenegro <sup>#</sup>	1182.32	1166.12	1288.31	...	...
Kosovo	...	...	...	...	...
Slovenia	1092.89	1087.45	1074.49	1093.95	...
TFYR Macedonia	1199.18	1169.20	1250.02	1239.77	...
EU-25 average	920.43	898.59	895.98	895.49	...
MIN SEE-countries*	1092.89	1087.45	1074.49	1093.95	...
MAX SEE-countries	1829.09	1775.32	1844.96	1836.92	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

\* without Greece and Albania

**Figure 10: SDR, all causes, all ages per 100,000 male population, SEE-countries, 2000-2004**



Indicator 11
-----------------

SDR, all causes, all ages per 100,000 female population

HFA-DB Indicator No. 1812 990102

### Definition

World Health Organization

ICD-10 code: All causes: A00 - R99 and V00 - Y99. SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population. (added by author)

### Indicator 11: SDR, all causes, all ages per 100,000 female population, SEE-countries, 2000-2004

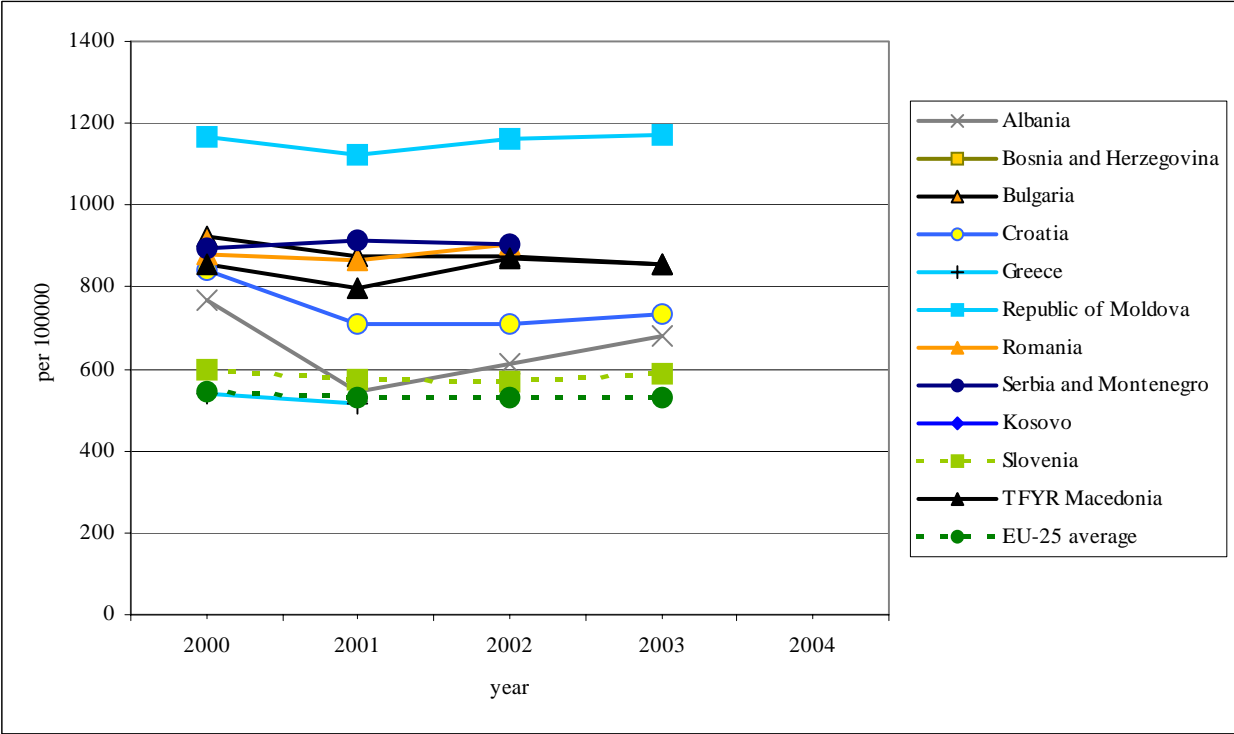
Country	Year				
	2000	2001	2002	2003	2004
Albania	770.37	543.82	610.29	680.92	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	922.65	873.59	874.01	855.20	...
Croatia	842.36	711.55	711.12	733.56	...
Greece	537.62	516.36	...	...	...
Republic of Moldova	1167.44	1122.75	1163.36	1173.12	...
Romania	879.25	867.21	901.87	...	...
Serbia and Montenegro <sup>#</sup>	894.21	911.72	905.72	...	...
Kosovo	...	...	...	...	...
Slovenia	595.82	575.71	569.25	587.05	...
TFYR Macedonia	855.77	794.83	869.37	856.76	...
EU-25 average	542.65	532.12	529.42	529.80	...
MIN SEE-countries*	595.82	575.71	569.25	587.05	...
MAX SEE-countries	1167.44	1122.75	1163.36	1173.12	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

\* without Greece and Albania

**Figure 11: SDR, all causes, all ages per 100,000 female population, SEE-countries, 2000-2004**



Indicator 12
-----------------

SDR, diseases of circulatory system,  
all ages per 100,000 male population

HFA-DB Indicator No. 1321 090102

### Definition

World Health Organization

ICD10: I00-I99. SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population.

### Indicator 12: SDR, diseases of circulatory system, all ages per 100,000 male population, SEE-countries, 2000-2004

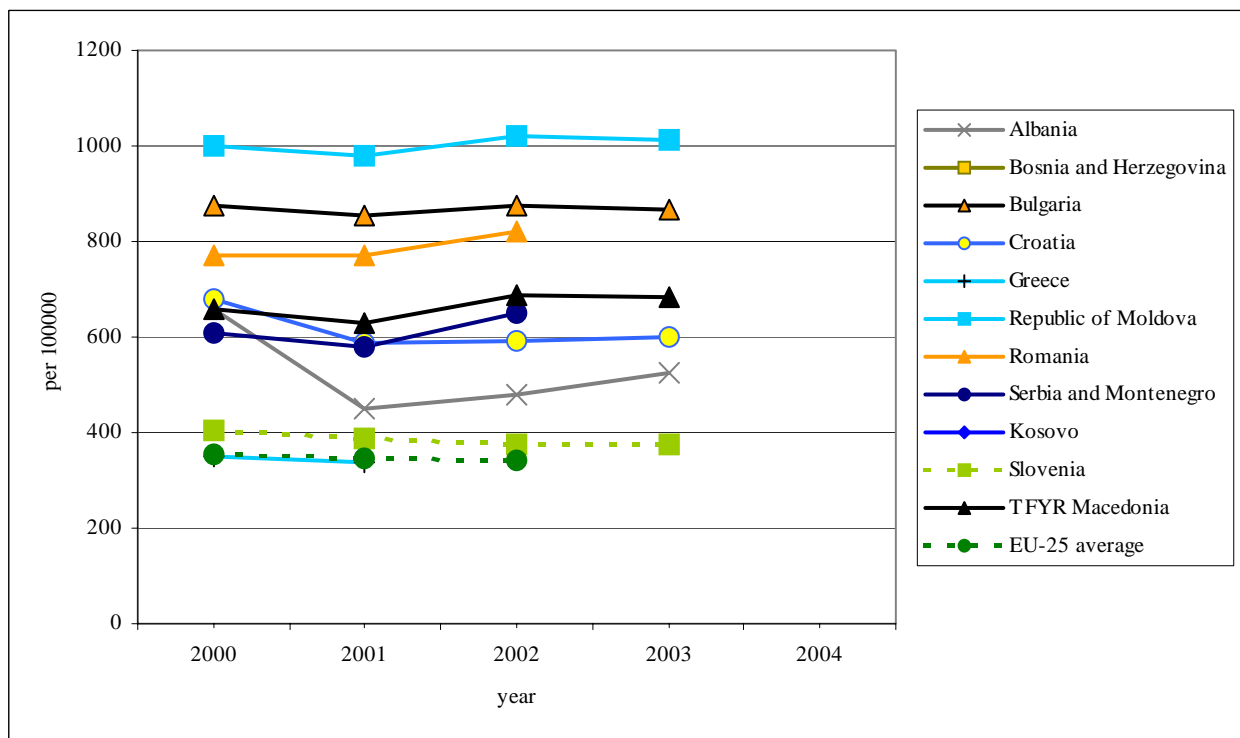
Country	Year				
	2000	2001	2002	2003	2004
Albania	656.42	449.53	478.87	524.89	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	876.73	854.15	873.38	867.99	...
Croatia	679.95	585.86	589.83	600.95	...
Greece	351.72	337.50	...	...	...
Republic of Moldova	1001.02	979.87	1019.95	1014.55	...
Romania	771.89	771.98	821.88	...	...
Serbia and Montenegro <sup>#</sup>	608.84	581.07	647.94	...	...
Kosovo	...	...	...	...	...
Slovenia	405.98	386.98	372.99	376.26	...
TFYR Macedonia	656.97	631.25	688.81	681.60	...
EU-25 average	354.00	344.39	341.04	...	...
MIN SEE-countries*	405.98	386.98	372.99	376.26	...
MAX SEE-countries	1001.02	979.87	1019.95	1014.55	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

\* without Greece and Albania

**Figure 12: SDR, diseases of circulatory system, all ages per 100,000 male population, SEE-countries, 2000-2004**



### Definition

World Health Organization

ICD10: I00-I99. SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population.

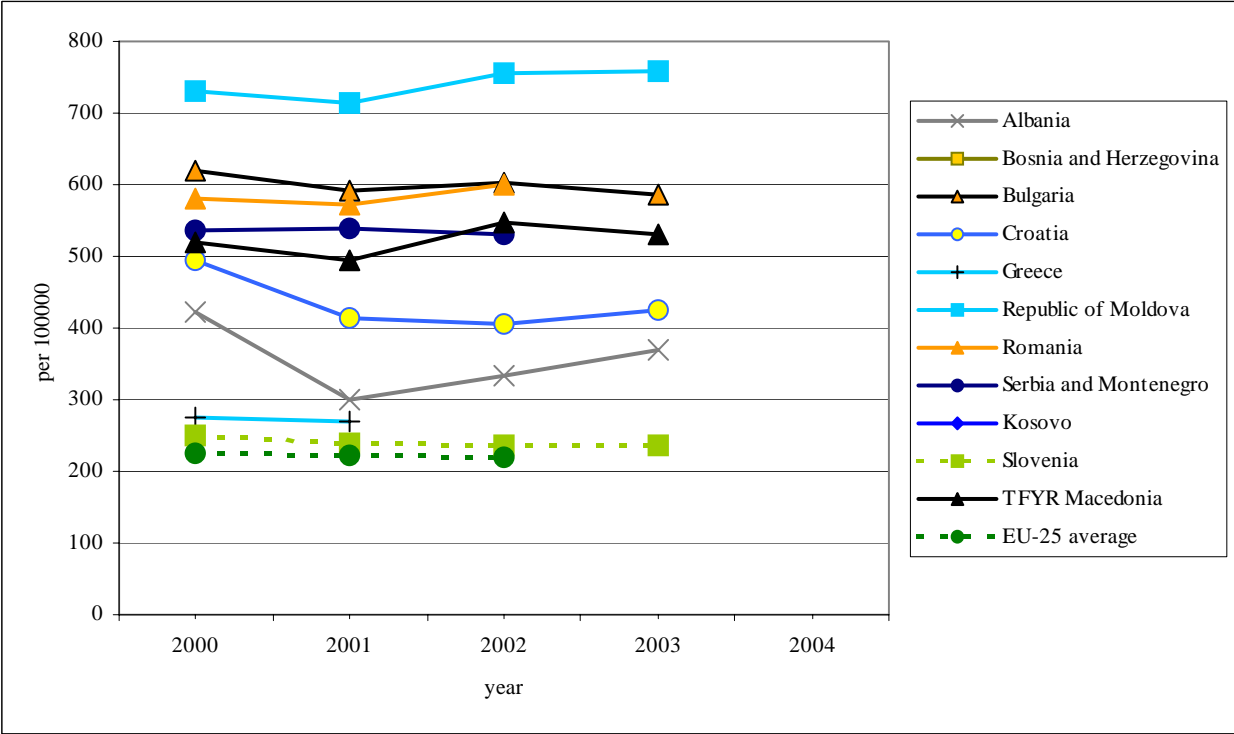
### Indicator 13: SDR, diseases of circulatory system, all ages per 100,000 female population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	420.89	299.34	332.02	369.12	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	620.19	591.20	601.77	586.99	...
Croatia	494.64	412.85	404.32	425.24	...
Greece	274.83	268.64	...	...	...
Republic of Moldova	730.72	715.05	756.22	758.85	...
Romania	580.86	572.50	600.97	...	...
Serbia and Montenegro <sup>#</sup>	535.18	539.15	529.31	...	...
Kosovo	...	...	...	...	...
Slovenia	251.22	239.15	234.83	236.09	...
TFYR Macedonia	518.91	493.58	548.04	530.45	...
EU-25 average	225.92	221.05	218.43	...	...
MIN SEE-countries	251.22	239.15	234.83	236.09	...
MAX SEE-countries	730.72	715.05	756.22	758.85	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 13: SDR, diseases of circulatory system, all ages per 100,000 female population, SEE-countries, 2000-2004**



### Definition

World Health Organization

SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population. ICD-10 code: C00-C97.

### Indicator 14: SDR, malignant neoplasms, all ages per 100,000 male population, SEE-countries, 2000-2004

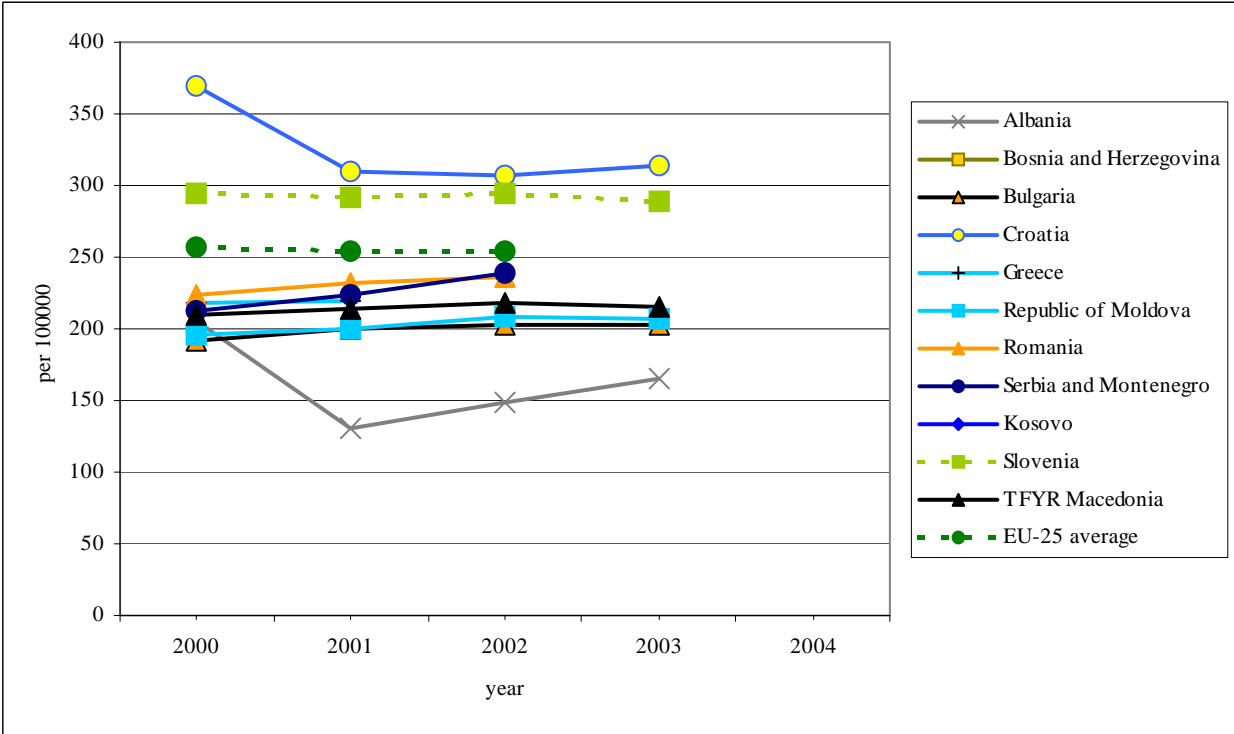
Country	Year				
	2000	2001	2002	2003	2004
Albania	205.94	131.12	148.83	165.00	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	191.77	199.59	202.12	202.29	...
Croatia	369.05	309.43	306.26	313.44	...
Greece	217.98	219.01	...	...	...
Republic of Moldova	196.31	199.84	208.36	206.70	...
Romania	223.03	231.43	235.97	...	...
Serbia and Montenegro <sup>#</sup>	213.01	223.37	239.33	...	...
Kosovo	...	...	...	...	...
Slovenia	294.17	291.66	294.56	289.11	...
TFYR Macedonia	209.78	213.30	217.47	215.95	...
EU-25 average	256.75	254.16	253.99	...	...
MIN SEE-countries*	191.77	199.59	202.12	202.29	...
MAX SEE-countries	369.05	309.43	306.26	313.44	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

\* without Greece and Albania

**Figure 14: SDR, malignant neoplasms, all ages per 100,000 male population, SEE-countries, 2000-2004**



Indicator 15
-----------------

SDR, malignant neoplasms,  
all ages per 100,000 female population

HFA-DB Indicator No. 1522 100102

### Definition

World Health Organization

SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population. ICD-10 code: C00-C97.

### Indicator 15: SDR, malignant neoplasms, all ages per 100,000 female population, SEE-countries, 2000-2004

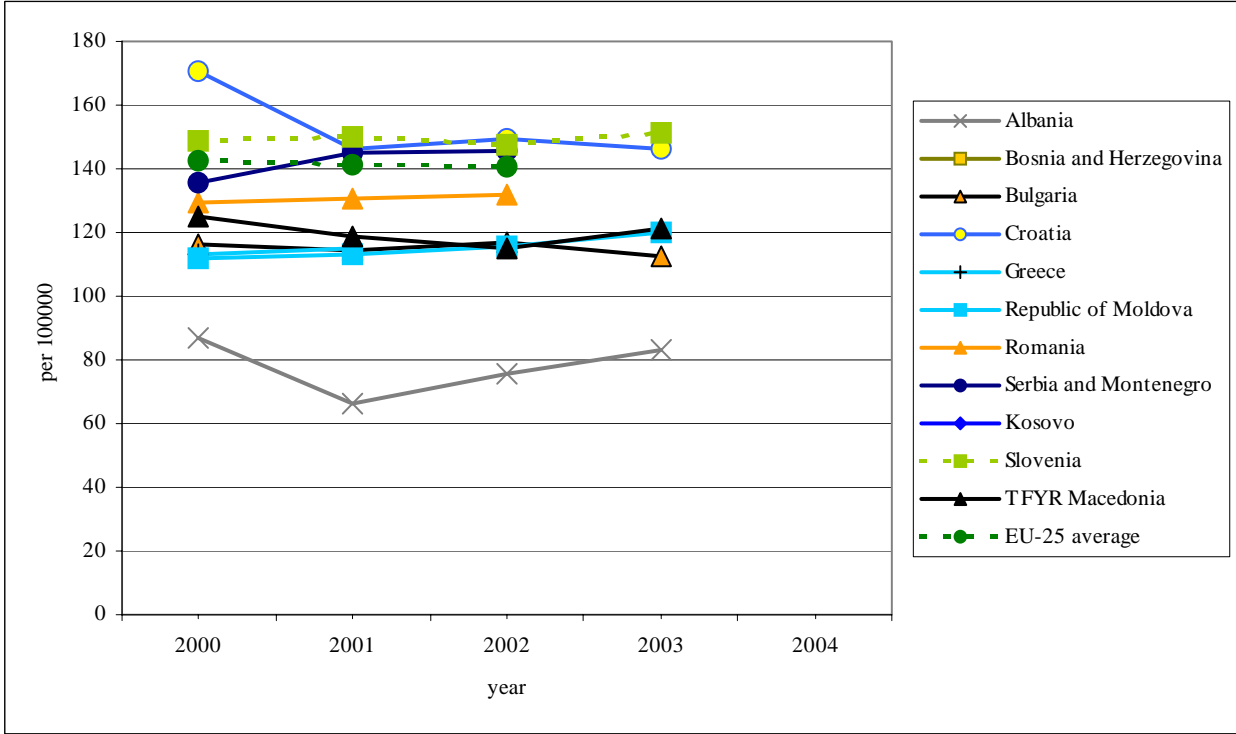
Country	Year				
	2000	2001	2002	2003	2004
Albania	86.61	65.95	75.67	83.37	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	116.43	114.25	116.93	112.57	...
Croatia	170.66	146.45	149.60	146.48	...
Greece	113.20	114.93	...	...	...
Republic of Moldova	112.10	113.41	115.46	119.81	...
Romania	129.58	130.50	132.10	...	...
Serbia and Montenegro <sup>#</sup>	135.51	145.12	145.90	...	...
Kosovo	...	...	...	...	...
Slovenia	149.04	150.02	147.28	151.25	...
TFYR Macedonia	125.30	118.99	115.15	121.08	...
EU-25 average	142.42	141.28	140.67	...	...
MIN SEE-countries*	112.10	113.41	115.15	112.57	...
MAX SEE-countries	170.66	150.02	149.60	151.25	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

\* without Greece and Albania

**Figure 15: SDR, malignant neoplasms, all ages per 100,000 female population, SEE-countries, 2000-2004**



Indicator 16
-----------------

SDR, external causes of injury and poisoning,  
all ages per 100,000 male population

HFA-DB Indicator No. 1721 110102

### Definition

World Health Organization

SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population. ICD-10 code: V00-V99, W00-W99, X00-X99, Y00-Y99.

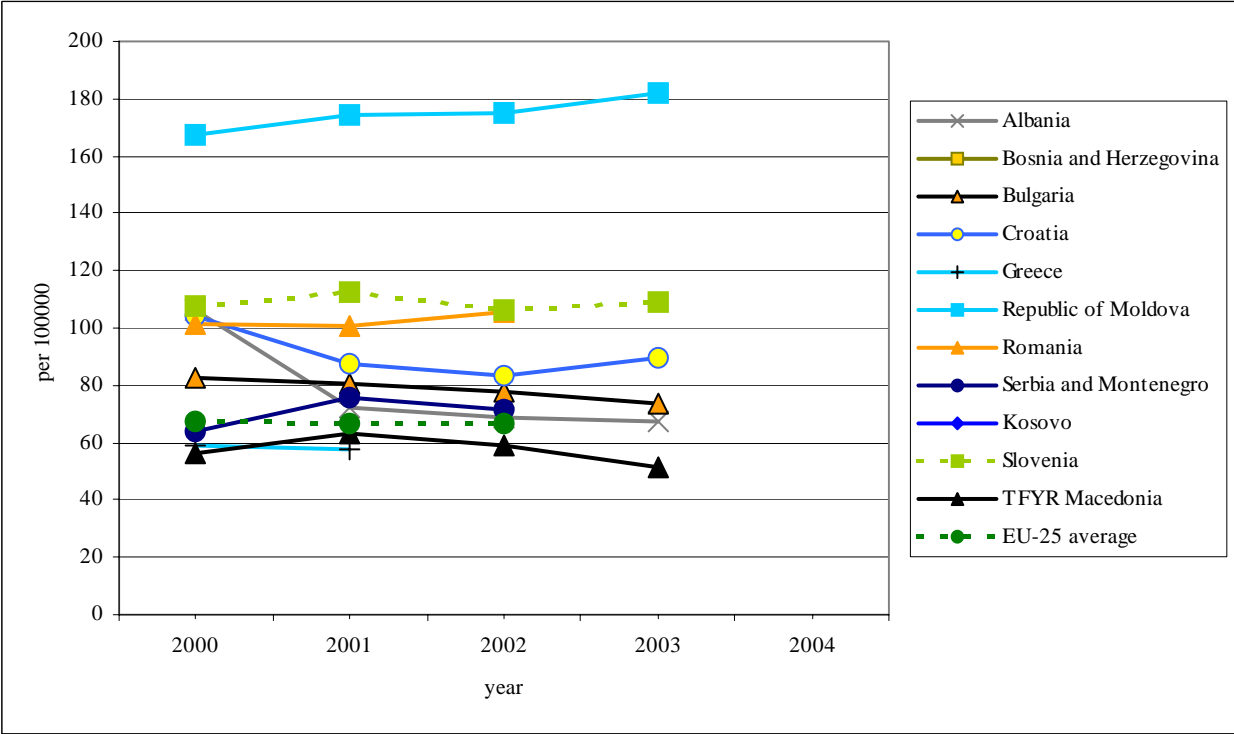
### Indicator 16: SDR, external causes of injury and poisoning, all ages per 100,000 male population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	106.57	72.28	68.79	67.59	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	82.59	80.57	78.09	73.50	...
Croatia	104.48	87.37	83.21	89.25	...
Greece	58.93	57.96	...	...	...
Republic of Moldova	167.28	174.36	174.82	181.68	...
Romania	101.34	100.94	105.71	...	...
Serbia and Montenegro <sup>#</sup>	64.04	75.69	71.50	...	...
Kosovo	...	...	...	...	...
Slovenia	107.54	112.52	106.04	108.90	...
TFYR Macedonia	55.92	63.03	58.71	51.41	...
EU-25 average	67.36	66.65	66.45	...	...
MIN SEE-countries	55.92	57.96	58.71	51.41	...
MAX SEE-countries	167.28	174.36	174.82	181.68	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 16: SDR, external causes of injury and poisoning, all ages per 100,000 male population, SEE-countries, 2000-2004**



Indicator  
17

SDR, external causes of injury and poisoning,  
all ages per 100,000 female population

HFA-DB Indicator No. 1722 110102

### Definition

World Health Organization

SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population. ICD-10 code: V00-V99, W00-W99, X00-X99, Y00-Y99.

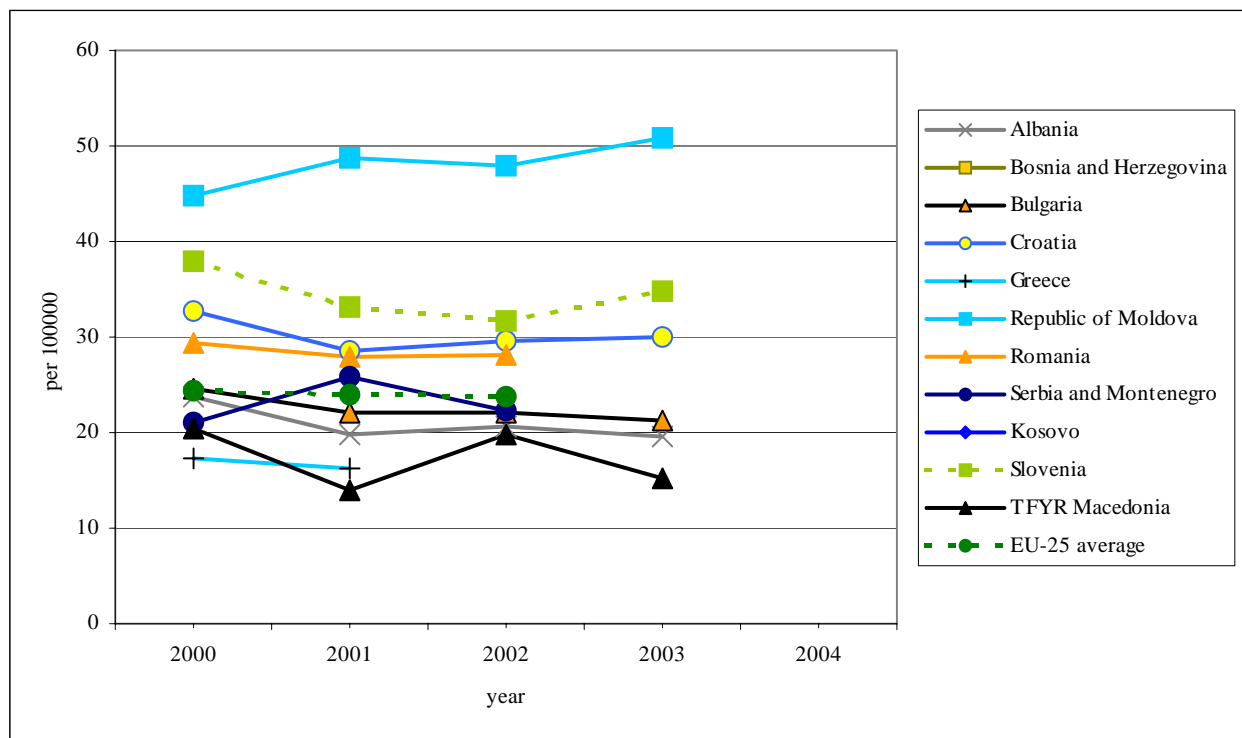
### Indicator 17: SDR, external causes of injury and poisoning, all ages per 100,000 female population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	23.78	19.74	20.62	19.50	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	24.62	22.01	22.10	21.19	...
Croatia	32.75	28.60	29.52	29.90	...
Greece	17.25	16.25	...	...	...
Republic of Moldova	44.81	48.70	47.93	50.90	...
Romania	29.33	27.83	28.17	...	...
Serbia and Montenegro <sup>#</sup>	21.02	25.88	22.31	...	...
Kosovo	...	...	...	...	...
Slovenia	37.83	33.14	31.67	34.81	...
TFYR Macedonia	20.40	13.96	19.72	15.15	...
EU-25 average	24.36	23.90	23.85	...	...
MIN SEE-countries	17.25	13.96	19.72	15.15	...
MAX SEE-countries	44.81	48.70	47.93	50.90	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 17: SDR, external causes of injury and poisoning, all ages per 100,000 female population, SEE-countries, 2000-2004**



Indicator 18
-----------------

SDR, infectious and parasitic diseases,  
all ages per 100,000 male population

HFA-DB Indicator No. 1821 993002

### Definition

World Health Organization

SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population. ICD-10 code: A00-A99, B00-B99.

### Indicator 18: SDR, infectious and parasitic diseases, all ages per 100,000 male population, SEE-countries, 2000-2004

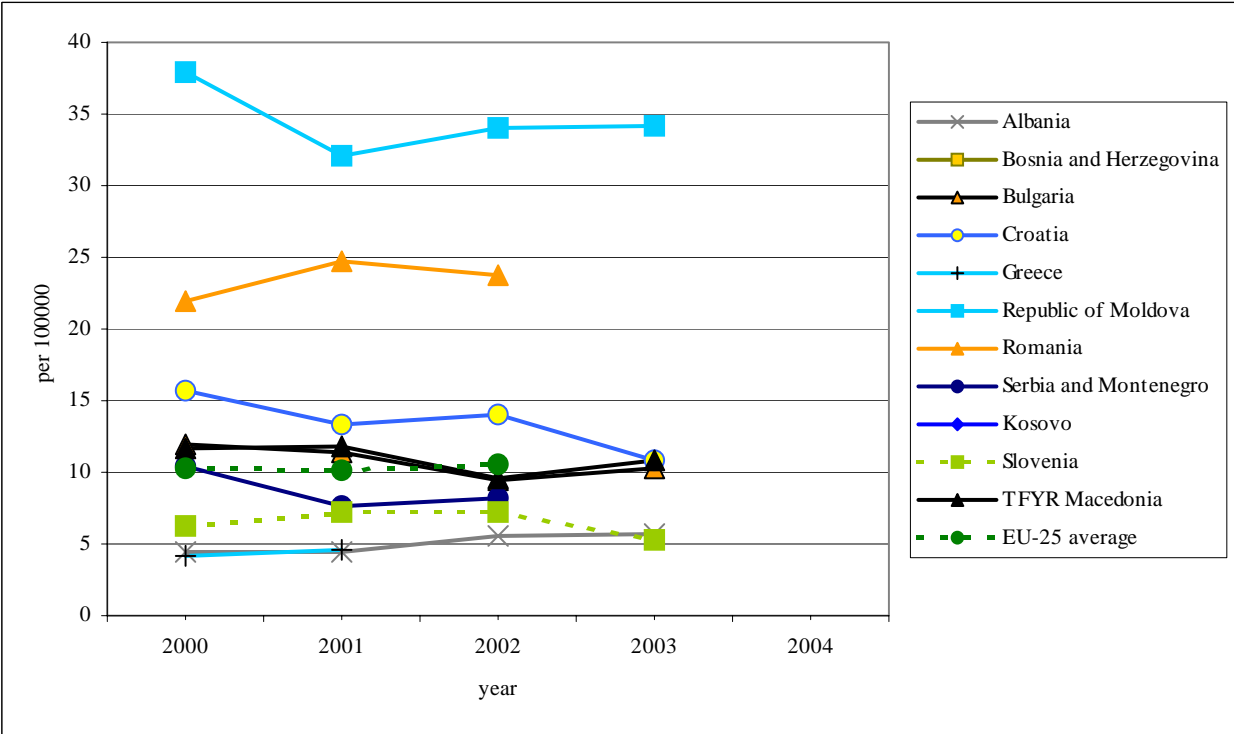
Country	Year				
	2000	2001	2002	2003	2004
Albania	4.47	4.38	5.59	5.67	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	11.94	11.37	9.50	10.34	...
Croatia	15.72	13.28	14.07	10.90	...
Greece	4.12	4.65	...	...	...
Republic of Moldova	37.90	32.02	34.06	34.21	...
Romania	22.01	24.78	23.80	...	...
Serbia and Montenegro <sup>#</sup>	10.40	7.61	8.15	...	...
Kosovo	...	...	...	...	...
Slovenia	6.28	7.29	7.28	5.30	...
TFYR Macedonia	11.62	11.83	9.53	10.83	...
EU-25 average	10.23	10.09	10.53	...	...
MIN SEE-countries*	6.28	7.29	7.28	5.30	...
MAX SEE-countries	37.90	32.02	34.06	34.21	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

\* without Greece and Albania

**Figure 18: SDR, infectious and parasitic diseases, all ages per 100,000 male population, SEE-countries, 2000-2004**



Indicator 19
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SDR, infectious and parasitic diseases,  
all ages per 100,000 female population

HFA-DB Indicator No. 1822 993002

### Definition

World Health Organization

SDR is the age-standardized death rate calculated using the direct method, i.e. it represents what the crude rate would have been if the population had the same age distribution as the standard European population. ICD-10 code: A00-A99, B00-B99.

### Indicator 19: SDR, infectious and parasitic diseases, all ages per 100,000 female population, SEE-countries, 2000-2004

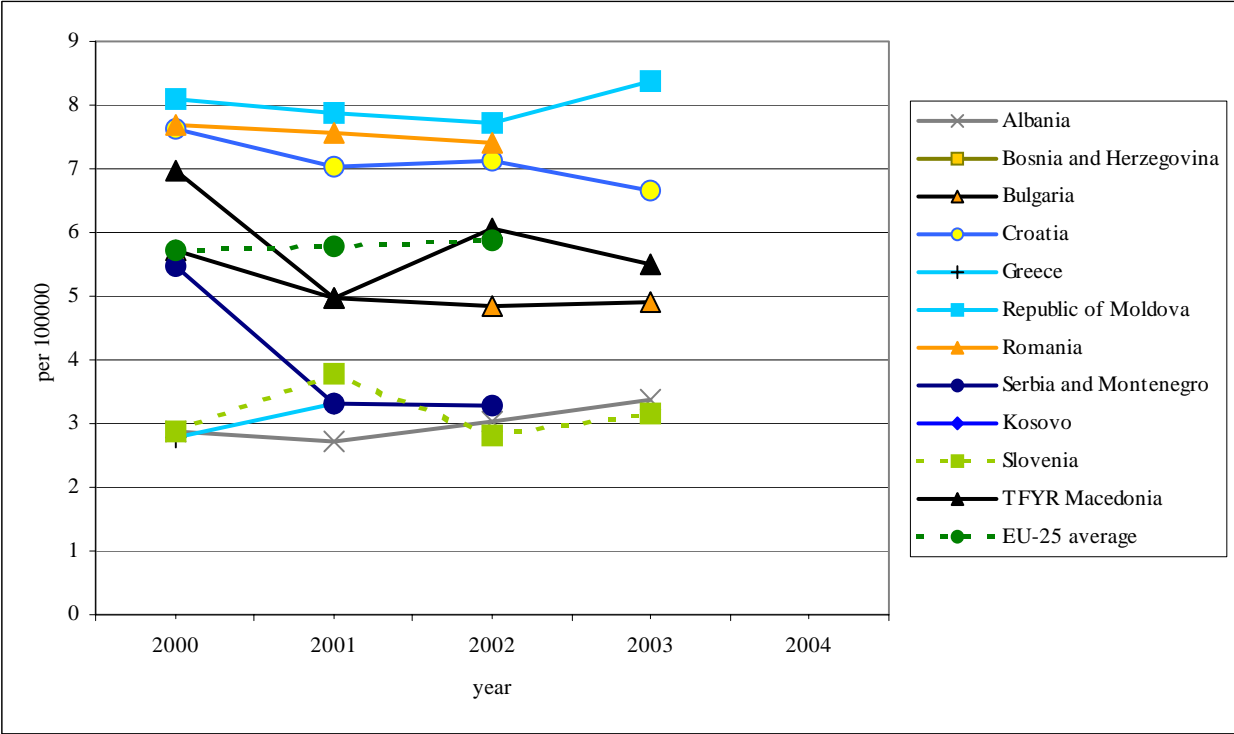
Country	Year				
	2000	2001	2002	2003	2004
Albania	2.87	2.72	3.02	3.39	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	5.71	4.96	4.85	4.91	...
Croatia	7.64	7.02	7.12	6.66	...
Greece	2.77	3.30	...	...	...
Republic of Moldova	8.10	7.86	7.73	8.38	...
Romania	7.70	7.57	7.42	...	...
Serbia and Montenegro <sup>#</sup>	5.48	3.32	3.29	...	...
Kosovo	...	...	...	...	...
Slovenia	2.88	3.77	2.81	3.15	...
TFYR Macedonia	6.97	4.98	6.06	5.50	...
EU-25 average	5.71	5.77	5.87	...	...
MIN SEE-countries*	2.88	3.32	2.81	3.15	...
MAX SEE-countries	8.10	7.86	7.73	8.38	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

\* without Greece and Albania

**Figure 19: SDR, infectious and parasitic diseases, all ages per 100,000 female population, SEE-countries, 2000-2004**



HFA-DB Indicator No. 2010 040301

**Definition**

Number of newly diagnosed tuberculosis cases, all forms (ICD-10: A15 - A19) during the given calendar year and calculated per 100,000 population. Data are already available for most countries as they are reported annually to WHO by national counterparts for communicable diseases.

**Albania**

Institute of Pneumo-Ftiziatrie.

**Bosnia and Herzegovina**

Public Health Institute BIH - Department of Epidemiology. Up to the war time period available on a yearly basis.

**Romania**

Source - Data for 1985 - 1998 from the official report of the anti-tuberculosis dispensaries.

**Slovenia**

Institute for Pulmonary Diseases and Tuberculosis Golnik, Ljubljana, 1996.

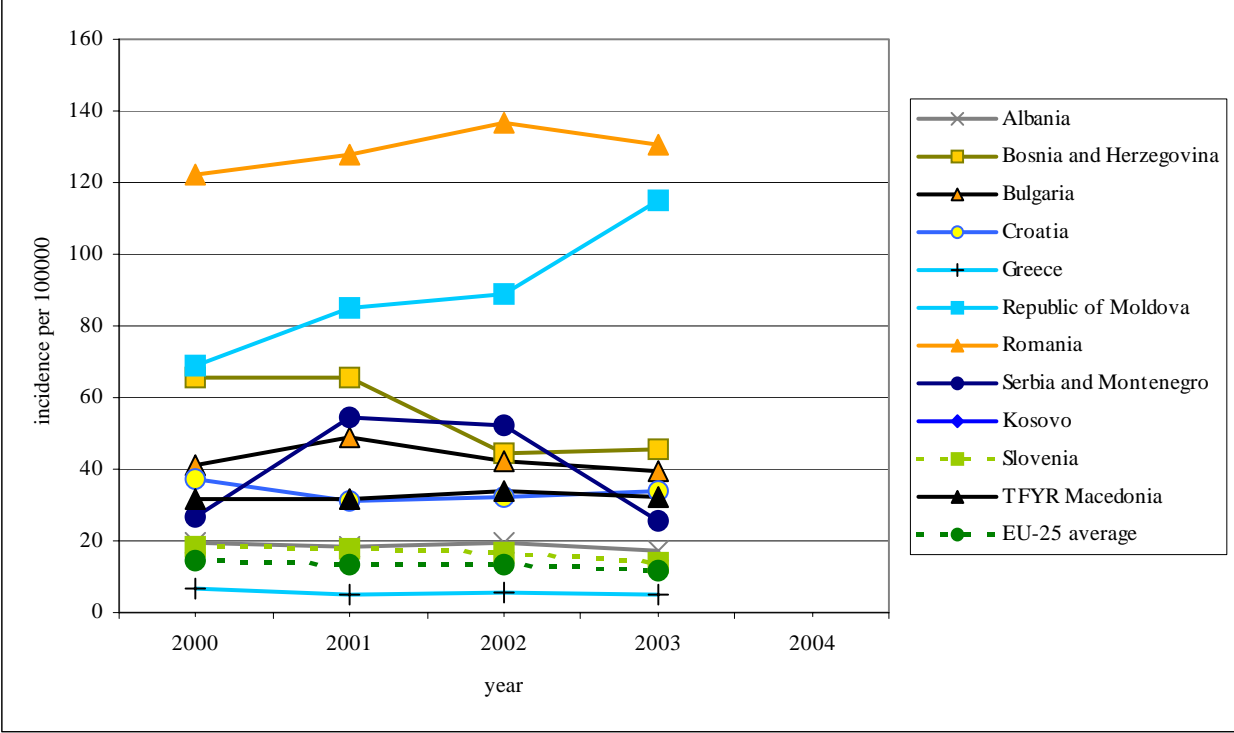
**Indicator 20: Tuberculosis incidence per 100,000 population, SEE-countries, 2000-2004**

Country	Year				
	2000	2001	2002	2003	2004
Albania	19.40	18.08	19.26	17.50	...
Bosnia and Herzegovina	65.61	65.74	44.43	45.64	...
Bulgaria	40.99	48.80	42.38	39.23	...
Croatia	37.20	31.01	32.48	33.64	...
Greece	6.66	4.76	5.36	4.94	...
Republic of Moldova	68.72	84.82	88.98	114.73	...
Romania	122.44	127.54	136.51	130.36	...
Serbia and Montenegro <sup>#</sup>	26.93	54.72	52.19	25.72	...
Kosovo	...	...	...	...	...
Slovenia	18.61	18.02	16.94	13.77	...
TFYR Macedonia	31.63	31.84	33.96	32.22	...
EU-25 average	14.59	13.52	13.50	11.47	...
MIN SEE-countries	6.66	4.76	5.36	4.94	...
MAX SEE-countries	122.44	127.54	136.51	130.36	...

Data source: WHO/Europe, HFA Database, January 2005.

# Data with Kosovo

**Figure 20: Tuberculosis incidence per 100,000 population, SEE-countries, 2000-2004**



Indicator 21
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Measles incidence per 100,000 population

HFA-DB Indicator No. 2080 050111

### Definition

World Health Organization

Self-explanatory. ICD-9: 055; ICD-10: B05. Data are available from the CD Unit at WHO/EURO.

Albania

Institute of Public Health.

Bosnia and Herzegovina

Public Health Institute BIH - Department of Epidemiology.

Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996 (Epidemiological monitoring of communicable diseases in Slovenia).

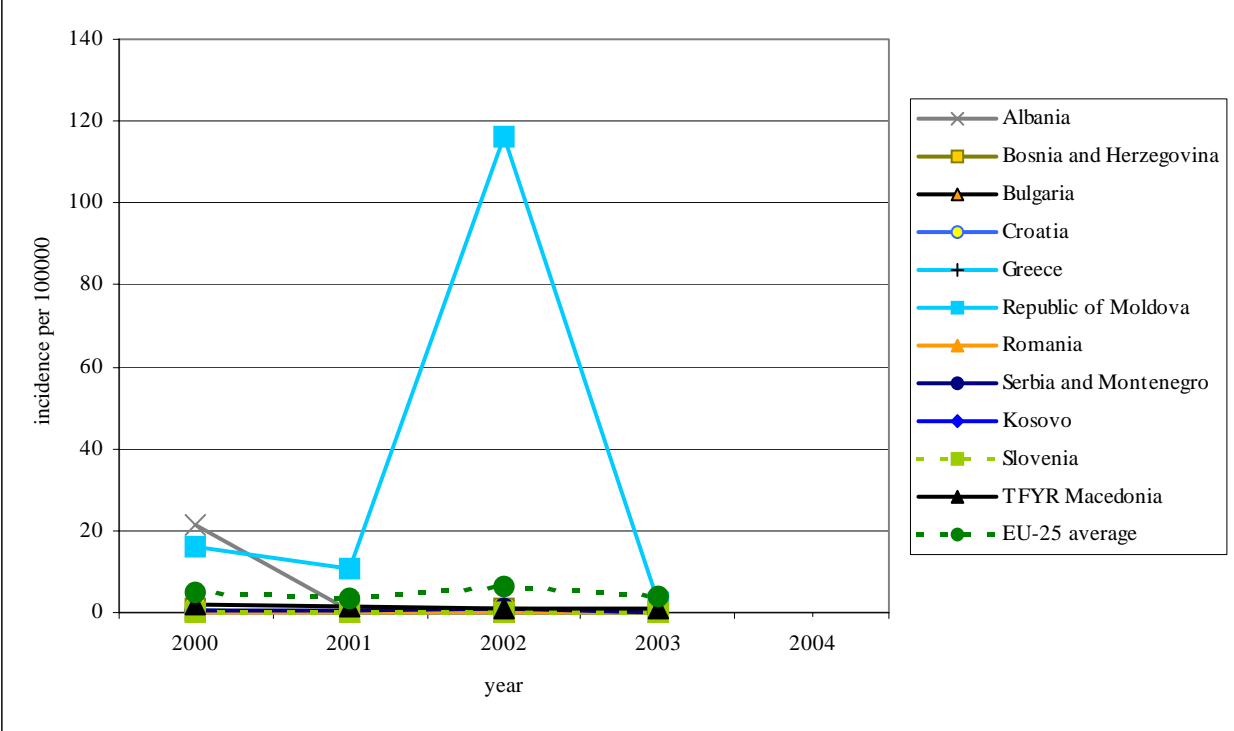
### Indicator 21: Measles incidence per 100,000 population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	21.26	0.59	0.39	0.13	...
Bosnia and Herzegovina	1.14	...	0.74	0.47	...
Bulgaria	0.56	0.10	0.00	0.00	...
Croatia	0.21	0.18	0.14	0.43	...
Greece	0.53	0.11	0.05	0.06	...
Republic of Moldova	16.09	10.74	116.36	2.41	...
Romania	0.16	0.04	0.06	0.04	...
Serbia and Montenegro <sup>#</sup>	0.36	0.42	0.78	0.14	...
Kosovo	...	...	...	...	...
Slovenia	0.00	0.00	0.00	0.00	...
TFYR Macedonia	1.78	1.33	0.94	0.89	...
EU-25 average	4.62	3.54	6.49	4.12	...
MIN SEE-countries	0.00	0.00	0.00	0.00	...
MAX SEE-countries	21.26	10.74	116.36	2.41	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 21: Measles incidence per 100,000 population, SEE-countries, 2000-2004**



Indicator  
22

Diphtheria incidence per 100,000 population

HFA-DB Indicator No. 2100 050113

### Definition

World Health Organization

Self-explanatory. ICD-9: 032; ICD-10: A36. Only confirmed cases are included. Data are available from the CD unit at WHO/EURO.

Albania

Institute of Public Health.

Bosnia and Herzegovina

Public Health Institute BIH - Department of Epidemiology.

Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996 (Epidemiological monitoring of communicable diseases in Slovenia).

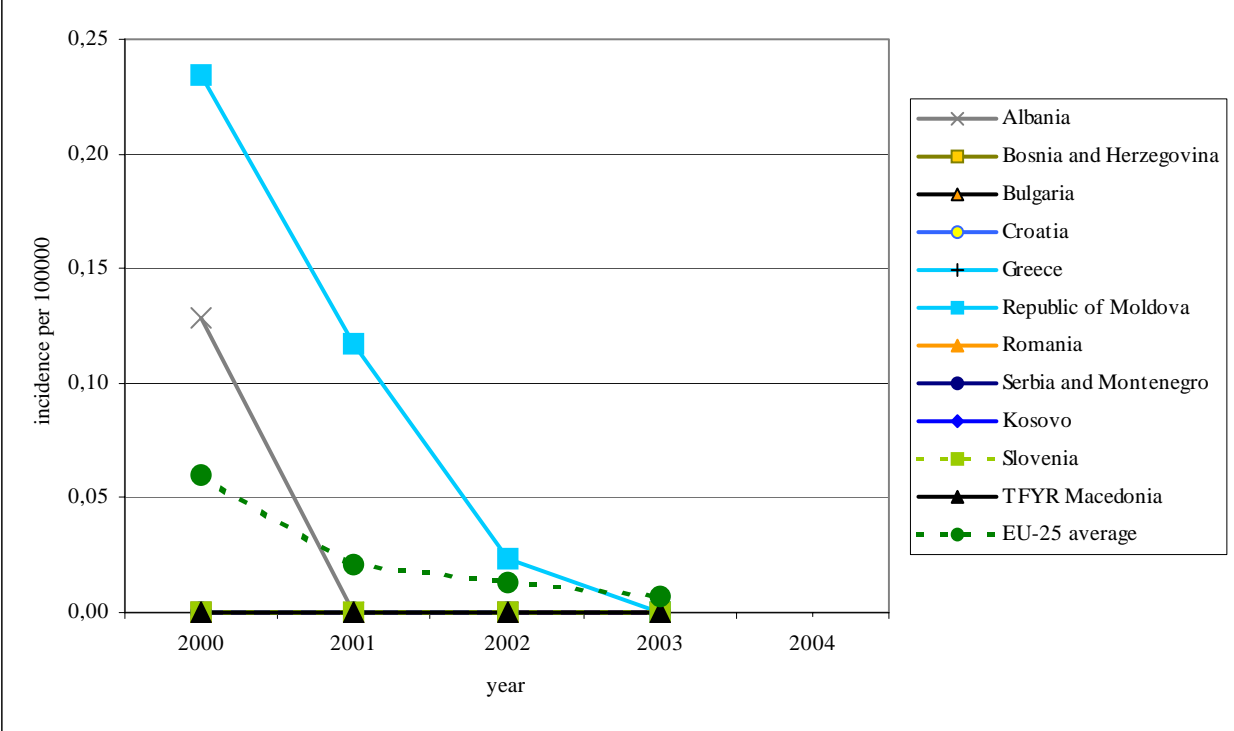
### Indicator 22: Diphtheria incidence per 100,000 population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	0.13	0.00	0.00	0.00	...
Bosnia and Herzegovina	0.00	...	0.00	0.00	...
Bulgaria	0.00	0.00	0.00	0.00	...
Croatia	0.00	0.00	0.00	0.00	...
Greece	0.00	0.00	0.00	...	...
Republic of Moldova	0.23	0.12	0.02	0.00	...
Romania	0.00	0.00	0.00	0.00	...
Serbia and Montenegro <sup>#</sup>	0.00	0.00	0.00	0.00	...
Kosovo	...	...	...	...	...
Slovenia	0.00	0.00	0.00	0.00	...
TFYR Macedonia	0.00	0.00	0.00	0.00	...
EU-25 average	0.06	0.02	0.01	0.01	...
MIN SEE-countries	0.00	0.00	0.00	0.00	...
MAX SEE-countries	0.23	0.12	0.02	0.00	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 22: Diphtheria incidence per 100,000 population, SEE-countries, 2000-2004**



**Definition**

## World Health Organization

A hospital bed is a regularly maintained and staffed bed for the accommodation and full-time care of a succession of inpatients and is situated in wards or areas of the hospital where continuous medical care for inpatients is provided. It is a measure of hospital capacity. Beds in all hospitals should be included (see indicator 275210 for hospital definition). The number of hospital beds should be measured, whenever possible, in available bed-years during the calendar year or, if this is not possible, in available beds at mid-year (preferably) or end-year count can be used depending on the current national practice. Hospital beds exclude: cots for neonates; day beds; provisional and temporary beds, beds in storerooms; beds for special purposes or belonging to special health devices, e.g. dialysis, delivery (but not post-delivery beds in maternity hospitals), etc.

## Albania

Ministry of Health.

## Bosnia and Herzegovina

Public Health Institute - Department of health statistics and informatics.

## Bulgaria

In 1998, accrediting of all hospitals was finalized and this showed a decrease in the number of beds when compared to data before that.

## Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996.

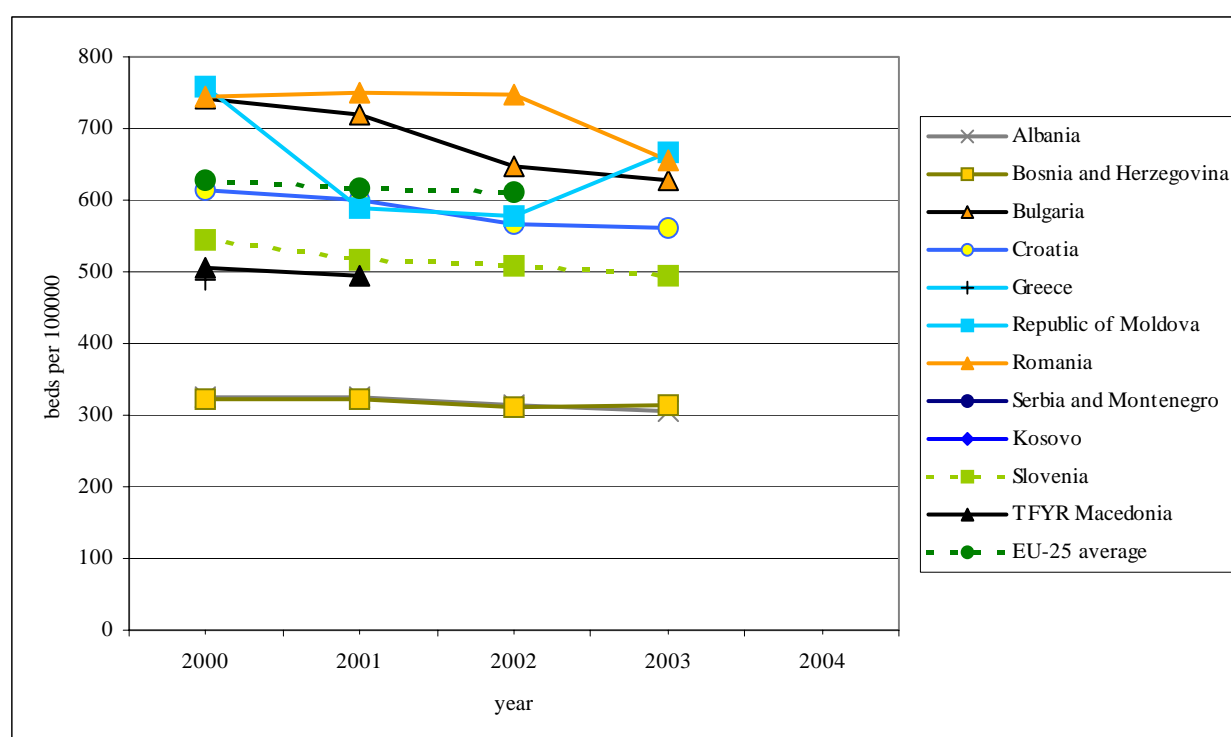
### Indicator 23: Hospital beds per 100,000 population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	326.33	325.52	314.09	306.63	...
Bosnia and Herzegovina	323.55	322.11	309.99	314.29	...
Bulgaria	741.13	720.10	648.50	628.50	...
Croatia	615.22	599.85	566.87	561.19	...
Greece	487.80	...	...	...	...
Republic of Moldova	759.19	588.75	577.06	666.98	...
Romania	743.55	749.22	745.99	656.48	...
Serbia and Montenegro <sup>#</sup>	...	...	598.90	...	...
Kosovo	...	...	...	...	...
Slovenia	543.44	516.36	508.44	495.55	...
TFYR Macedonia	505.74	493.64	...	...	...
EU-25 average	626.47	617.62	610.93	...	...
MIN SEE-countries	323.55	322.11	309.99	306.63	...
MAX SEE-countries	759.19	749.22	745.99	666.98	...

Data source: WHO/Europe, HFA Database, January 2005.

# Data with Kosovo

Figure 23: Hospital beds per 100,000 population, SEE-countries, 2000-2004



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*HFA-DB Indicator No. 5250 270201***Definition**

## World Health Organization

A physician is a person who has completed studies in medicine at university level. To be legally licensed for the independent practice of medicine (comprising prevention, diagnosis, treatment and rehabilitation), (s)he must in most cases undergo additional postgraduate training in a hospital (from 6 months to 1 year or more). To establish his or her own practice, a physician must fulfil additional conditions. The number of physicians at the end of the year includes all active physicians working in health services (public or private), including health services under other ministries than the Ministry of Health. Interns and residents, i.e. physicians in postgraduate training, are also included. The number of physicians excludes: physicians working outside the country; physicians on the retired list and not practising or unemployed; physicians working outside health services, e.g. employed in industry, research institutes etc.; dentists (stomatologists) who should be defined as a separate group. Confusion often occurs due to the different meaning of stomatologist in different countries. Stomatologists who are physicians with the specialty of stomatology (oral diseases/surgery) should be included in the number of physicians. In some countries of eastern Europe, the stomatologist is actually a dentist, practising dental care only. In this case he or she should be excluded from the total number of physicians. National practices in using full-time equivalent and/or physical persons differ, therefore the possibility to supply data in both versions is provided.

## Albania

Ministry of Health.

## Bosnia and Herzegovina

Public Health Institute - Annual report on the organisation structure of health personnel.

## Croatia

Private medical practitioners have been included since 1993.

## Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996.

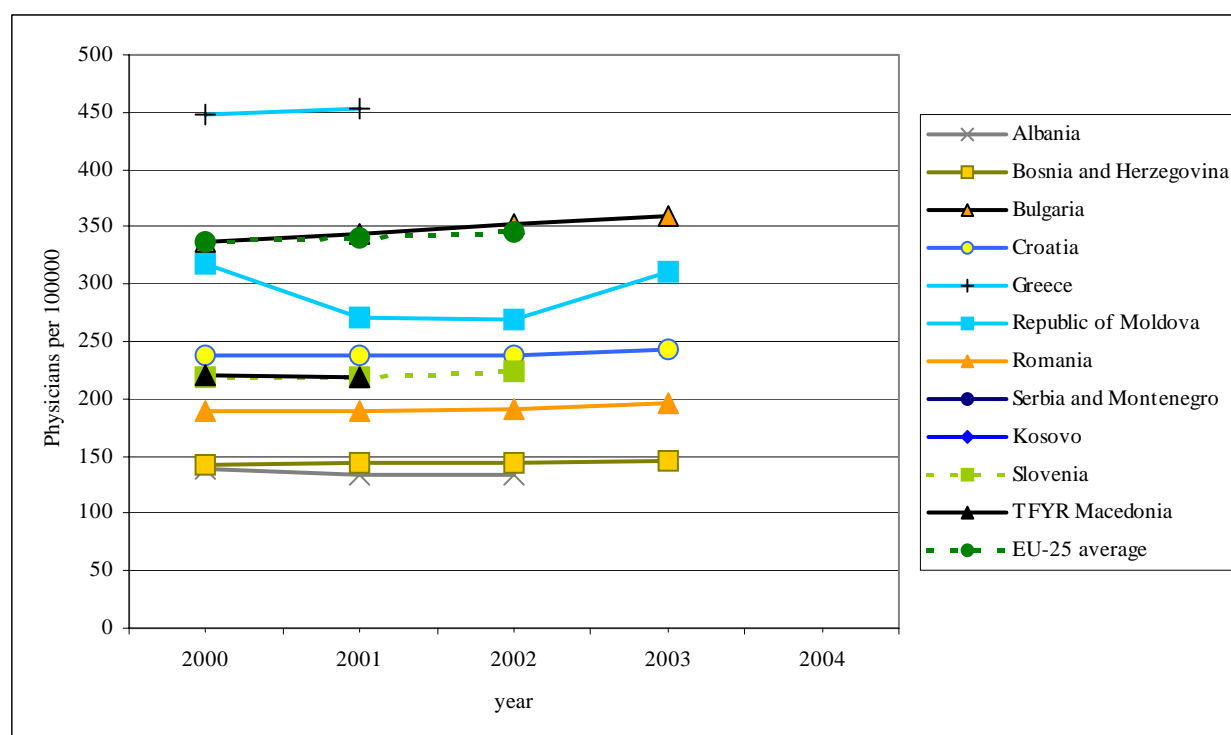
## Indicator 24: Physicians per 100,000 population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	138.89	133.58	132.94	...	...
Bosnia and Herzegovina	142.23	144.92	144.03	146.27	...
Bulgaria	336.91	343.55	351.87	359.53	...
Croatia	238.26	237.79	238.32	243.59	...
Greece	447.56	453.28	...	...	...
Republic of Moldova	317.98	270.82	269.87	311.28	...
Romania	188.87	188.94	190.63	195.72	...
Serbia and Montenegro <sup>#</sup>	...	...	268.08	...	...
Kosovo	...	...	...	...	...
Slovenia	218.34	218.92	224.23	...	...
TFYR Macedonia	219.85	219.13	...	...	...
EU-25 average	336.85	339.80	344.78	...	...
MIN SEE-countries	138.89	133.58	132.94	146.27	...
MAX SEE-countries	447.56	453.28	351.87	359.53	...

Data source: WHO/Europe, HFA Database, January 2005.

# Data with Kosovo

Figure 24: Physicians per 100,000 population, SEE-countries, 2000-2004



*HFA-DB Indicator No. 5290 992733*

**Definition**

World Health Organization

General practitioners, including assistant GPs. Includes only physicians (preferably as PP) working in outpatient establishments in specialties such as general practice, family doctor, internal medicine, general medicine. The general practitioner does not limit his/her practice to certain disease categories and assumes the responsibility for providing or referring for the provision of continuing and comprehensive medical care. In most eastern European countries, the general practitioner roughly corresponds to the district therapist.

Albania

Ministry of Health.

Bosnia and Herzegovina

Public Health Institute - Annual report on the organisation structure of health personnel.

Croatia

In 1996 the PHC included: General Medical Service, Infant and Young Child Health Service, School Health Service, Women's Health Service. Until 1995 it included physicians in the Occupational Health Service and in Emergency Care.

Romania

Does not include physicians of internal medicine.

Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996.

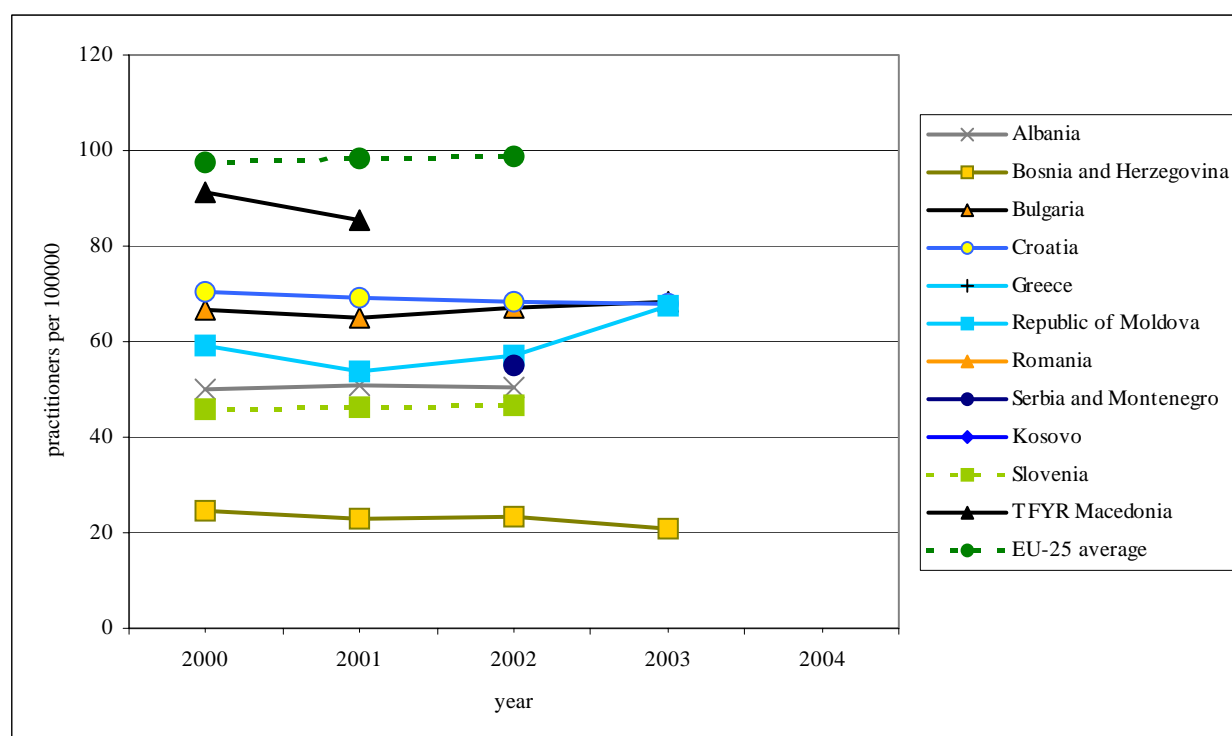
**Indicator 25: General practitioners (PP) per 100,000 population, SEE-countries, 2000-2004**

Country	Year				
	2000	2001	2002	2003	2004
Albania	50.00	50.73	50.48	...	...
Bosnia and Herzegovina	24.56	22.87	23.15	20.75	...
Bulgaria	66.72	64.99	67.26	68.41	...
Croatia	70.53	69.30	68.42	67.97	...
Greece	...	...	...	...	...
Republic of Moldova	59.03	53.60	57.06	67.70	...
Romania	...	...	...	...	...
Serbia and Montenegro <sup>#</sup>	...	...	55.09	...	...
Kosovo	...	...	...	...	...
Slovenia	45.97	46.28	46.65	...	...
TFYR Macedonia	91.30	85.41	...	...	...
EU-25 average	97.65	98.28	98.62	...	...
MIN SEE-countries	24.56	22.87	23.15	20.75	...
MAX SEE-countries	91.30	85.41	68.42	68.41	...

Data source: WHO/Europe, HFA Database, January 2005.

# Data with Kosovo

**Figure 25: General practitioners (PP) per 100,000 population, SEE-countries, 2000-2004**



*HFA-DB Indicator No. 5300 270203*

**Definition****World Health Organization**

A dentist (or stomatologist) is a person who has completed university-level studies at a faculty or school of dentistry (stomatology) and who is actually working in dental care, or a physician with postgraduate training in stomatology practising dental care only.

**Albania**

Ministry of Health. It is difficult to get accurate numbers because of the growing private sector.

**Bosnia and Herzegovina**

Public Health Institute - Annual report on the organisation structure of health personnel.

**Bulgaria**

The abrupt change is due to misreporting. For example, in 2000 the NHIF (National Health Insurance Fund) made contracts with dentists which brought some of the private dentists into view.

**Croatia**

Private dentists and stomatologists have been included since 1993.

**Slovenia**

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996.

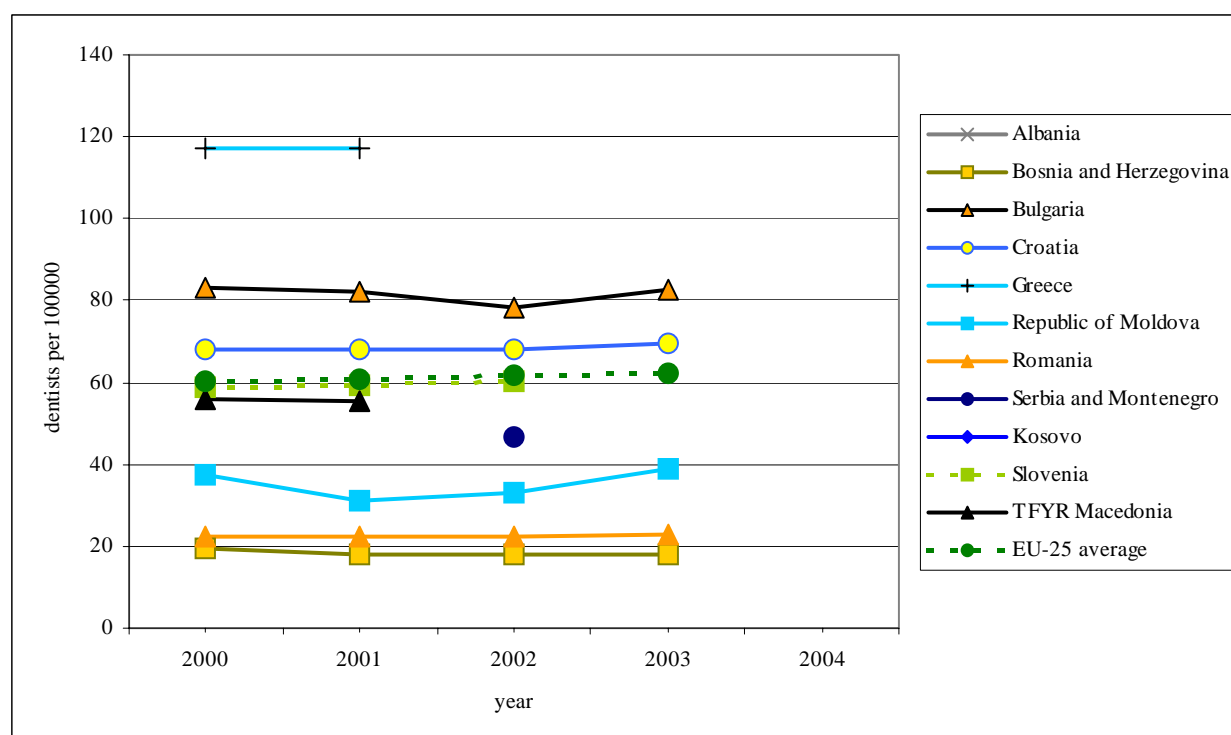
## Indicator 26: Dentists (PP) per 100,000 population, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	...	...	...	...	...
Bosnia and Herzegovina	19.21	18.08	18.02	18.10	...
Bulgaria	82.96	81.91	78.08	82.76	...
Croatia	67.88	68.08	68.13	69.45	...
Greece	117.09	117.18	...	...	...
Republic of Moldova	37.35	31.17	32.84	38.83	...
Romania	22.21	22.57	22.36	22.63	...
Serbia and Montenegro <sup>#</sup>	...	...	46.76	...	...
Kosovo	...	...	...	...	...
Slovenia	58.62	59.14	60.08	...	...
TFYR Macedonia	55.72	55.29	...	...	...
EU-25 average	60.40	60.85	61.94	62.01	...
MIN SEE-countries	19.21	18.08	18.02	18.10	...
MAX SEE-countries	117.09	117.18	78.08	82.76	...

Data source: WHO/Europe, HFA Database, January 2005.

# Data with Kosovo

Figure 26: Dentists (PP) per 100,000 population, SEE-countries, 2000-2004



HFA-DB Indicator No. 6100 992901

**Definition**

## World Health Organization

Total number of occupied hospital bed-days divided by the total number of admissions or discharges. Length of stay (LOS) of one patient = date of discharge - date of admission. If these are the same dates, then LOS is set to one day. ALOS should preferably be provided to the accuracy of hundreds, i.e. 0.01.

## Albania

Ministry of Health.

## Bosnia and Herzegovina

Public Health Institute - Department of health statistics and informatics. Available up to the war time period on a yearly basis. Source: CSO war period just for the part of FBiH.

## Romania

October 2002: Calculated as: (Number of occupied bed-days)/Number of admissions+patients at the beginning of calculation period).

## Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996.

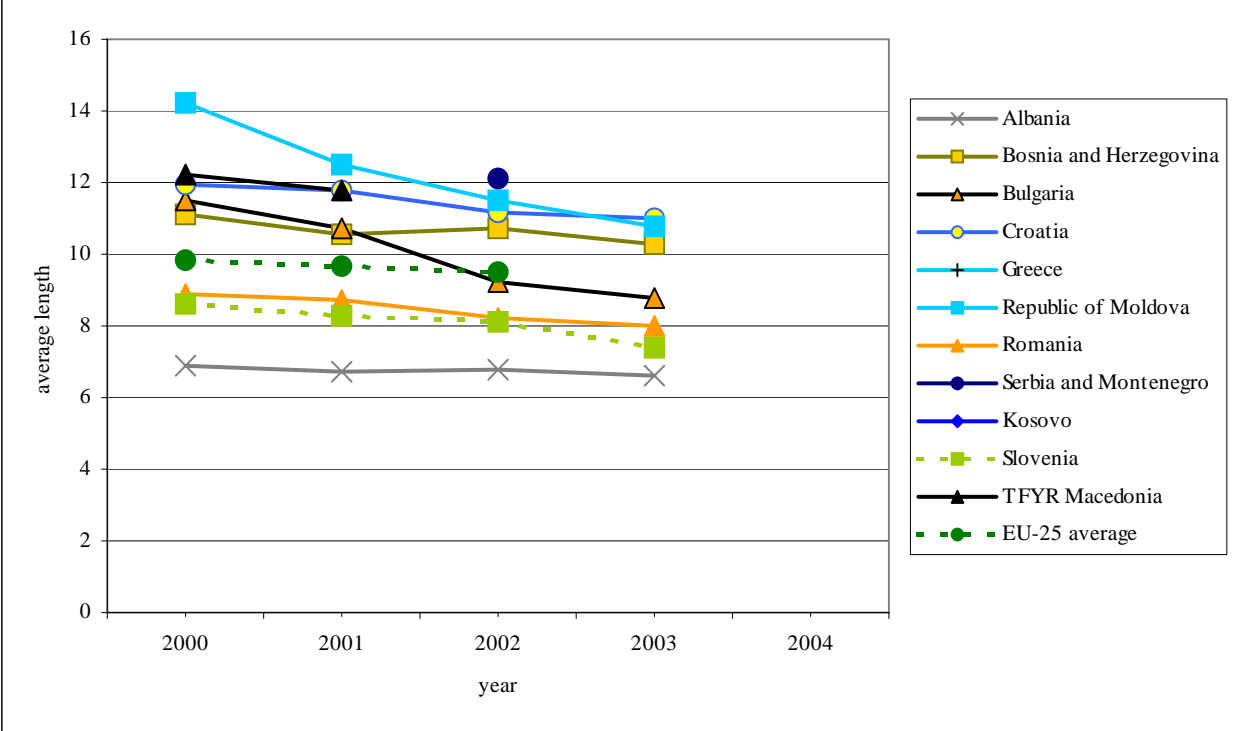
**Indicator 27: Average length of stay, all hospitals, SEE-countries, 2000-2004**

Country	Year				
	2000	2001	2002	2003	2004
Albania	6.90	6.70	6.80	6.60	...
Bosnia and Herzegovina	11.10	10.54	10.70	10.30	...
Bulgaria	11.50	10.70	9.20	8.80	...
Croatia	11.92	11.80	11.17	11.00	...
Greece	...	...	...	...	...
Republic of Moldova	14.20	12.50	11.50	10.80	...
Romania	8.90	8.70	8.20	8.00	...
Serbia and Montenegro <sup>#</sup>	...	...	12.10	...	...
Kosovo	...	...	...	...	...
Slovenia	8.60	8.30	8.10	7.40	...
TFYR Macedonia	12.20	11.80	...	...	...
EU-25 average	9.81	9.65	9.52	...	...
MIN SEE-countries	6.90	6.70	6.80	6.60	...
MAX SEE-countries	14.20	12.50	12.10	11.00	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 27: Average length of stay, all hospitals, SEE-countries, 2000-2004**



**Definition**

## World Health Organization

Whenever possible, the OECD definition of total expenditure on health is applied (see OECD health systems, Vol. II, page 89, for details). It includes: household health expenses, including goods and services purchased at the consumer's own initiative and the cost-sharing part of publicly financed or supplied care; government-supplied health services including those in schools, prisons and armed forces and special public health programmes such as vaccination; investment in clinics, laboratories etc.; administration costs; research and development, excluding outlays by pharmaceutical firms; industrial medicine; outlays of voluntary and benevolent institutions. In the case of most central and eastern European countries the following has to be included: direct state budget allocated to the health sector, state subsidies to the mandatory health insurance system; mandatory health insurance contributions by employers and employees; direct health expenditure of employers for running industrial medical facilities; direct health expenditures of ministries and governmental agencies; charity health expenditures; foreign assistance; outstanding debt at the end of the year; private health insurance and direct private health charges. It is important to ensure that funding from the general budget revenues and health insurance contributions do not overlap. The OECD Health Database is used as the primary data source for those countries that are OECD Member States.

## Albania

Ministry of Health (estimate), Ministry of Finance and INSTAT.

## Bosnia and Herzegovina

Public Health Institute - Department of Health Economics.

## Romania

Source: National Institute of Statistics.

## Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996, Institute for Macroeconomic Analyses and Development of Slovenia, Ljubljana 1996.

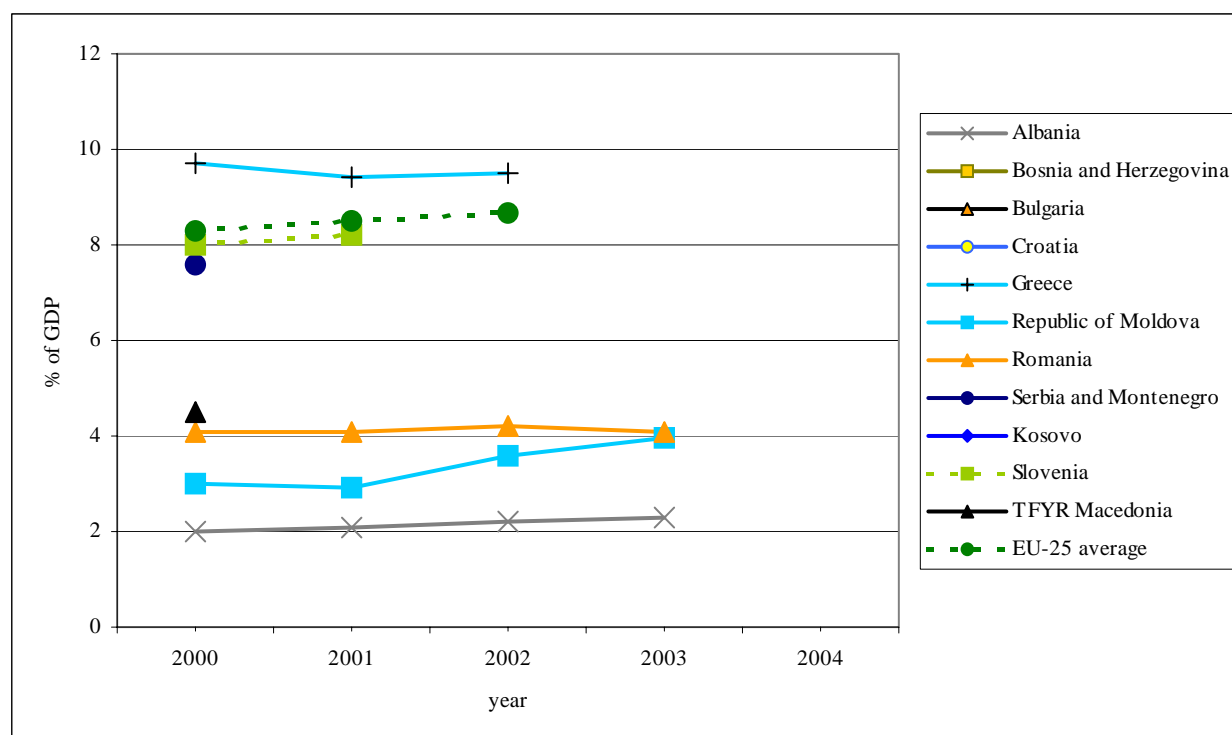
**Indicator 28: Total health expenditure as % of gross domestic product (GDP), SEE-countries, 2000-2004**

Country	Year				
	2000	2001	2002	2003	2004
Albania	2.00	2.10	2.20	2.30	...
Bosnia and Herzegovina	...	...	...	...	...
Bulgaria	...	...	...	...	...
Croatia	...	...	...	...	...
Greece	9.70	9.40	9.50	...	...
Republic of Moldova	3.00	2.90	3.60	3.96	...
Romania	4.10	4.10	4.20	4.10	...
Serbia and Montenegro <sup>#</sup>	7.58	...	...	...	...
Kosovo	...	...	...	...	...
Slovenia	8.00	8.20	...	...	...
TFYR Macedonia	4.50	...	...	...	...
EU-25 average	8.31	8.48	8.67	...	...
MIN SEE-countries	2.00	2.10	2.20	2.30	...
MAX SEE-countries	9.70	9.40	9.50	4.10	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 28: Total health expenditure as % of gross domestic product (GDP), SEE-countries, 2000-2004**



Indicator  
29

% of infants vaccinated against diphtheria

HFA-DB Indicator No. 7160 280101

### Definition

World Health Organization

% of infants reaching their first birthday in the given calendar year who have been fully vaccinated against diphtheria (3 doses of DPT or DT). Data are reported annually to and available from the CD unit at WHO/EURO.

Albania

Ministry of Health.

Bosnia and Herzegovina

Public Health Institute - Department of Epidemiology.

Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996.

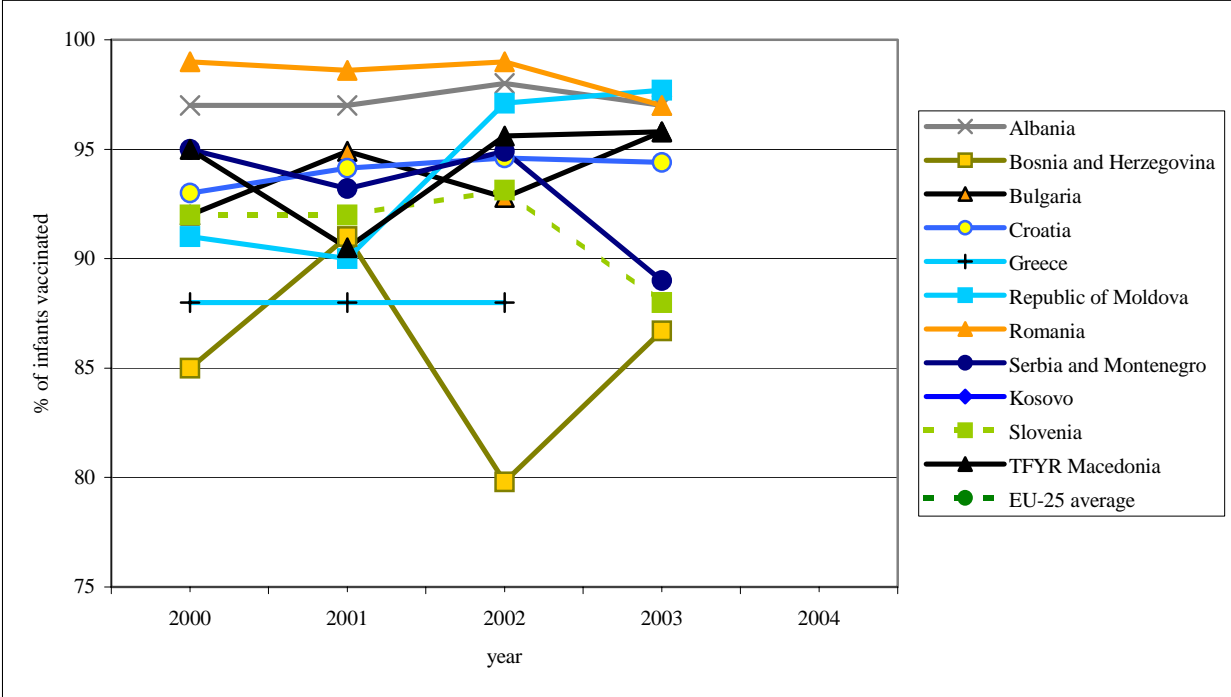
### Indicator 29: % of infants vaccinated against diphtheria, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	97.00	97.00	98.00	97.00	...
Bosnia and Herzegovina	85.00	91.00	79.80	86.70	...
Bulgaria	92.00	94.90	92.80	95.80	...
Croatia	93.00	94.14	94.60	94.40	...
Greece	88.00	88.00	88.00	...	...
Republic of Moldova	91.00	90.00	97.10	97.70	...
Romania	99.00	98.60	99.00	97.00	...
Serbia and Montenegro <sup>#</sup>	95.00	93.20	94.90	89.00	...
Kosovo	...	...	...	...	...
Slovenia	92.00	92.00	93.13	88.00	...
TFYR Macedonia	95.00	90.50	95.60	95.80	...
EU-25 average	...	...	...	...	...
MIN SEE-countries	85.00	88.00	79.80	86.70	...
MAX SEE-countries	99.00	98.60	99.00	97.70	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 29: % of infants vaccinated against diphtheria, SEE-countries, 2000-2004**



Indicator 30
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% of infants vaccinated against poliomyelitis

HFA-DB Indicator No. 7200 280105

### Definition

World Health Organization

% of infants reaching their first birthday in the given calendar year who were fully vaccinated against poliomyelitis (3 doses). Data are reported annually to and available from the CD unit at WHO/EURO. See WHO indicator 280101.

Albania

Ministry of Health.

Bosnia and Herzegovina

Public Health Institute - Department of Epidemiology.

Slovenia

Institute of Public Health of the Republic of Slovenia, Ljubljana 1996.

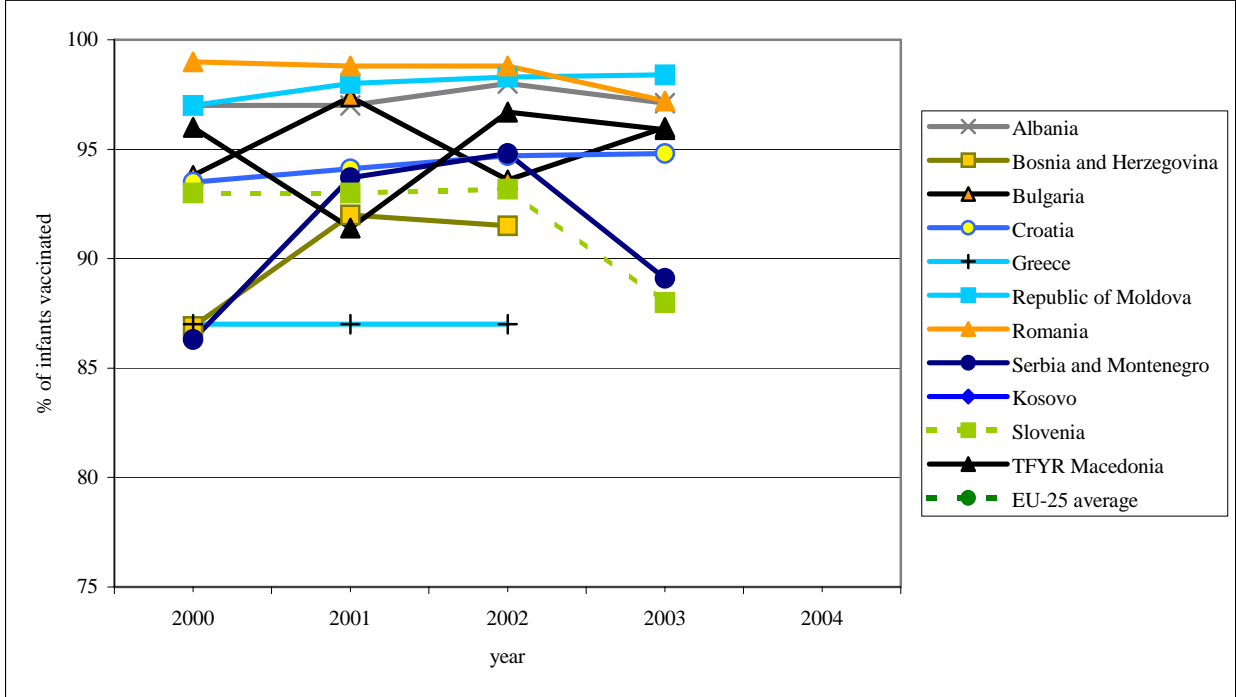
### Indicator 30: % of infants vaccinated against poliomyelitis, SEE-countries, 2000-2004

Country	Year				
	2000	2001	2002	2003	2004
Albania	97.00	97.00	98.00	97.10	...
Bosnia and Herzegovina	86.90	92.00	91.50	...	...
Bulgaria	93.80	97.40	93.60	96.00	...
Croatia	93.50	94.10	94.70	94.80	...
Greece	87.00	87.00	87.00	...	...
Republic of Moldova	97.00	98.00	98.30	98.40	...
Romania	99.00	98.80	98.80	97.20	...
Serbia and Montenegro <sup>#</sup>	86.30	93.70	94.80	89.10	...
Kosovo	...	...	...	...	...
Slovenia	93.00	93.00	93.17	88.00	...
TFYR Macedonia	96.00	91.40	96.70	95.90	...
EU-25 average	...	...	...	...	...
MIN SEE-countries	86.30	87.00	87.00	88.00	...
MAX SEE-countries	99.00	98.80	98.80	98.40	...

Data source: WHO/Europe, HFA Database, January 2005.

<sup>#</sup> Data with Kosovo

**Figure 30: % of infants vaccinated against poliomyelitis, SEE-countries, 2000-2004**



**Background information: Male population by 5-year age groups (31 Dec),  
Albania, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4	167,238	141,686	137,599	134,466	132,442
5-9	206,438	157,555	152,975	149,178	145,810
10-14	191,175	165,151	166,498	164,026	159,956
15-19	142,468	143,573	149,179	153,825	158,016
20-24	116,691	110,284	113,888	119,410	124,280
25-29	111,161	102,024	101,812	101,543	103,532
30-34	114,114	104,197	104,474	103,890	100,425
35-39	130,010	110,207	105,794	104,143	102,964
40-44	106,283	107,921	110,022	111,289	111,374
45-49	94,035	86,712	90,316	94,390	98,151
50-54	87,934	71,810	76,007	76,374	78,298
55-59	68,590	62,506	61,016	60,054	60,563
60-64	58,160	57,960	57,517	59,641	59,980
65-69	36,296	43,936	47,033	48,708	50,159
70-74	25,470	31,495	32,564	33,117	34,042
75-79	12,696	16,486	16,704	17,599	19,165
80-84	8,126	13,993	14,303	15,068	15,579
85 +					
total	1,676,885	1,527,496	1,537,701	1,564,721	1,554,736

Data source: Instat, Institute for Statistics of the Republic of Albania.

Note: Data for the age group  
1-4 is 0-4 and for the age  
group 80-84 is 80+.

**Background information: Male population by 5-year age groups (average),  
Albania, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		154,462	139,643	136,033	133,454
5-9		181,997	155,265	151,077	147,494
10-14		178,163	165,825	165,262	161,991
15-19		143,021	146,376	151,502	155,921
20-24		113,488	112,086	116,649	121,845
25-29		106,593	101,918	101,678	102,538
30-34		109,156	104,336	104,182	102,158
35-39		120,109	108,001	104,969	103,554
40-44		107,102	108,972	110,656	111,332
45-49		90,374	88,514	92,353	96,271
50-54		79,872	73,909	76,191	77,336
55-59		65,548	61,761	60,535	60,309
60-64		58,060	57,739	58,579	59,811
65-69		40,116	45,485	47,871	49,434
70-74		28,483	32,030	32,841	33,580
75-79		14,591	16,595	17,152	18,382
80-84		11,060	9,611	10,285	10,899
85 +			4,538	4,402	4,426
total		1,602,191	1,532,599	1,542,211	1,550,729

Data source: Instat, Institute for Statistics of the Republic of Albania (2001-2003).

Note: Age group 1-4 is 0-4 for all years and age group 80-84 is 80+ for the year 2000.

Calculation lögd (2000):

$$\text{Method} = \frac{\text{population year } x + \text{population year } x+1}{2}$$

**Background information: Female population by 5-year age groups (31 Dec),  
Albania, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4	157,475	132,263	127,711	124,384	122,391
5-9	193,977	149,497	145,456	141,791	137,715
10-14	178,368	158,979	159,394	156,686	152,967
15-19	160,424	149,532	152,854	154,256	155,532
20-24	147,731	120,252	123,116	129,453	133,959
25-29	139,904	110,902	111,839	110,757	113,532
30-34	119,957	111,234	111,846	112,184	108,436
35-39	129,108	111,978	109,115	108,368	109,073
40-44	101,069	105,509	107,564	110,088	110,657
45-49	87,607	82,235	86,650	90,681	95,159
50-54	82,594	67,977	71,784	72,623	74,066
55-59	62,540	58,945	57,434	55,927	56,982
60-64	56,012	54,997	55,831	59,170	60,477
65-69	41,095	41,800	44,049	45,685	47,045
70-74	32,702	33,155	34,398	34,917	36,072
75-79	18,414	22,055	22,976	24,347	25,609
80-84	15,336	24,512	24,431	24,741	25,138
85 +					
total	1,724,313	1,535,822	1,546,448	1,556,058	1,564,810

Data source: Instat, Institute for Statistics of the Republic of Albania.

Note: Data for the age group  
1-4 is 0-4 and for the age  
group 80-84 is 80+.

**Background information: Female population by 5-year age groups (average),  
Albania, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		144,869	129,987	126,048	123,388
5-9		171,737	147,477	143,624	139,753
10-14		168,674	159,197	158,040	154,827
15-19		154,978	151,193	153,555	154,894
20-24		133,992	121,684	126,285	131,706
25-29		125,402	111,371	111,298	112,145
30-34		115,596	111,540	112,015	110,310
35-39		120,543	110,547	108,742	108,721
40-44		103,289	106,537	108,826	110,373
45-49		84,921	84,443	88,666	92,920
50-54		75,286	69,881	72,204	73,345
55-59		60,743	58,190	56,681	56,455
60-64		55,505	55,414	57,501	59,824
65-69		41,448	42,925	44,867	46,365
70-74		32,929	33,777	34,658	35,495
75-79		20,235	22,516	23,662	24,978
80-84		19,924	14,578	15,349	16,039
85 +			9,895	9,238	8,901
total		1,630,068	1,541,135	1,551,253	1,560,434

Data source: Instat, Institute for Statistics of the Republic of Albania (2001-2003).

Note: Age group 1-4 is 0-4 for all years and age group 80-84 is 80+ for the year 2000.

Calculation lögd (2000):

$$\text{Method} = \frac{\text{population year } x + \text{population year } x+1}{2}$$

**Background information: Male population by 5-year age groups (31 Dec),  
Bosnia and Herzegovina, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

Note: not available.

**Background information: Male population by 5-year age groups (average),  
Bosnia and Herzegovina, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4			114,570		
5-9			111,524		
10-14			134,575		
15-19			130,609		
20-24			138,923		
25-29			154,670		
30-34			143,521		
35-39			149,556		
40-44			146,081		
45-49			133,873		
50-54			114,692		
55-59			91,516		
60-64			109,840		
65-69			90,325		
70-74			62,139		
75-79			28,647		
80-84			6,707		
85 +			6,501		
total			1,868,270		

Data source: Agency for Statistics of Bosnia and Herzegovina.

Note: Age group 1-4 is 0-4;  
mid-year estimate, 30/06/2002.

**Background information: Female population by 5-year age groups (31 Dec),  
Bosnia and Herzegovina, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

Note: not available.

**Background information: Female population by 5-year age groups (average),  
Bosnia and Herzegovina, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4			106,624		
5-9			105,849		
10-14			128,583		
15-19			126,190		
20-24			135,774		
25-29			149,441		
30-34			142,100		
35-39			151,832		
40-44			149,061		
45-49			138,013		
50-54			123,411		
55-59			103,997		
60-64			127,721		
65-69			110,830		
70-74			82,852		
75-79			52,448		
80-84			12,653		
85 +			12,747		
total			1,960,127		

Data source: Agency for Statistics of Bosnia and Herzegovina.

Note: Age group 1-4 is 0-4;  
mid-year estimate, 30/06/2002.

**Background information: Male population by 5-year age groups (31 Dec),  
Bulgaria, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	36,439	34,527	34,249	33,642	33,564
1-4	138,310	131,310	130,935	134,757	137,783
5-9	222,879	197,396	188,293	176,397	167,117
10-14	269,336	260,972	252,806	242,459	229,367
15-19	289,990	276,146	274,395	271,249	269,441
20-24	321,435	295,399	291,874	287,278	283,401
25-29	304,028	291,225	294,891	300,285	301,053
30-34	277,864	275,255	279,864	283,428	283,140
35-39	277,340	264,673	259,795	256,132	259,804
40-44	282,133	274,796	272,540	270,297	268,497
45-49	289,340	276,455	278,438	275,972	272,669
50-54	281,193	287,865	282,158	280,350	276,865
55-59	225,051	229,544	237,685	243,311	250,845
60-64	209,095	203,633	199,461	198,476	199,297
65-69	212,528	204,691	203,742	195,895	187,745
70-74	170,723	167,819	163,655	165,936	165,820
75-79	115,900	117,897	120,076	119,313	119,943
80-84	43,162	44,930	51,301	58,324	62,871
85 +	24,415	27,932	25,444	22,661	21,618
total	3,991,161	3,862,465	3,841,602	3,816,162	3,790,840

Data source: Eurostat; 25 Feb 2005.

Note: Data for January 1st.

**Background information: Male population by 5-year age groups (average),  
Bulgaria, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		170,293	165,511	166,792	169,873
5-9		210,138	192,845	182,345	171,757
10-14		265,154	256,889	247,633	235,913
15-19		283,068	275,271	272,822	270,345
20-24		308,417	293,637	289,576	285,340
25-29		297,627	293,058	297,588	300,669
30-34		276,560	277,560	281,646	283,284
35-39		271,007	262,234	257,964	257,968
40-44		278,465	273,668	271,419	269,397
45-49		282,898	277,447	277,205	274,321
50-54		284,529	285,012	281,254	278,608
55-59		227,298	233,615	240,498	247,078
60-64		206,364	201,547	198,969	198,887
65-69		208,610	204,217	199,819	191,820
70-74		169,271	165,737	164,796	165,878
75-79		116,899	118,987	119,695	119,628
80-84		44,046	48,116	54,813	60,598
85 +		26,174	26,688	24,053	22,140
total		3,926,813	3,852,034	3,828,882	3,803,501

Data source: Eurostat; 28 Feb 2005.

Note: Age group 1-4 is 0-4.

Calculation lögd (2003):

$$\text{Method} = \frac{\text{population year } x + \text{population year } x+1}{2}$$

**Background information: Female population by 5-year age groups (31 Dec), Bulgaria, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	34,757	32,802	32,303	31,272	31,728
1-4	130,686	124,132	123,888	127,934	130,100
5-9	211,410	187,651	178,982	167,378	158,849
10-14	257,090	248,050	240,089	229,599	217,253
15-19	274,016	261,138	260,236	258,029	256,037
20-24	306,792	280,272	276,819	272,089	268,255
25-29	293,883	279,986	282,946	288,097	288,084
30-34	271,571	267,131	271,171	273,676	273,341
35-39	275,890	261,342	256,274	251,986	255,251
40-44	288,805	275,962	273,341	270,735	267,972
45-49	302,328	285,399	286,679	283,844	280,613
50-54	301,612	305,425	299,757	298,113	294,304
55-59	249,029	254,023	263,018	269,700	278,265
60-64	243,770	237,136	233,051	233,055	234,648
65-69	257,574	250,349	251,431	242,928	234,998
70-74	222,980	221,074	216,004	219,596	220,460
75-79	170,909	173,957	177,099	175,566	177,136
80-84	65,030	70,934	81,551	95,011	103,907
85 +	41,583	49,673	45,718	41,071	39,232
total	4,199,715	4,066,436	4,050,357	4,029,679	4,010,433

Data source: Eurostat; 28 Feb 2005.

Note: Data for January 1st.

**Background information: Female population by 5-year age groups (average), Bulgaria, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		161,189	156,563	157,699	160,517
5-9		199,531	183,317	173,180	163,114
10-14		252,570	244,070	234,844	223,426
15-19		267,577	260,687	259,133	257,033
20-24		293,532	278,546	274,454	270,172
25-29		286,935	281,466	285,522	288,091
30-34		269,351	269,151	272,424	273,509
35-39		268,616	258,808	254,130	253,619
40-44		282,384	274,652	272,038	269,354
45-49		293,864	286,039	285,262	282,229
50-54		303,519	302,591	298,935	296,209
55-59		251,526	258,521	266,359	273,983
60-64		240,453	235,094	233,053	233,852
65-69		253,962	250,890	247,180	238,963
70-74		222,027	218,539	217,800	220,028
75-79		172,433	175,528	176,333	176,351
80-84		67,982	76,243	88,281	99,459
85 +		45,628	47,696	43,395	40,152
total		4,133,076	4,058,397	4,040,018	4,020,056

Data source: Eurostat; 28 Feb 2005.

Note: Age group 1-4 is 0-4.

Calculation lögd (2003):

$$\text{Method} = \frac{\text{population year } x + \text{population year } x+1}{2}$$

**Background information: Male population by 5-year age groups (31 Dec),  
Croatia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002 <sup>e</sup>	2003	2004
0	22,188	20,900	20,500		
1-4	100,031	97,500	92,500	108,700	
5-9	127,798	128,100	129,500	128,800	
10-14	137,740	137,200	134,500	132,100	
15-19	153,305	151,800	148,800	146,300	
20-24	156,380	157,700	158,300	158,600	
25-29	149,278	149,900	151,300	153,200	
30-34	148,529	147,400	146,400	146,900	
35-39	159,160	159,300	157,700	156,000	
40-44	167,185	165,700	164,500	163,100	
45-49	168,983	171,900	170,600	169,800	
50-54	148,834	150,300	155,000	159,300	
55-59	109,121	111,000	112,700	117,800	
60-64	121,163	118,900	117,100	114,000	
65-69	110,914	111,200	111,300	109,900	
70-74	82,220	84,500	87,300	88,800	
75-79	44,331	46,000	48,200	51,200	
80-84	17,110	19,200	21,800	24,300	
85 +	11,622	10,700	9,800	8,800	
total	2,135,892	2,139,300	2,137,800	2,137,50	

Data source: Eurostat; 28 Feb 2005, Crostat Zagreb 2005

Note: Data for January 1st;  
e: estimated values.

**Background information: Male population by 5-year age groups (average),  
Croatia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	130,359	21,800			
1-4	143,398	99,100	115,700	110,800	
5-9	151,218	127,900	128,800	129,200	
10-14	156,557	137,600	135,900	133,300	
15-19	156,678	152,800	150,300	147,500	
20-24	158,411	157,000	158,000	158,500	
25-29	164,599	149,200	150,600	152,300	
30-34	172,009	148,300	146,900	146,700	
35-39	163,060	159,500	158,500	156,800	
40-44	142,496	166,700	165,100	163,800	
45-49	143,639	170,300	171,300	170,200	
50-54	125,776	147,900	152,600	157,100	
55-59	123,203	110,600	111,900	115,300	
60-64	97,358	120,500	118,000	115,600	
65-69	63,198	111,000	111,200	110,600	
70-74	41,781	82,800	85,800	88,000	
75-79	20,927	44,800	47,100	49,700	
80-84	10,820	17,700	20,500	23,100	
85 +		11,300	10,300	9,200	
<b>total</b>		<b>2,136,900</b>	<b>2,138,500</b>	<b>2,137,700</b>	

Data source: Eurostat; 28 Feb 2005, Crostat Zagreb 2005

Note: Age group 1-4 covers 0-4.

**Background information: Female population by 5-year age groups (31 Dec), Croatia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002 <sup>e</sup>	2003	2004
0	20,941	19,900	19,400		
1-4	95,397	92,900	88,100	103,200	
5-9	121,812	122,000	123,600	123,200	
10-14	132,013	131,300	128,200	126,100	
15-19	146,602	145,400	142,800	140,300	
20-24	150,581	151,300	152,000	152,100	
25-29	146,502	147,300	148,200	149,400	
30-34	148,190	146,600	145,400	145,300	
35-39	159,496	159,500	158,000	156,700	
40-44	167,671	166,600	165,700	164,400	
45-49	166,047	170,000	170,200	169,900	
50-54	152,247	152,600	156,600	160,700	
55-59	121,660	123,300	124,300	128,100	
60-64	141,999	139,400	137,200	133,800	
65-69	143,144	143,100	141,700	139,900	
70-74	122,563	123,700	127,400	129,500	
75-79	93,479	94,500	95,000	96,100	
80-84	40,097	46,200	53,800	60,400	
85 +	31,119	29,100	26,800	24,600	
total	2,301,560	2,304,800	2,304,400	2,303,700	

Data source: Eurostat; 28 Feb 2005, Crostat Zagreb 2005

Note: Data for January 1st;  
e: estimated values.

**Background information: Female population by 5-year age groups (average), Croatia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0		20,700			
1-4	123,991	94,400	110,200	105,40	
5-9	136,477	121,900	122,800	123,400	
10-14	144,720	131,800	129,700	127,200	
15-19	149,522	146,300	144,100	141,600	
20-24	151,667	150,900	151,700	152,000	
25-29	156,537	146,600	147,800	148,800	
30-34	162,900	147,900	146,00	145,300	
35-39	166,623	159,700	158,800	157,400	
40-44	162,670	167,400	166,200	165,100	
45-49	145,283	167,600	170,100	170,000	
50-54	151,239	150,900	154,600	158,700	
55-59	141,077	123,100	123,800	126,100	
60-64	147,691	141,200	138,300	135,500	
65-69	140,563	143,400	142,400	140,800	
70-74	99,957	122,60	125,600	128,500	
75-79	82,985	93,800	94,700	95,500	
80-84	45,055	42,100	50,000	57,100	
85 +	28,062	30,500	27,900	25,700	
total	2,337,015	2,302,600	2,304,70	2,304,100	

Data source: Eurostat; 28 Feb 2005, Crostat Zagreb 2005

Note: Age group 1-4 is 0-4.

**Background information: Male population by 5-year age groups (31 Dec),  
Greece, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	52,835	52,246	52,975	52,839	
1-4	212,724	209,301	207,289	206,934	
5-9	290,955	282,498	277,784	272,820	
10-14	318,195	307,944	300,164	296,326	
15-19	388,592	381,965	362,399	341,415	
20-24	438,695	437,280	430,266	420,595	
25-29	431,618	435,471	439,675	442,347	
30-34	432,180	440,071	443,009	444,730	
35-39	388,824	391,868	404,746	419,315	
40-44	381,297	386,757	389,719	393,849	
45-49	347,384	354,904	362,053	369,420	
50-54	335,093	337,958	337,582	338,338	
55-59	278,462	272,834	295,958	313,994	
60-64	300,390	299,249	283,203	273,738	
65-69	283,310	291,196	291,192	290,206	
70-74	237,111	246,738	250,159	253,509	
75-79	144,665	146,142	159,984	169,949	
80-84	80,419	80,194	84,450	88,944	
85 +	57,165	57,530	57,410	59,314	
total	5,399,914	5,412,146	5,430,017	5,448,582	

Data source: Eurostat; 25 Feb 2005.

Note: Data for January 1st.

**Background information: Male population by 5-year age groups (average), Greece, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		263,553	260,886	260,008	
5-9		286,727	280,150	275,314	
10-14		313,070	304,040	298,236	
15-19		385,279	372,187	351,918	
20-24		437,988	433,757	425,415	
25-29		433,545	437,581	441,024	
30-34		436,126	441,519	443,853	
35-39		390,346	398,316	412,050	
40-44		384,027	388,225	391,774	
45-49		351,144	358,497	365,747	
50-54		336,526	337,753	337,951	
55-59		275,648	284,414	304,990	
60-64		299,820	291,213	278,460	
65-69		287,253	291,206	290,715	
70-74		241,925	248,431	251,819	
75-79		145,404	153,071	164,979	
80-84		80,307	82,303	86,689	
85 +		57,348	57,494	58,390	
total		5,406,030	5,421,043	5,439,332	

Data source: Eurostat; 25 Feb 2005 (2000  
General Secretariat of National Statistical Service of Greece (2001, 2002).

Note: Age group 1-4 is 0-4.

**Background information: Female population by 5-year age groups (31 Dec), Greece, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	49,931	49,521	48,850	50,167	
1-4	202,635	199,642	197,096	194,924	
5-9	273,915	266,364	263,047	259,670	
10-14	293,366	283,375	278,604	276,211	
15-19	351,755	346,847	331,804	314,472	
20-24	401,046	398,972	392,541	384,733	
25-29	407,981	410,767	412,160	411,776	
30-34	422,002	427,457	426,012	423,323	
35-39	388,112	390,749	401,475	412,887	
40-44	387,643	393,243	393,704	396,831	
45-49	349,038	356,435	366,567	374,025	
50-54	346,884	348,972	346,080	347,000	
55-59	295,156	290,406	313,633	331,682	
60-64	341,428	342,168	323,529	313,301	
65-69	322,093	330,592	340,848	339,505	
70-74	286,546	296,879	295,942	304,617	
75-79	183,918	185,428	206,977	214,934	
80-84	111,538	111,404	112,516	122,364	
85 +	88,856	89,839	87,306	85,373	
total	5,503,843	5,519,060	5,538,691	5,557,795	

Data source: Eurostat; 25 Feb 2005.

Note: Data for January 1st.

**Background information: Female population by 5-year age groups (average), Greece, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
0-4		250,865	247,538	245,506	
5-9		270,140	264,717	261,369	
10-14		288,371	280,976	277,393	
15-19		349,301	339,340	323,150	
20-24		400,009	395,741	388,626	
25-29		409,374	411,478	411,983	
30-34		424,730	426,727	424,653	
35-39		389,431	396,131	407,194	
40-44		390,443	393,464	395,250	
45-49		352,737	361,509	370,306	
50-54		347,928	347,512	346,530	
55-59		292,781	302,027	322,667	
60-64		341,798	332,838	318,397	
65-69		326,343	335,733	340,191	
70-74		291,713	296,399	300,263	
75-79		184,673	196,218	210,967	
80-84		111,471	111,951	117,424	
85 +		89,348	88,611	86,358	
total		5,511,452	5,528,910	5,548,227	

Data source: Eurostat; 25. Feb 2005 (2000).  
General Secretariat of National Statistical Service of Greece (2001, 2002).

Note: Age group 1-4 is 0-4.

**Background information: Male population by 5-year age groups (31 Dec),  
Republic of Moldova, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	18,917	18,450	18,192	18,623	
1-4	85,854	81,903	77,470	74,718	
5-9	139,846	132,217	124,851	117,190	
10-14	178,505	170,257	163,412	155,070	
15-19	178,625	184,001	185,979	185,365	
20-24	156,576	158,446	162,100	167,926	
25-29	135,065	142,463	147,781	151,442	
30-34	109,382	109,510	111,729	114,468	
35-39	124,066	117,492	112,730	110,418	
40-44	141,440	141,404	138,338	134,229	
45-49	123,822	124,258	127,416	130,005	
50-54	94,320	105,715	114,501	117,047	
55-59	59,748	53,296	51,235	57,648	
60-64	64,776	66,408	64,108	60,518	
65-69	52,577	53,225	53,368	54,222	
70-74	40,443	41,366	40,564	38,447	
75-79	23,076	22,658	24,302	25,328	
80-84	9,266	10,559	11,206	11,562	
85 +	4,308	3,923	4,026	4,188	
total	1,740,612	1,737,551	1,733,308	1,728,414	

Data source: Center of Public Health and Management.

**Background information: Male population by 5-year age groups (average),  
Republic of Moldova, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

Note: not available.

**Background information: Female population by 5-year age groups (31 Dec),  
Republic of Moldova, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	17,541	17,401	16,985	17,326	
1-4	81,727	77,487	72,913	70,228	
5-9	133,561	126,074	119,141	111,476	
10-14	172,240	164,054	157,219	148,609	
15-19	174,797	179,088	180,832	179,856	
20-24	152,163	155,065	158,902	165,064	
25-29	136,603	142,940	145,177	146,908	
30-34	111,862	110,093	113,848	118,450	
35-39	135,423	128,913	122,715	117,856	
40-44	154,832	154,995	152,694	148,353	
45-49	137,548	138,082	140,802	144,505	
50-54	109,071	121,442	131,903	135,235	
55-59	76,203	69,094	65,591	72,382	
60-64	87,044	88,156	86,269	81,132	
65-69	74,665	75,976	75,236	77,489	
70-74	65,388	65,160	65,304	62,521	
75-79	44,854	45,348	46,090	47,183	
80-84	17,693	20,154	22,579	23,373	
85 +	11,285	10,739	10,804	11,075	
total	1,894,500	1,890,261	1,885,004	1,879,021	

Data source: Center of Public Health and Management.

**Background information: Female population by 5-year age groups (average),  
Republic of Moldova, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

Note: not available.

**Background information: Male population by 5-year age groups (31 Dec), Romania, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	118,875	118,690	109,626	106,555	107,760
1-4	468,804	468,431	457,240	453,001	443,819
5-9	649,725	622,370	593,264	577,611	572,236
10-14	889,899	861,131	813,249	760,735	702,874
15-19	859,159	837,292	837,197	855,811	879,392
20-24	1,003,555	991,277	908,023	882,781	849,979
25-29	914,261	929,703	879,080	895,747	916,489
30-34	898,392	962,172	982,808	930,278	871,214
35-39	660,796	634,165	602,060	693,548	788,342
40-44	809,045	779,351	728,926	691,986	658,343
45-49	776,141	786,449	785,592	786,287	784,996
50-54	614,923	666,805	681,868	708,670	722,695
55-59	517,725	493,374	496,693	505,780	528,095
60-64	564,795	555,458	526,553	501,082	473,917
65-69	490,180	485,883	484,485	477,297	477,720
70-74	377,835	384,895	379,966	387,622	383,918
75-79	226,784	241,793	247,578	254,051	260,688
80-84	73,868	80,206	91,044		
85 +	65,279	63,919	58,934		
total	10,980,041	10,963,364	10,664,186	10,627,715	10,591,835

Data source: Eurostat; 28 Feb 2005.

Note: Data for January 1st.

**Background information: Male population by 5-year age groups (average),  
Romania, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		587,400	576,994	563,211	
5-9		636,048	607,817	585,438	
10-14		875,515	837,190	786,992	
15-19		848,226	837,245	846,504	
20-24		997,416	949,650	895,402	
25-29		921,982	904,392	887,414	
30-34		930,282	972,490	956,543	
35-39		647,481	618,113	647,804	
40-44		794,198	754,139	710,456	
45-49		781,295	786,021	785,940	
50-54		640,864	674,337	695,269	
55-59		505,550	495,034	501,237	
60-64		560,127	541,006	513,818	
65-69		488,032	485,184	480,891	
70-74		381,365	382,431	383,794	
75-79		234,289	244,686	250,815	
80-84		77,037	85,625		
85 +		64,599	61,427		
total		10,971,703	10,813,775	10,645,951	

Data source: Eurostat; 28. Feb 2005.

Note: Age group 1-4 is 0-4.

**Background information: Female population by 5-year age groups (31 Dec), Romania, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	112,091	112,058	103,245	100,915	101,745
1-4	444,923	444,159	434,209	429,967	420,102
5-9	618,815	591,235	565,859	549,699	544,738
10-14	856,435	829,380	780,283	729,401	672,943
15-19	826,113	804,533	796,191	815,244	840,970
20-24	959,355	951,326	867,255	843,738	811,364
25-29	887,925	895,733	839,793	853,778	873,285
30-34	870,691	934,994	957,131	903,981	843,495
35-39	652,038	624,311	593,159	682,626	773,909
40-44	819,699	787,716	733,669	695,340	660,450
45-49	800,934	812,557	812,744	814,588	813,745
50-54	651,114	706,009	723,756	755,065	771,028
55-59	577,643	550,528	552,918	560,877	585,730
60-64	670,203	662,189	627,831	598,152	564,601
65-69	609,341	605,853	608,863	605,301	612,145
70-74	505,868	515,487	510,866	524,090	522,399
75-79	359,656	375,006	378,565	382,991	390,994
80-84	135,397	148,538	168,357		
85 +	117,203	115,481	114,603		
total	11,475,444	11,467,093	11,169,297	11,145,059	11,119,417

Data source: Eurostat; 28 Feb 2005.

Note: Data for January 1st.

**Background information: Female population by 5-year age groups (average), Romania, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		556,616	546,836	534,168	
5-9		605,025	578,547	557,779	
10-14		842,908	804,832	754,842	
15-19		815,323	800,362	805,718	
20-24		955,341	909,291	855,497	
25-29		891,829	867,763	846,786	
30-34		902,843	946,063	930,556	
35-39		638,175	608,735	637,893	
40-44		803,708	760,693	714,505	
45-49		806,746	812,651	813,666	
50-54		678,562	714,883	739,411	
55-59		564,086	551,723	556,898	
60-64		666,196	645,010	612,992	
65-69		607,597	607,358	607,082	
70-74		510,678	513,177	517,478	
75-79		367,331	376,786	380,778	
80-84		141,968	158,448		
85 +		116,342	115,042		
total		11,471,269	11,318,195	11,157,178	

Data source: Eurostat; 28 Feb 2005.

Note: Age group 1-4 is 0-4.

**Background information: Male population by 5-year age groups (31 Dec),  
Serbia and Montenegro, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003 <sup>p</sup>	2004
0	64,537	65,403	67,621	44,222	
1-4	274,728	266,273	260,301	148,352	
5-9	365,246	358,792	353,075	221,030	
10-14	397,479	395,815	392,004	243,422	
15-19	407,159	403,580	403,464	275,764	
20-24	412,331	411,786	408,765	286,978	
25-29	391,746	398,589	402,230	283,925	
30-34	372,220	374,654	379,909	262,623	
35-39	363,248	360,823	359,020	262,029	
40-44	370,287	368,197	366,254	282,858	
45-49	395,140	390,621	392,180	317,017	
50-54	312,037	345,066	353,743	313,533	
55-59	249,200	233,560	238,276	212,518	
60-64	265,986	261,274	254,722	211,074	
65-69	250,634	246,152	243,555	218,958	
70-74	190,910	197,473	200,632	181,556	
75-79	113,870	115,937	119,877	108,090	
80-84	35,870	44,828	52,915	48,756	
85 +	41,104	38,656	37,608	18,441	
total	5,273,732	5,277,479	5,286,151	3,941,146	

Data source: Eurostat; 28 Feb 2005.

Note: Data for January 1st;  
p: provisional data.

**Background information: Male population by 5-year age groups (average),  
Serbia and Montenegro, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		335,471	329,799	260,248	
5-9		362,019	355,934	287,053	
10-14		396,647	393,910	317,713	
15-19		405,370	403,522	339,614	
20-24		412,059	410,276	347,872	
25-29		395,168	400,410	343,078	
30-34		373,437	377,282	321,266	
35-39		362,036	359,922	310,525	
40-44		369,242	367,226	324,556	
45-49		392,881	391,401	354,599	
50-54		328,552	349,405	333,638	
55-59		241,380	235,918	225,397	
60-64		263,630	257,998	232,898	
65-69		248,393	244,854	231,257	
70-74		194,192	199,053	191,094	
75-79		114,904	117,907	113,984	
80-84		40,349	48,872	50,836	
85 +		39,880	38,132	28,025	
total		5,275,606	5,281,815	4,613,649	

Data source: Eurostat; 28 Feb 2005.

Note: Age group 1-4 is 0-4.

Calculation lögd (2003):

$$\text{Method} = \frac{\text{population year } x + \text{population year } x+1}{2}$$

**Background information: Female population by 5-year age groups (31 Dec),  
Serbia and Montenegro, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003 <sup>p</sup>	2004
0	59,433	60,465	62,573	41,663	
1-4	255,289	247,571	241,920	140,470	
5-9	340,620	333,951	327,653	207,773	
10-14	378,614	375,057	370,602	231,881	
15-19	388,972	385,913	386,024	263,489	
20-24	393,897	393,326	390,076	275,550	
25-29	376,313	383,096	387,134	278,845	
30-34	360,802	362,469	366,300	262,034	
35-39	356,462	352,539	351,151	265,883	
40-44	364,559	363,493	360,779	288,556	
45-49	391,466	386,702	389,667	319,791	
50-54	318,528	352,070	359,315	323,035	
55-59	265,102	248,378	253,089	230,701	
60-64	298,069	292,988	284,823	241,513	
65-69	296,628	291,477	289,679	261,998	
70-74	248,973	255,189	256,161	236,531	
75-79	165,620	169,247	176,787	169,011	
80-84	56,957	68,510	78,917	83,685	
85 +	47,330	45,236	43,486	33,224	
total	5,363,634	5,367,677	5,376,136	4,155,633	

Data source: Eurostat; 28 Feb 2005.

Note: Data for January 1st;  
p: provisional data.

**Background information: Female population by 5-year age groups (average),  
Serbia and Montenegro, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		311,379	306,265	243,313	
5-9		337,286	330,802	267.713	
10-14		376,836	372,830	301.242	
15-19		387,443	385,969	324.757	
20-24		393,612	391,701	332.813	
25-29		379,705	385,115	332.990	
30-34		361,636	364,385	314.167	
35-39		354,501	351,845	308.517	
40-44		364,026	362,136	324.668	
45-49		389,084	388,185	354.729	
50-54		335,299	355,693	341.175	
55-59		256,740	250,734	241.895	
60-64		295,529	288,906	263.168	
65-69		294,053	290,578	275.839	
70-74		252,081	255,675	246.346	
75-79		167,434	173,017	172.899	
80-84		62,734	73,714	81.301	
85 +		46,283	44,361	38.355	
total		5,365,656	5,371,907	4.765.885	

Data source: Eurostat; 28 Feb 2005.

Note: Age group 1-4 is 0-4.

Calculation lögd (2003):

$$\text{Method} = \frac{\text{population year } x + \text{population year } x+1}{2}$$

**Background information: Male population by 5-year age groups (31 Dec),  
Kosovo, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

**Background information: Male population by 5-year age groups (average),  
Kosovo, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

**Background information: Female population by 5-year age groups (31 Dec),  
Kosovo, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

**Background information: Female population by 5-year age groups (average),  
Kosovo, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

**Background information: Male population by 5-year age groups (31 Dec),  
Slovenia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	9,404	9,080	9,043	8,879	
1-4	37,646	37,430	37,194	36,989	
5-9	51,648	50,446	49,451	48,638	
10-14	62,247	60,695	58,158	55,447	
15-19	70,022	67,803	66,369	65,746	
20-24	78,489	78,051	77,089	75,433	
25-29	75,374	76,626	77,210	78,234	
30-34	74,569	73,292	73,142	73,466	
35-39	78,861	79,254	78,341	77,660	
40-44	79,881	78,831	78,782	78,697	
45-49	82,395	83,542	82,596	81,295	
50-54	68,016	71,709	74,765	77,647	
55-59	51,594	51,836	53,136	54,801	
60-64	49,066	49,393	50,233	51,034	
65-69	41,676	42,202	42,463	42,823	
70-74	31,378	32,943	33,795	34,270	
75-79	17,623	18,411	19,691	20,757	
80-84	6,918	7,980	9,096	10,313	
85 +	5,935	5,478	5,033	4,673	
total	972,742	975,002	975,587	976,802	

Data source: Statistical Office of Republic of Slovenia.

**Background information: Male population by 5-year age groups (average), Slovenia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0		9,270	9,110	9,052	9,033
1-4		38,073	37,616	37,221	37,035
5-9		52,541	50,915	50,122	49,033
10-14		62,929	61,609	59,361	56,630
15-19		71,206	68,666	66,891	66,337
20-24		78,521	78,295	77,760	76,499
25-29		74,317	76,223	77,113	77,941
30-34		75,463	73,789	73,051	73,240
35-39		78,505	79,018	78,911	78,062
40-44		80,668	79,243	78,649	78,944
45-49		82,614	82,826	83,644	81,961
50-54		64,268	70,757	73,275	76,489
55-59		53,337	51,079	52,550	54,179
60-64		48,904	49,366	49,825	50,669
65-69		41,894	41,795	42,335	42,504
70-74		30,292	32,308	33,552	34,140
75-79		17,271	18,030	19,045	20,207
80-84		6,404	7,398	8,476	9,706
85 +		6,104	5,668	5,278	4,827
total		972,581	973,711	976,111	977,436

Data source: Statistical Office of Republic of Slovenia.

Note: Population by 30/06/

**Background information: Female population by 5-year age groups (31 Dec), Slovenia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	8,837	8,451	8,554	8,315	
1-4	35,392	35,206	34,832	34,784	
5-9	48,948	47,735	46,996	46,047	
10-14	59,284	57,678	54,891	52,411	
15-19	66,710	64,924	63,797	62,901	
20-24	73,281	72,887	72,144	71,048	
25-29	70,910	72,192	72,589	73,006	
30-34	72,673	71,113	70,061	70,091	
35-39	77,083	77,216	77,380	76,374	
40-44	76,243	76,013	75,556	75,941	
45-49	76,494	77,488	77,693	76,957	
50-54	65,489	68,293	70,693	72,995	
55-59	53,672	54,024	54,507	55,446	
60-64	54,460	54,270	55,177	55,996	
65-69	54,362	53,820	52,836	52,201	
70-74	49,776	50,220	50,853	51,022	
75-79	39,591	40,872	41,589	42,076	
80-84	16,884	20,202	23,695	27,073	
85 +	17,263	16,420	15,603	14,947	
total	1,017,352	1,019,024	1,019,446	1,019,631	

Data source: Statistical Office of Republic of Slovenia.

**Background information: Female population by 5-year age groups (average), Slovenia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0		8,649	8,741	8,416	8,347
1-4		35,714	35,238	34,905	34,769
5-9		49,976	48,152	47,537	46,469
10-14		59,786	58,735	56,206	53,532
15-19		68,001	65,578	64,173	63,287
20-24		73,328	73,135	72,610	71,776
25-29		70,309	71,700	72,447	72,585
30-34		73,756	71,657	70,439	69,849
35-39		76,750	77,088	77,295	76,819
40-44		76,685	76,275	75,938	75,992
45-49		76,429	76,925	77,790	77,405
50-54		62,281	67,587	69,448	72,140
55-59		55,432	53,361	54,305	54,973
60-64		54,330	54,471	54,750	55,635
65-69		55,084	53,949	53,539	52,382
70-74		49,386	50,138	50,543	51,054
75-79		38,673	40,442	41,207	41,815
80-84		15,627	18,420	21,966	25,445
85 +		17,495	16,732	16,093	15,063
total		1,017,691	1,018,324	1,019,607	1,019,337

Data source: Statistical Office of Republic of Slovenia.

Note: Population by 30/06/

**Background information: Male population by 5-year age groups (31 Dec),  
TFYR Macedonia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	12,759	13,457	12,249	11,882	12,004
1-4	59,739	55,950	53,377	51,479	50,105
5-9	78,754	79,040	78,658	73,297	71,157
10-14	83,788	83,090	82,857	82,316	80,586
15-19	85,987	85,641	85,021	84,977	84,978
20-24	83,739	84,166	84,536	83,780	84,479
25-29	78,527	80,106	81,169	78,630	79,549
30-34	77,127	76,656	76,767	75,165	75,332
35-39	75,196	75,320	75,894	76,554	76,454
40-44	74,272	74,709	74,544	74,679	74,777
45-49	68,545	70,027	72,118	73,049	73,533
50-54	54,150	57,408	60,023	63,420	64,603
55-59	45,996	45,260	45,555	47,000	49,771
60-64	42,738	42,803	41,608	42,902	43,386
65-69	37,878	38,278	39,375	39,656	38,635
70-74	25,289	26,833	27,162	28,104	29,420
75-79	16,356	16,275	16,958	17,196	17,656
80-84	5,538	6,331	7,092	8,149	8,796
85 +	4,232	4,067	3,865	3,334	3,166
total	1,011,472	1,016,237	1,019,616	1,015,888	1,018,660

Data source: Eurostat, 18 Mar 2005.

Note: Data for January 1st.

**Background information: Male population by 5-year age groups (average),  
TFYR Macedonia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		70,953	67,517	64,494	62,735
5-9		78,897	78,849	75,978	72,227
10-14		83,439	82,974	82,587	81,451
15-19		85,814	85,331	84,999	84,978
20-24		83,953	84,351	84,158	84,130
25-29		79,317	80,638	79,900	79,090
30-34		76,892	76,712	75,966	75,249
35-39		75,258	75,607	76,224	76,504
40-44		74,491	74,627	74,612	74,728
45-49		69,286	71,073	72,584	73,291
50-54		55,779	58,716	61,722	64,012
55-59		45,628	45,408	46,278	48,386
60-64		42,771	42,206	42,255	43,144
65-69		38,078	38,827	39,516	39,146
70-74		26,061	26,998	27,633	28,762
75-79		16,316	16,617	17,077	17,426
80-84		5,935	6,712	7,621	8,473
85 +		4,150	3,966	3,600	3,250
total		1,013,855	1,017,927	1,017,752	1,017,274

Data source: Eurostat; 18 Mar 2005.

Note: Age group 1-4 is 0-4.

**Background information: Female population by 5-year age groups (31 Dec),  
TFYR Macedonia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	11,861	12,404	11,581	11,102	11,319
1-4	55,019	51,914	49,505	48,244	46,889
5-9	74,052	73,969	73,350	68,941	66,799
10-14	79,177	77,901	77,364	77,679	76,065
15-19	81,700	81,506	81,091	80,598	80,721
20-24	79,939	80,505	80,567	78,574	79,440
25-29	75,756	76,984	78,311	75,250	75,758
30-34	74,783	74,159	74,356	73,094	72,959
35-39	73,493	73,636	73,875	73,928	74,062
40-44	71,410	72,348	72,474	71,744	72,115
45-49	68,175	68,734	70,198	69,809	70,248
50-54	56,939	60,292	62,946	64,801	65,189
55-59	49,152	48,492	48,856	49,387	52,434
60-64	47,258	47,128	45,876	46,330	46,689
65-69	43,672	44,113	45,272	44,624	43,915
70-74	31,607	33,249	33,740	34,250	35,760
75-79	21,513	21,817	23,028	23,048	23,367
80-84	7,259	8,509	9,666	11,008	12,339
85 +	5,741	5,718	5,561	4,488	4,355
total	1,010,106	1,014,875	1,019,035	1,007,766	1,011,232

Data source: Eurostat, 18 Mar 2005.

Note: Data for January 1st.

**Background information: Female population by 5-year age groups (average),  
TFYR Macedonia, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		65,599	62,702	60,216	58,777
5-9		74,011	73,660	71,146	67,870
10-14		78,539	77,633	77,522	76,872
15-19		81,603	81,299	80,845	80,660
20-24		80,222	80,536	79,571	79,007
25-29		76,370	77,648	76,781	75,504
30-34		74,471	74,258	73,725	73,027
35-39		73,565	73,756	73,902	73,995
40-44		71,879	72,411	72,109	71,930
45-49		68,455	69,466	70,004	70,029
50-54		58,616	61,619	63,874	64,995
55-59		48,822	48,674	49,122	50,911
60-64		47,193	46,502	46,103	46,510
65-69		43,893	44,693	44,948	44,270
70-74		32,428	33,495	33,995	35,005
75-79		21,665	22,423	23,038	23,208
80-84		7,884	9,088	10,337	11,674
85 +		5,730	5,640	5,025	4,422
total		1,012,491	1,016,955	1,013,401	1,009,499

Data source: Eurostat; 18 Mar 2005.

Note: Age group 1-4is 0-4.

**Background information: Male population by 5-year age groups (31 Dec),  
EU-25 countries, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	2,423,773	2,442,749			
1-4	9,809,002	9,770,234			
5-9	13,331,409	13,039,334			
10-14	14,112,085	14,094,630			
15-19	14,808,924	14,642,772			
20-24	15,297,671	15,225,533			
25-29	16,486,470	16,290,008			
30-34	17,672,446	17,520,087			
35-39	17,695,091	17,845,691			
40-44	16,483,947	16,645,698			
45-49	15,452,333	15,500,741			
50-54	14,327,548	14,912,616			
55-59	12,182,203	11,979,101			
60-64	11,418,059	11,545,902			
65-69	9,851,114	9,888,771			
70-74	8,047,943	8,232,185			
75-79	5,760,309	5,825,729			
80-84	2,569,125	2,821,387			
85 +	:	2,201,689			
total	219,935,904	220,425,122			

Data source: Eurostat, 29 Mar 2005.

Note: Data for January 1st.

**Background information: Male population by 5-year age groups (average),  
EU-25 countries, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		12,256,167			
5-9		13,216,912			
10-14		14,130,097			
15-19		14,751,771			
20-24		15,319,857			
25-29		16,457,993			
30-34		17,667,028			
35-39		17,839,674			
40-44		16,637,765			
45-49		15,525,834			
50-54		14,664,035			
55-59		12,102,281			
60-64		11,495,468			
65-69		9,869,051			
70-74		8,147,125			
75-79		5,786,998			
80-84		2,694,617			
85 +					
total		220,772,809			

Data source: Eurostat; 28 Feb 05.

Note: Age group 1-4 is 0-4.

**Background information: Female population by 5-year age groups (31 Dec),  
EU-25 countries, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0	2,299,725	2,315,910			
1-4	9,309,253	9,282,935			
5-9	12,673,596	12,403,431			
10-14	13,420,614	13,394,371			
15-19	14,117,808	13,943,904			
20-24	14,748,355	14,678,999			
25-29	15,981,349	15,806,849			
30-34	17,151,751	17,007,574			
35-39	17,341,012	17,463,963			
40-44	16,394,601	16,544,694			
45-49	15,575,227	15,645,325			
50-54	14,556,975	15,163,489			
55-59	12,679,140	12,467,253			
60-64	12,475,366	12,574,195			
65-69	11,573,577	11,549,545			
70-74	10,774,595	10,835,747			
75-79	9,370,062	9,399,507			
80-84	4,927,932	5,365,750			
85 +	:	5,781,649			
total	231,144,279	231,625,266			

Data source: Eurostat, 29 Mar 2005.

Note: Data for January 1st.

**Background information: Female population by 5-year age groups (average),  
EU-25 countries, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4		11,625,958			
5-9		12,563,751			
10-14		13,428,178			
15-19		14,049,799			
20-24		14,751,163			
25-29		15,935,404			
30-34		17,110,263			
35-39		17,433,690			
40-44		16,515,290			
45-49		15,628,288			
50-54		14,890,628			
55-59		12,583,659			
60-64		12,543,959			
65-69		11,569,808			
70-74		10,826,247			
75-79		9,391,638			
80-84		5,156,931			
85 +					
total		231,801,674			

Data source: Eurostat; 28 Feb 05.

Note: Age group 1-4 is 0-4.

**Background information: Male population by 5-year age groups (31 Dec),  
SEE-countries, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

**Background information: Male population by 5-year age groups (average),  
SEE-countries, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

**Background information: Female population by 5-year age groups (31 Dec),  
SEE-countries, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

**Background information: Female population by 5-year age groups (average),  
SEE-countries, 2000-2004.**

Age in Years	Year				
	2000	2001	2002	2003	2004
0					
1-4					
5-9					
10-14					
15-19					
20-24					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
65-69					
70-74					
75-79					
80-84					
85 +					
total					

### 3.2 Analysis of indicators for SEE-countries

**% of population aged 65+ years** (indicator 01). The proportion of the population aged 65 years and older has considerably increased over the last years. The EU average rose from 15.83% to 16.11% which corresponds to an increase of 1.8 per cent. Compared to the year 1996, this difference is maintained as between 1998 and 2003 declining figures were registered.

With a proportion of 7.87%, Albania clearly lies below EU figures, a phenomenon which is rather unlikely due to the data situation. Moldova registers a value of less than 10% of the population aged 65 years and older. This value has been observed since 1996 with a continuously rising trend. Bulgaria comes close to the EU average and exceeded it in 2003 with 17.06%. For Croatia an increase can be observed between the years 2000 and 2003. The proportion of the "65+" population rose from 12.51% to 16.39%. Romania's and Slovenia's proportion of the population aged 65 years and over account for 14% and 15% correspondingly. Since 1996 both SEE-countries have been recording a continuous and slow increase. In 1996, Romania recorded 12.25% and Slovenia 12.69%.

**Live births per 1,000 population** (indicator 02). With values between 9 and 17 live births per 1,000 inhabitants, this indicator covers a broad range of figures. Albania registers the highest values of 14.44 for the year 2002 and 15.15 for the year 2003. Thus Albania lies above the EU average of about 10 live births per 1,000 inhabitants. Besides Albania, with 14 live births per 1,000 inhabitants TFYR of Macedonia also lies over the EU average of the years 2000 to 2003. The other SEE-countries register values which correspond to the EU average. Live births per 1,000 population is one of the newly added indicators and was not included in the pilot report.

**Unemployment rate in %** (indicator 03). With regard to the economic rating of a country, the unemployment rate in % is one of the most important indicators. This indicator has also been added for the first time.

With 16.3% in 2002, Bulgaria was at the top of all SEE-countries. In 2003, Croatia was at the top with 19.2% since data for Bulgaria were not recorded. Macedonia has an unemployment rate between 32% and 36% for 2000 and 2003. This means that Macedonia is among the last third of all SEE-countries.

The EU average for the year 2003 corresponds to 9.13% and has thus increased by about 2% compared to the year before (2002: 8.93%). The lowest unemployment rate was registered by Moldova; between 2000 and 2002 it amounted to about 2%.

**Life expectancy at birth, in years, male and female** (indicator 04 and 05). Male and female life expectancy has continuously risen since 1996. The EU average for males is 75 years. The highest life expectancy is registered for males in Slovenia (2003: 72.60 years) (with the exception of Greece and Albania). This was also found out in the first report for the years 1996 to 2000. (1996: 71.20 years; 2000: 71.94 years). The lowest life expectancy for males was calculated for Moldova (2003: 64.42 years). But compared to the first report, rising figures can also be registered in this case (1996: 62.96 and 2000: 63.99 years). In 2000, the span of male life expectancy (without Greece and Albania) was 9 years and in 2003 only 8 years.

Life expectancy for females is higher than for males. In 2003, it amounted to 81.44 years on EU average. With 80.35 years in 2003, Slovenia also recorded the highest female life expectancy and is thus just below EU average.

The lowest life expectancy figures have also been calculated for women in Moldova (2003: 71.66 years). With 9 years in 2000 and 2003, the span in female life expectancy has remained unchanged.

**Infant deaths per 1,000 live births** (indicator 06). Infant mortality has been decreasing since 1996. Nevertheless, most SEE-countries are above EU average (2003: 4.94 ‰). The highest infant death rate was registered by Romania with 18.63 (2000), 18.41 (2001) and 17.33‰ (2002)

and the lowest infant death rate by Slovenia with 4.91 (2000), 4.25 (2001), 3.83 (2002) and 4,04‰ (2003).

Moldova also has a high infant death rate which has however decreased more strongly (2000: 18.44‰; 2003: 14.31‰) than in Romania (2000: 18.63‰; 2003: 17.33‰).

**Perinatal deaths per 1,000 births** (indicator 07). In 2003, the perinatal death rate per 1,000 births amounted to 11.42 in Moldova, to 12.10 in Bulgaria and to 11.79 in Romania. Thus these countries are far above the EU average (2003: 6.65 perinatal deaths per 1,000 births).

The figures for Croatia (6.35‰) and Slovenia (4.34‰) in 2003 however correspond to the EU average.

**Maternal deaths per 100,000 live births** (indicator 08). In all SEE-countries, the maternal death rate for 2002 is far above the EU average (5.29 per 100,000 live births). Particularly Moldova, Romania and Albania exceed the EU average by more than four times. Values recorded for the years before reveal a similar situation. Since 1996, maternal mortality has stagnated on a very high level in the selected countries.

In 2003, Bulgaria (5.77), Croatia (7.56) and Macedonia (3.7) had lower maternal death rates than in the years before which correspond to the EU average of 2002.

**Maternal deaths, abortions per 100,000 live births** (indicator 09). For this indicator only few data are available for the years 2000 up to 2003. In 2000 and 2001, the EU average was less than 1.0 maternal death by abortions per 100,000 live births. Only Serbia and Montenegro reached EU level in 2000, the other countries are above EU average. From 2001 onwards, data are only available for Bulgaria, Moldova and Romania. For 2003 data are only available for Moldova.

Maternal deaths by abortions are the highest in Romania. In 2000, maternal deaths by abortions amounted to 15.35 per 100,000 live births. By the year 2002, maternal deaths by abortions decreased to 9.5 per 100,000 live births in Romania.

**SDR, all causes, all ages per 100,000, male** (indicator 10). The EU average for SDR, all causes, decreased from the year 2000 (920 per 100,000 males) to the year 2003 (895 per 100,000 males). With the exception of Greece, all SEE-countries were above this average. The standardised death rate for males increased in Romania from 1,358 in 2000 to 1,442 in the year 2002. In 2002, Bulgaria's death rate decreased from 1,410 in 2000 to 1,373 in 2003. After a decline in 2001 to 1,775 per 100,000 males, in 2003 Moldova again registered an increase to 1,837 per 100,000 males. Thus the SDR exceeded the year 2000 value of 1,829 per 100,000 males. The range of figures between MIN and MAX values (without Greece and Albania) slightly increased between 2000 and 2003.

**SDR, all causes, all ages per 100,000, female** (indicator 11). The standardised death rate for females is far below the rate for males. But also for females, Moldova is the country with the highest death rates. In the year 2000, the standardised mortality rate amounted to 1,167 per 100,000 females and in 2003 the rate was 1,173. With 587 deaths per 100,000 females in 2003, Slovenia comes close to the EU average (2003: 530 per 100,000 females). Since the year 2000, a decline can be observed for Slovenia. In 2000, Slovenia's standardised mortality rate still was 595 per 100,000 and in 2001 the rate amounted to 575 per 100,000 females.

The range of figures between MIN and MAX values (without Greece and Albania) slightly increased from 2000 to 2003.

**SDR, diseases of circulatory system, all ages per 100,000, male** (indicator 12). In two countries, an increase in the standardised death rate for diseases of the circulatory system can be observed for the year 2002. These two countries are Moldova and Romania. In particular Moldova has recorded a strong increase since 1996 with declining values in the years between.

In 1996, the rate amounted to 961.25 per 100,000 males and in the year 2003 the rate was 1,014.55 per 100,000 males and had thus reached a very high level compared to 6 years before. For Romania an increase can be observed between 2001 and 2002 (from 771.98 to 821.88 per 100,000 males), but this increase is only temporal. On the whole, a decreasing trend can be observed since 1996 (1996: 928.15; 2002: 821.88 per 100,000 males).

Since 1998, Croatia and Slovenia have recorded a continuous decline in the standardised mortality ratio for diseases of the circulatory system. Expressed in figures, this means for Croatia that in 1998 the standardised mortality ratio amounted to 725.38 and in 2002 to 589.83 per 100,000 males. A slight increase to 600.95 per 100,000 males can be observed for the year 2003. For Slovenia, a similar development can be recognised with decreasing SDR values from 437.54 in the year 1998 to 372.99 per 100,000 males in 2002. In Slovenia there is also a minimal increase to 376.26 per 100,000 males.

It has to be noticed that in 2001 and 2002 only Slovenia came close to the EU average of about 340 deaths caused by circulatory diseases per 100,000 males.

The range of figures between MIN and MAX values (without Greece and Albania) increased by 7% between 2000 and 2003.

**The SDR for diseases of the circulatory system, all ages per 100,000, female** (indicator 13) shows a similar development as for males, however on a lower level. For females as well, since 1996 Moldova has been recording an increasing trend in deaths caused by diseases of the circulatory system. In 1996, the rate amounted to 694.75 and increased to 758.85 per 100,000 females by the year 2003.

Despite stagnating high mortality figures, Bulgaria and Romania register a decline compared to 1996. For that year a rate of 628.41 could be observed for Bulgaria and 684.29 per 100,000 females for Romania; in 2002, about 600 deaths per 100,000 females were recorded in both countries. For Slovenia and Croatia declining SDR figures are observed for the years 2000 up to 2002, figures for Croatia are however higher.

For females Slovenia has registered the lowest rate since 1996. Starting with 301.45 per 100,000 females in 1996, the rate was continuously reduced to 236.09 per 100,000 females by the year 2002. Only Slovenia reaches almost EU average (2002: 218.43 per 100,000 females).

The range of figures between MIN and MAX values increased by 9%.

**SDR, malignant neoplasms, all ages per 100,000, male** (indicator 14).

An increase can be observed in two out of five countries in contrast to 2002. Bulgaria (2002: 202.12; 2003: 202.29) and Croatia (2002: 306.26; 2003: 313.44) record increases. The increase of Bulgaria is marginal, whereas Croatia records a very clear increase.

In 3 out of 5 countries a decrease can be observed. These countries are Moldova (2002: 208.36; 2003:206.70), Slovenia (2002: 294.56; 2003:289.11) and Macedonia (2002:217.47; 215.95).The increasing trend development has persisted since 1996. With the exception of Croatia, the observed declines are so low that they cannot be referred to as a change in the trend development. Further trend developments have to be observed in order to see if there is a big change.

**SDR, malignant neoplasms, all ages per 100,000, female** (indicator 15). The standardised death rates for females are clearly lower than those for males. In 2002, the EU average was 140.67 per 100,000 females. Compared to males, this is a difference of about 100 cases per 100,000 females.

In three out of five countries, a slight increase can be observed for females in the year 2003 compared to the year before. These countries are Moldova (2002: 115.46; 2003: 119.81), Slovenia (2002: 147.28; 151.25) and Macedonia (2002:115.15; 2003:121.08).

Bulgaria (112.57) and Croatia (146.48) register a slight decrease of the rates for females in 2003 compared to the year 2002 (Bulgaria: 116.93; Croatia: 149.60).

Long-term observations show that since 1996 all countries mentioned have registered a decline in the SDR.

**SDR, external causes of injury and poisoning, all ages per 100,000, male** (indicator 16). For external causes of injury and poisoning an increase in the EU average from 61 per 100,000 males (1996) to 66.42 per 100,000 males can be observed since 1996.

The highest standardised mortality ratio was registered by Moldova with 181.68 per 100,000 males (2003) and the lowest SDR by Macedonia with 51.41 per 100,000 males (2003).

For Bulgaria a strong decline can be observed since 1996: in that year the SDR still amounted to 98.57 per 100,000 males and by the year 2003 had decreased to 73.50 which corresponds to 34%. With 89.25 per 100,000 males, Croatia as well registered a low SDR.

With 106 per 100,000 males, Romania and Slovenia recorded a similar high SDR level for the year 2002. A slight increase up to 108.90 per 100,000 males can be observed for Slovenia in the year 2003.

These rates are however far above the EU average of the same year. Although they have decreased since 1996, a certain stability can be registered since the year 2000.

The range of figures between MIN and MAX values increased by 17% between the year 2000 and 2003.

**SDR, external causes of injury and poisoning, all ages per 100,000, female** (indicator 17).

Compared with males, a considerably lower SDR due to external causes of injury and poisoning can be observed for females. The EU average amounts to 23.85 per 100,000 females. As for males, the highest value has to be registered for Moldova with 50.90 per 100,000 females. Since 1996, the rate has been declining in Moldova (1996: 57.80 per 100,000). As for males, Bulgaria shows the lowest rate (2003: 21.19 per 100,000 females). Since 1996, this rate has also been declining with variations to be observed over the years.

The rates for Slovenia and Croatia slightly increased in the year 2003 compared to 2002.

The rate was 34.81 in Slovenia for 2003 compared to 31.67 in 2002. In Croatia on the other hand, the rate was 29.90 in 2003 compared to 29.52 in 2002.

In the years 2000 up to 2003, the range of figures between MIN and MAX values increased by 29,7%. Looking back to the year 1996, the SDR of all three countries has been considerably reduced.

**SDR, infectious and parasitic diseases, all ages per 100,000, male** (indicator 18). For infectious and parasitic diseases a slight SDR increase of the EU average can be observed. Whereas in 1996 the SDR still amounted to 8.21 per 100,000 males, the values increased to 10.53 per 100,000 males by the year 2002.

In Bulgaria the rate was reduced from 11.37 per 100,000 (2001) to 10.34 per 100,000 males (2003). Croatia registers slight variations of the SDR. In Croatia, the SDR amounted to 10.90 per 100,000 males in 2003 after in the year 2002 the rate had been 14.07 per 100,000 males. Long-term observations since 1996 have shown that the rates for Croatia vary. In 1996, the rate amounted to 14.94 per 100,000 males and reached its peak in the year 2000 (15.72 per 100,000 males).

For Moldova it can be stated that a gradual decline of the SDR can be observed and that the rate has stabilised at figures of over 30 per 100,000 males. In 2003, the SDR amounted to 34.21 per 100,000 males. The SDR reached its maximum for Moldova in the year 2000 with 37.90 per 100,000 males.

Following a decline up to the year 2001, the SDR for Romania has stabilised at figures of over 20 (2002: 23.80 per 100,000 males; 1996: 31.11 per 100,000 males).

The SDR for Bulgaria was reduced from 11.94 to 10.34 per 100,000 males over a four-year period (2000-2003). The strongest development has also to be noticed for these three years since the rate increased between 1996 and 1998.

According to long-term observations Slovenia seems to be a special case since a continuous increase of the SDR accompanied by slight fluctuations has to be observed. In 1996, the rate for Slovenia still amounted to 5.04 per 100,000 males and had reached a rate of 5.30 per 100,000 males by the year 2003.

Between the years 2000 and 2003, the range of figures between MIN and MAX values decreased by 8,6% in the SEE-countries.

**SDR, infectious and parasitic diseases, all ages per 100,000, female** (indicator 19). The SDR due to infectious and parasitic diseases is lower for females than for males. Whereas Moldova has the highest rate (8,38 per 100,000 females), the lowest rate of the SEE-countries can be observed for Slovenia (3.15 per 100,000 females) in 2003.

Since 1996, no continuous development has been observed in Slovenia but instead fluctuations in the SDR trend. Moldova in contrast shows a continuous decline since 1999. The SDR in Romania slightly decreased from 7.70 in the year 2000 to 7.42 per 100,000 females (2002); before the year 2000, the SDR was below these values (1998: 6.58 per 100,000 females).

The SDR for Croatia has increased since 1996. The rate was 4.24 per 100,000 females in 1996, after that year the SDR rose steadily to 7.64 per 100,000 females up to the year 2000. Since then the SDR has been declining and has reached a value of around 7 per 100,000 females.

The EU average for the 25 Member States has continuously increased since 1996 (1996: 4.82 per 100,000 females; 2002: 5.87 per 100,000 females).

Between 2000 and 2003, the range of figures between MIN and MAX values remained almost stable.

**Tuberculosis incidence per 100,000** (indicator 20). On this indicator, data are available for all SEE-countries. With 130.36 per 100,000 population in 2003, Romania has the highest incidence rate which has further increased since the year 2000 (122.44 per 100,000). With 114.73 per 100,000 population in the year 2003, Moldova has the second highest tuberculosis incidence rate which has considerably increased since the year 2000 (68.72 per 100,000 population). Alongside Greece (2003: 4.94 per 100,000 population) the lowest tuberculosis incidence rate can be observed in Albania (2003: 17.50 per 100,000 population), a rate which in 2000 still amounted to 19.40 per 100,000 population.

For 2003 a rate of 40 per 100,000 population can be observed for Bulgaria and Bosnia and Herzegovina. Serbia and Montenegro show a strong decrease of 50% in 2003 compared to 2002 (2002: 52.19 per 100,000; 2003: 25.72 per 100,000).

Macedonia and Croatia show incidence rates which between the years 2000 and 2003 amounted to a value of more than 30 per 100,000 population, fluctuating slightly.

The range of figures between MIN and MAX values increased by 8% in the SEE-countries between the years 2000 and 2003.

**Measles incidence per 100,000** (indicator 21). In the year 2003, measles incidence rates were at a very low level. Apart from Moldova (2.41 per 100,000 population) all countries registered rates of fewer than 1 per 100,000 population. It is a striking fact that in 2002 Moldova had to register an epidemic outbreak. In 2000 the rate was 16.09, in 2001 it was reduced to 10.74 per 100,000 population and in 2002 the rate increased to 116.36 per 100,000 population before being reduced in an equally extreme way to 2.41 per 100,000 population in 2003.

A similarly strong development can be registered for Albania in the years 2000 and 2001. Here the incidence rate was reduced from 21.26 per 100,000 population in 2000 to 0.59 in the year 2001 and by the year 2003 to a value of 0.13 per 100,000 population. For the other countries, no unusual developments can be observed.

It is an amazing fact that in 2003 the rates of all SEE-countries were lower than the EU average of 4.12 per 100,000 population. It can be assumed that in the SEE-countries vaccination campaigns still meet with better response than in west European countries.

The range of figures between MIN and MAX values decreased by 89% in SEE-countries between the years 2000 and 2003.

**Diphtheria incidence per 100,000** (indicator 22). In the years since 2000, the diphtheria incidence rate has been declining in the SEE-countries and in 2003 all SEE-countries reported "0" incidence rates.

**Hospital beds per 100,000** (indicator 23). In 2002, the EU average of hospital beds per 100,000 population in the 25 Member States amounted to 610.93. In most SEE-countries, the number of hospital beds per 100,000 population was lower.

In 2002, Romania registered the highest number (746 per 100,000) of hospital beds and Bosnia and Herzegovina the lowest number (310 per 100,000). Thus the range of values between the SEE-countries which has decreased by 17% since the year 2000 amounted to 360 hospital beds per 100,000 population in the SEE-region in the year 2003.

In 2000, Moldova registered about 759 beds per 100,000 population. In 2002, the number of hospital beds was reduced to 577 per 100,000 which corresponds to a reduction of about 24%. The number of beds increased again to 666.98 beds in 2003.

In Bulgaria 741 beds per 100,000 population were counted. By the year 2003, the number of hospital beds per 100,000 population sank to 629. This is a decline of 15%. Other SEE-countries such as Albania, Bosnia-Herzegovina, Croatia and Slovenia have refrained from reducing the number of their hospital beds to such an extent since the year 2000.

Looking at the development since 1996, the situation has changed. It becomes clear that since 1996 the number of hospital beds has strongly declined in Bulgaria (1996: 1,047 per 100,000 population), Croatia (1996: 619 per 100,000 population), Moldova (1996: 1,215 per 100,000 population) and Slovenia (1996: 566 per 100,000 population).

The range of figures between MIN and MAX values was reduced by 17,3% in the SEE countries between the years 2000 and 2003.

**Physicians per 100,000 (Physical Persons – PP)** (indicator 24). Since the year 2000, the number of physicians per 100,000 population has slightly increased in Bulgaria, paralleling the EU average. Moldova and Bosnia-Herzegovina on the other hand record a decline in the density of physicians in the population and with their figures the other SEE-countries have maintained their year 2000 level. Particularly between 1998 and 1999, the decline in Moldova was more pronounced (from 363 to 325 per 100,000) and was strong again between the years 2000 and 2001 (from 318 to 271 per 100,000). Hence in Moldova, the years 2000 and 2001 mark a decisive cut in the development of the density of doctors.

The range of figures between MIN and MAX values was reduced by 31% in the SEE countries between the years 2000 and 2003.

**General practitioners (Physical Persons – PP) per 100,000** (indicator 25). The rate of general practitioners per 100,000 population has changed little since the year 2000. Bosnia-Herzegovina, Moldova and Bulgaria are three SEE-countries in which a noticeable change can be observed. In Bosnia-Herzegovina, the rate of general practitioners has sunk slightly and continuously (2000: 25; 2003: 21 per 100,000 population). In Bulgaria figures varied between 2001 (65 per 100,000 population) and 2003 (68 per 100,000 population).

After a strong increase in the rate of general practitioners since 1996 (1996: 35; 2000: 59 per 100,000 population), Moldova, by the year 2003, recorded an increase to about 67.70 per 100,000 population.

The EU average of the supply of general practitioners is 97-98 per 100,000 population after the rate had decreased from 103 per 100,000 population in 1996 to 97 in the year 2000. The SEE-countries were and are however below the EU average.

The range of figures between MIN and MAX values was reduced by 28.6% in the SEE-countries between the years 2000 and 2003.

**Dentists (Physical Persons – PP) per 100,000** (indicator 26). As with general practitioners, the rate of dentists per 100,000 population has changed only little since the year 2000.

Following a sudden increase from 1999 to the year 2000 (1999: 57; 2000: 83 per 100,000 population), a slightly declining trend can be observed for Bulgaria since the year 2000. In 2002, the number of dentists was 78 per 100,000 population. This trend shows a break in 2003. In this year the rate increased to 82.76 per 100,000.

For Slovenia, no change can be observed since 1996. The number of dentists continuously amounts to about 59 per 100,000 population. In the same way, the rate of dentists has been stable over many years in Bosnia-Herzegovina before a decline (from 18 to 17 per 100,000) was registered between 2001 and 2002.

A declining rate of dentists related to the population was observed for Moldova between the year 1996 (43 per 100,000 population) and 2000 (37 per 100,000 population) and up to the year 2002 (33 per 100,000 population). Hereafter the rate increases again to 39 dentists per 100,000 population.

The EU average of dentists of 62 per 100,000 population is only reached by Croatia. Between 2000 and 2003, the range of figures between MIN and MAX values was reduced by 34% in the SEE-countries.

**Average length of stay, all hospitals** (indicator 27). Between 2000 and 2002, the EU-25 average length of stay amounted to just under 10 days. Most SEE-countries achieve values above this average.

A rapid decline in the length of stay in hospitals can be observed for Moldova since 1996. Between 1996 (18.1 days) and 2003 (10.8 days), the length of stay in Moldova was reduced by about 40%. In the same way a continuous decline lasting from 1996 up to the year 2001 (1996: 14 days; 2001: 11.8 days) can be observed for Macedonia. From 1996 up to the year 2003 (8.8 days), Bulgaria as well recorded a continuous decline in the average length of stay which is now below the EU average.

For Romania the average length of stay in hospitals has continuously decreased since the year 2000 (2000: 8.9 days; 2003: 8 days). Since 1996 the length of stay has been declining again. There is a decline in the length of stay from 10 days (1996) to 8 days (2003).

The range of figures between MIN and MAX values in the SEE-countries was reduced by 40% between the years 2000 and 2002.

**Total health expenditure as % of gross domestic product (Gross Domestic Product – GDP)** (indicator 28). The EU-25 average of the total health expenditure as % of the GDP amounted to about 9% in 2002.

Not all SEE-countries are in a position to provide data for this indicator.

Since the year 1996, Moldova has recorded a considerable decline in the amount of its health expenditure (1996:6.9%; 2001:2.9%) which turned into an increase in 2002 (3.6%) and continued in 2003 (3.96%).

In Slovenia, the total health expenditure increased between 2000 (8%) and 2001 (8.2%). In general, stable total health expenditure rates can be observed in the SEE-countries for the years 2001 and 2003 following considerable declines between 1996 and 2000.

The range of figures between MIN and MAX values was reduced by 76.6% in the SEE countries between the years 2000 and 2003.

**% of infants vaccinated against diphtheria** (indicator 29). Since the year 2000 already, vaccinations against diphtheria have been on a high and stable level. Figures on children

vaccinated range between 86.7 and 97.7% in the year 2003. Similarly high percentages can be observed for the preceding years.

**% of infants vaccinated against poliomyelitis** (indicator 30). As for diphtheria vaccinations, a high proportion of vaccinated children can also be observed since 2000 for vaccinations against poliomyelitis.

Here vaccination coverage varies between 88% and 98.4%, similar coverage rates can also be observed for the years 1996-1999. Also during this period of time, the vaccination coverage rate was on a high and stable level.

### 3.3 Trend analysis of 7 indicators for SEE-countries

For an assessment of the situation in the SEE-countries around the year 1990, which marks the beginning of the war conflict and of the ensuing developments, the following indicators covering the years 1990-2003 have been described for the SEE-countries, compared with the EU-25 average and subjected to a first careful analysis.

For this purpose, the following indicators which are closely related to the health, economic and social situation were used:

1. Life expectancy at birth, in years, male, 1990–2003
2. Life expectancy at birth, in years, female, 1990-2003
3. Infant deaths per 1,000 live births, 1990-2003
4. SDR, external causes of injury and poisoning, all ages, per 100,000, 1990-2003
5. Tuberculosis incidence per 100,000, 1990-2003
6. Hospital beds per 100,000, 1990-2003
7. General practitioners per 100,000, 1990-2003

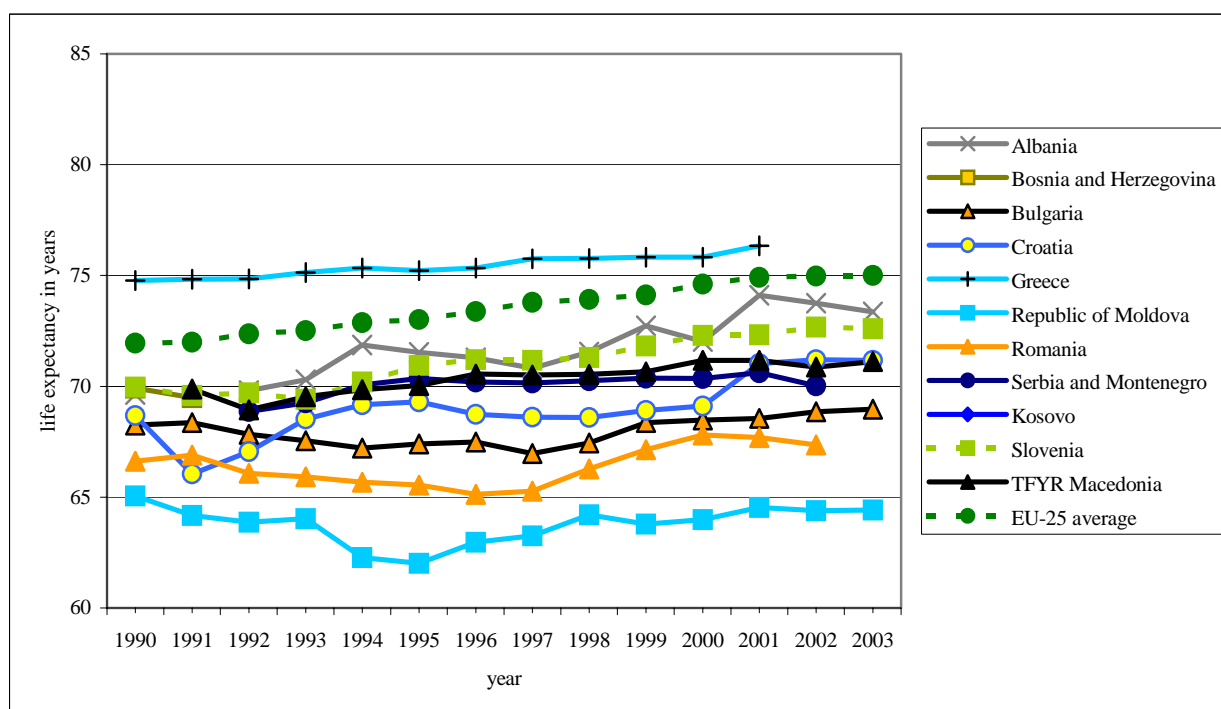
#### Life expectancy at birth, in years, males and females, SEE-countries, 1990-2003

The life expectancy indicator allows conclusions to be drawn about the health status, medical care and the standard of life of a population. The calculation of this indicator excludes age effects between the countries so that comparative analyses across countries can be done. The hypothesis is made that due to war activities and civil war movements, a stagnation or decline in life expectancy has occurred and that the span of life expectancy figures between the countries increases if some countries are involved in war activities whereas others are not.

Taking Greece and the EU-25 average as benchmarks, we can notice that during the mid 90s some countries such as for example Moldova registered a decline in life expectancy for males. In other countries life expectancy stagnated. It was not before the end of the 90s and starting with the year 2000 that an increase in life expectancy could be recorded for the SEE-countries, including reductions between the minimum and maximum range of values.

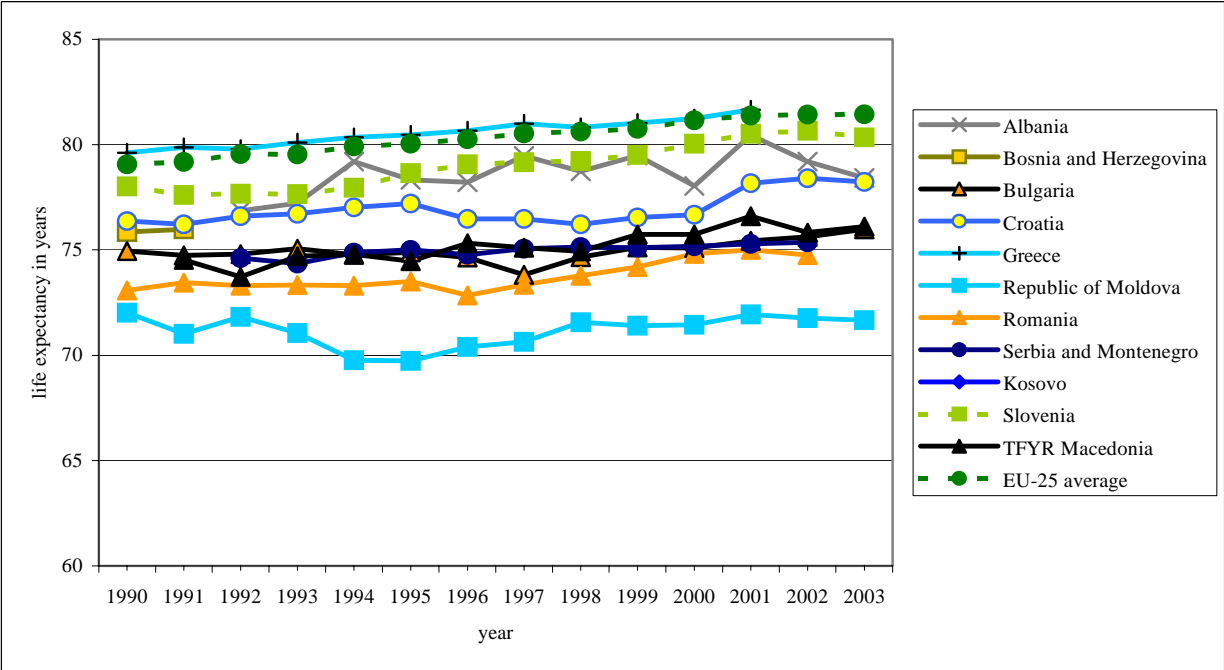
Between 1990 and 2003, the following SEE-countries increased their life expectancy for males: Bulgaria, Croatia, Romania, Serbia and Montenegro, Slovenia, TFYR Macedonia.

#### Indicator 4: Life expectancy at birth, in years, male, SEE-countries, 1990-2003



Life expectancy for females shows the same trend as for males. Following a decline in life expectancy for females in the mid up to the end of the 90s, female life expectancy is now rising in all SEE-countries.

**Indicator 5: Life expectancy at birth, in years, female, SEE-countries, 1990-2003**



Between 1990 and 2003, female life expectancy increased in the following SEE-countries: Bulgaria, Croatia, Romania, Serbia and Montenegro, Slovenia, TFYR Macedonia.

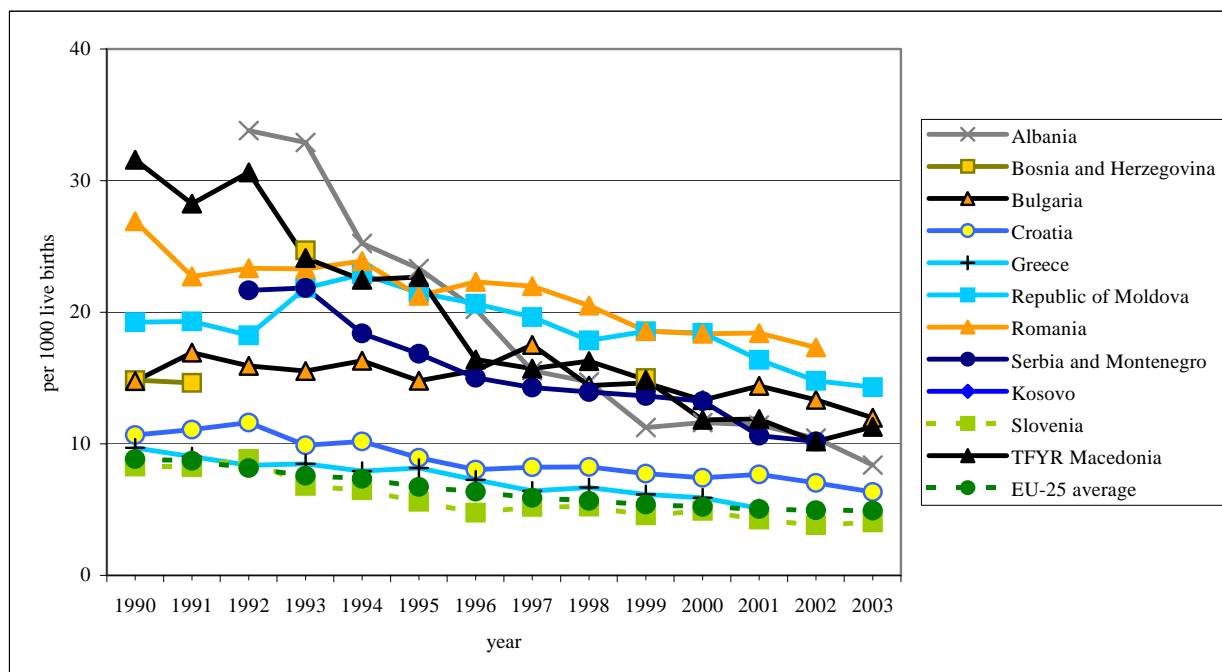
**Infant deaths per 1,000 live births, SEE-countries, 1990-2003**

Compared over time and across countries, infant mortality like life expectancy is an indicator of the general quality of lifestyles and medical care. Infant mortality rapidly reacts to deteriorating socio-economic and hygienic conditions, but in the same way immediately responds to improved socio-economic and medical care.

Whereas between 1990 and 2003 a continuous decline in infant mortality could be observed for Slovenia, all other SEE-countries registered increases during the 90s, followed by declining infant mortality figures afterwards. By the end of the 90s, Moldova, Romania and Bulgaria recorded changing infant mortality figures.

Over the last years, a declining trend in infant mortality can be observed for all SEE-countries and the EU average.

### Indicator 6: Infant deaths per 1,000 live births, SEE-countries, 1990-2003

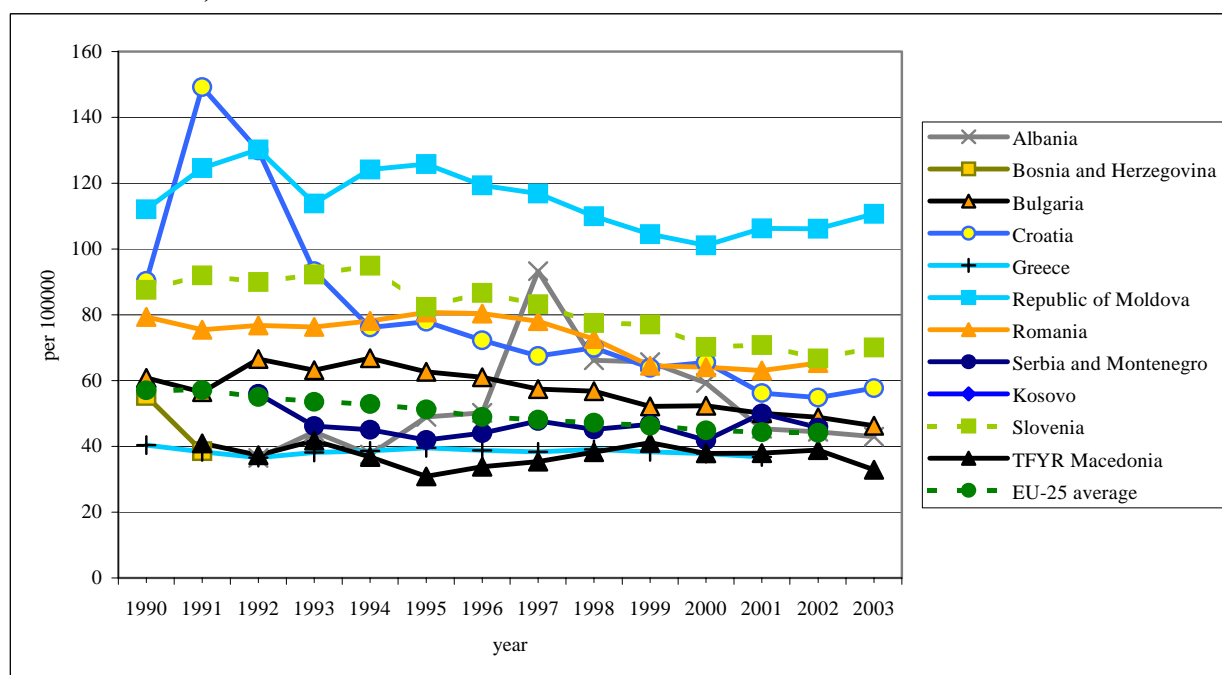


### SDR, external causes of injury and poisoning, all ages, per 100,000, 1990-2003

The indicator "External causes of morbidity and mortality" includes different groups of accidents such as for example transport accidents, other external causes of accidental injuries, intentional self-harm (suicides), assaults, events of undetermined intent, legal interventions and operations of war, complications of medical and surgical care, sequelae of external causes of morbidity and mortality.

Therefore chapter XX of the ICD-10 includes different groups of accidents of which in particular transport accidents, suicides, and war conditions have a serious influence in the SEE-countries.

### Indicator 16-17: SDR, external causes of injury and poisoning, all ages per 100,000, SEE-countries, 1990-2003

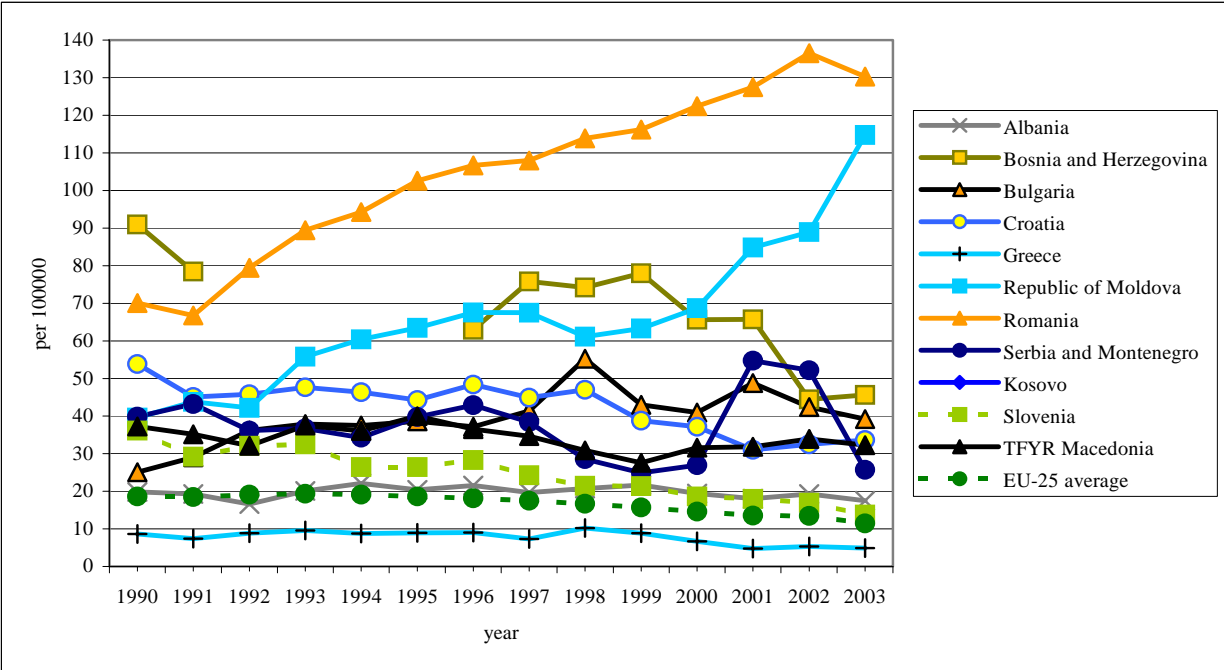


Long-term monitoring of the standardized death rates (SDR) for accidents shows that Moldova has reached a level which is higher than in other SEE-countries and particularly higher than the EU-average. For the other SEE-countries, a declining tendency since 1998 can be recorded. An exception is Moldova with higher accident mortality figures for the years 2002 and 2003. All SEE-countries register lower accident mortality figures for the year 2003 than in the year 1990.

**Tuberculosis incidence per 100,000, SEE-countries, 1990-2003**

The tuberculosis situation strongly depends on the social situation of the population. The tuberculosis incidence rate is referred to as low when in the year under report fewer than 10 new cases per 100,000 inhabitants are reported. Tuberculosis is one of the notifiable diseases. The tuberculosis diseases mentioned in the indicator correspond to the diagnoses A15-A19 of the ICD-10. Crises and war times lead to an increase of tuberculosis incidence rates which can only be reduced through considerable interventions and improvements of the social situation of the population over the course of years.

**Indicator 20: Tuberculosis incidence per 100,000, SEE-countries, 1990-2003**



With regard to tuberculosis diseases, two countries with increasing incidence figures differ from others: Romania on the one hand and Moldova on the other. Since the beginning of the 90s, these two countries have been recording increasing incidence figures. Following various ups and downs in the 90s, the other SEE-countries however register declining figures, particularly since the beginning of the year 2000.

In 2003, the following SEE-countries had to register higher tuberculosis incidence figures than in 1990: Bulgaria, Moldova and Romania.

**Hospital beds per 100,000, SEE-countries, 1990-2003**

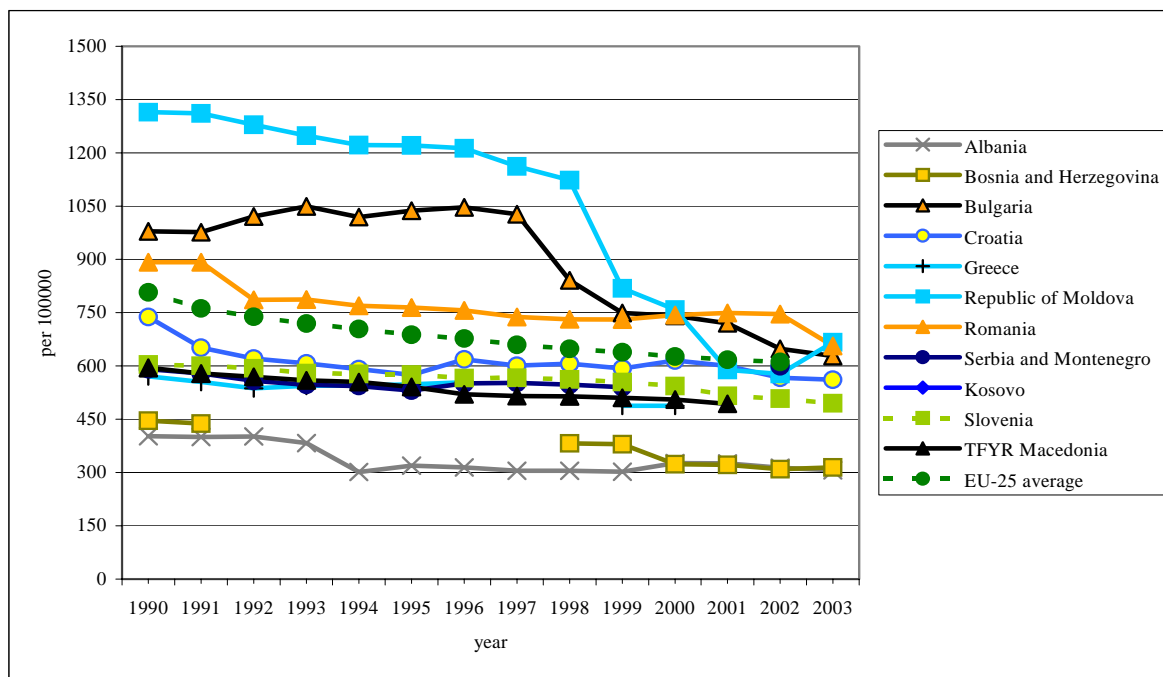
Hospitals are intended to provide sufficient diagnostic and therapeutical care in order to recognise, heal or prevent deterioration of a patient's diseases, provide obstetric care and to accommodate and look after patients who are undergoing treatment. In case of insufficient outpatient care hospitals provide compensating treatment capacities. The need for hospital beds should therefore also be determined by outpatient care capacities.

In all SEE-countries, the number of hospital beds per 100,000 inhabitants has sunk. Whereas in 1990 Moldova and Bulgaria still had more than 1,000 hospital beds per 100,000 inhabitants, by

the year 1999 this figure had sunk to below 900 beds per 100,000 inhabitants. A further reduction of inpatient care capacities with figures between 750 and 300 beds per 100,000 inhabitants was recorded for the years up to 2003.

In the following countries, by the year 2003, the number of hospital beds had meanwhile sunk to below the EU-25 average: Albania, Bosnia and Herzegovina, Croatia, Slovenia, TFYR Macedonia.

### Indicator 23: Hospital beds per 100,000, SEE-countries, 1990-2003



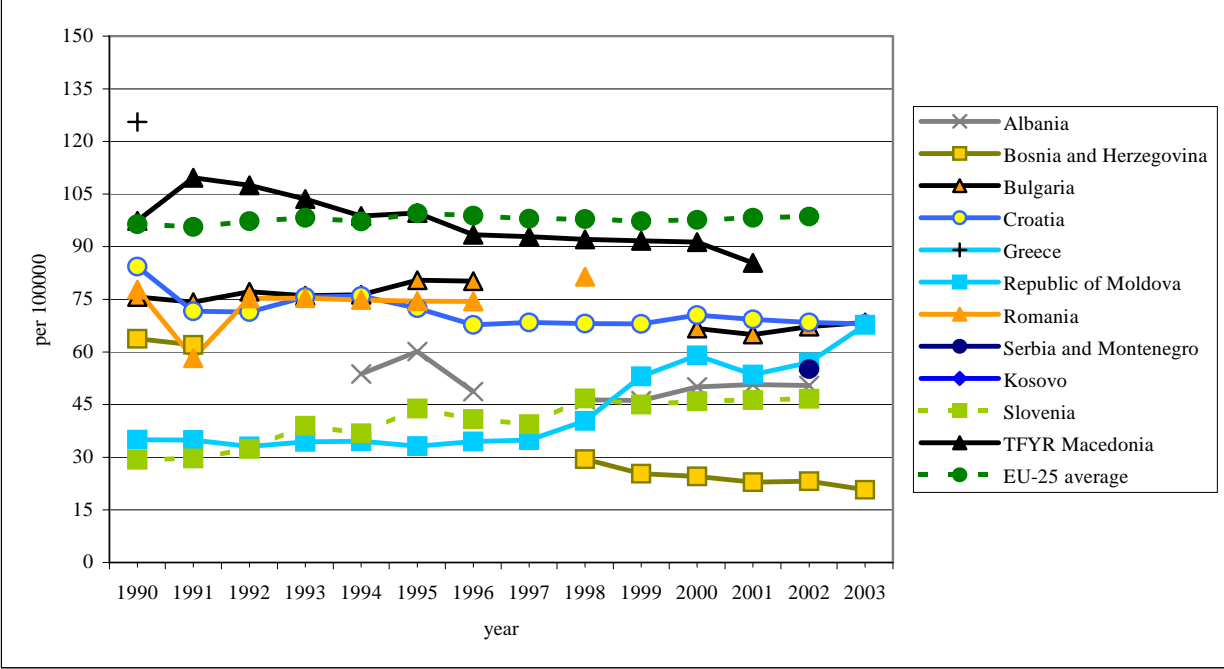
In none of the SEE-countries could the reduction in inpatient care capacities be offset by a sufficient number of outpatient specialists and general practitioners (see next indicator).

### General practitioners per 100,000, SEE-countries, 1990-2003

The rate of supply of general practitioners shows the ratio of general practitioners (persons) per 100,000 inhabitants. Transparency is also provided by the inverse ratio, i.e. number of inhabitants per general practitioner.

Although in the countries of South East Europe the number of *general practitioners* has slightly increased and/or decreased since the 1990s, all SEE-countries record figures below the EU-average.

**Indicator 25: General practitioners (PP) per 100,000, SEE-countries, 1990-2003**



In no country is there a clear trend showing that the situation in outpatient primary care has clearly improved. For Moldova it should be checked if from 1998 onwards changed calculation principles have led to an increase in general practitioners. A continuously positive trend can only be observed for Slovenia.

## **4 Results**

### 4.1 Discussion of results

### 4.2 Conclusions

## 4.1 Discussion of results

The analysis of the indicators for the SEE-countries (excluding Greece) for the years 2000-2003 can be summarized as follows:

- a) The proportion of the population aged 65 years and older has increased over the last years and exceeded 17% in Bulgaria.
- b) Live births per 1,000 inhabitants have decreased in the majority of SEE-countries during the last years and have fallen below the EU 25 average.
- c) The unemployment rate is high in the majority of SEE countries with the exception of Slovenia and Moldova. The unemployment rate exceeds the EU 25 average.
- d) Male and female life expectancy have continuously risen since 1996 but are lower than the EU 25 level.
- e) Infant mortality has been decreasing since 1996, but most of the SEE-countries are above EU average. The perinatal death rate up to the year 2003 was far above the EU average.
- f) In all SEE countries, maternal deaths per 100,000 live births exceeded the EU-25 level. Three SEE-countries exceeded the EU average by more than four times. Since 1996, maternal mortality has stagnated on a very high level in some countries.
- g) In all SEE-countries, mortality rates (SDR) are above the EU 25 average, but not all data are available. Mortality rates for females are far below the rate for males. The range of figures between MIN and MAX values (without Greece and Albania) slightly increased from 2000-2003.
- h) Tuberculosis incidence data are available for all SEE-countries. In the majority of SEE-countries, the incidence rate decreased between 2000 and 2003, but there is an increase in incidence rates in two countries. So, the range of figures between MIN and MAX values increased by 6% in the SEE-countries within 3 years. In all countries the incidence rate exceeds (excl. Greece) the EU 25 average.
- i) Measles, poliomyelitis and diphtheria incidence data are on a very low level. In 2003, the measles incidence rates of all SEE-countries were lower than the EU average of 5 per 100,000 population. It can be assumed that in the SEE-countries vaccination campaigns are better accepted than in west European countries.
- j) The number of hospital beds per 100,000 population is lower in the SEE-countries than the EU 25 average. Hospital capacities were reduced extensively during the last years in the SEE-countries. At the same time, the average length of stay was reduced, but most SEE-countries achieve values above the EU average of 10 days. Between the SEE-countries, the range of figures between MAX and MIN values was reduced by 17% from the year 2000 to 2003.
- k) The number of physicians, general practitioners and dentists has only changed slightly from the year 2000 up to the year 2003.
- l) Stable health expenditure rates can be observed in the SEE-countries for the years 2002 and 2003, following considerable declines between 1996 and 2000. The range of health expenditure rates between the SEE-countries was reduced by 24% in the SEE-countries between the years 2000 and 2003.

To summarize the results of 30 indicators for the years 2000-2003, it can be stated that the health situation has improved and stabilised, but less with regard to hospital and physician manpower capacities. The incidence of infectious diseases, especially in children, has declined due to high vaccination coverage.

An important aspect is the differentiated analysis of the development for the individual countries. So we tried to describe the development in all 10 countries of South Eastern Europe:

### **1) Albania**

With regard to Albania's data quality, the WHO metadata description defines: "Particularly high levels of mortality under-registration are observed in countries which were affected by armed conflicts during the 1990's, e.g. Albania. This problem is further aggravated by missing sufficiently accurate population estimates used as a denominator" (Source: Metadata description of HFA-DB. Life expectancy. Issue May 2004).

With 7-8% of the population aged 65+ years, Albania has the lowest elderly population rate of all SEE-countries, but the highest live birth rate with 15.15‰ in 2003. The calculated male life expectancy was the highest of all SEE-countries (with exception of Greece) with a value of 73,31 years in 2003. Female life expectancy was 78,42 years in 2003.

The metadata description of the indicator "Life expectancy" added by WHO, Regional Office for Europe, states the following: "Life expectancy is much higher than in reality due to the under-registration of death cases. The sharp increase in 2001 is caused by the sharp change in the population age structure based on the 2001 population census."

The infant death rate is twice as high as the EU-25 average. As underregistration of infant deaths may reach 20% and more, you have to keep this in mind when making comparisons with Albanian data. The maternal death rate is 17.02 and is the third highest death rate, but in Moldova and Romania maternal mortality is on a higher level. Up to now Albania has had to register maternal deaths after abortions, but the rate is decreasing. Standardised male and female mortality rates increased considerably during the last years, approaching EU average. Still low rates of cancer mortality correspond to the small percentage of the population aged 65+ years. Tuberculosis incidence is with 18-19 cases per 100,000 population higher than the EU-25 average, but on a low level in comparison with other SEE-countries and in line only with Slovenia. The incidence rate of measles, diphtheria and poliomyelitis is very low because of high immunisation coverage rates which exceed 97%.

With 306 beds per 100,000 population in 2003, provision with hospital beds is on a very low level. So there might be an insufficient provision of hospital care in Albania. The average length of stay fell below 7 days and is the shortest of all SEE-countries.

The number of physicians per 100,000 population is with 130 very low for the year 2002 and falls below all SEE-countries and is 2.5 times lower than the EU-25 average.

Total health expenditure was 2.30% of GDP in 2003. Vaccination coverage both for diphtheria and poliomyelitis was 97% of infants.

### **2) Bosnia & Herzegovina**

Data availability for Bosnia & Herzegovina is poor. The metadatabase of the WHO, Regional Office for Europe, has been increased by the indicator "% of population aged 65+ years": Statistical Almanac of BIH – The State Institute of Statistics BIH. Available data up to the war time-period on a yearly basis." That means that during the 90s Bosnia & Herzegovina had to build up a new statistical system for the country.

So we could not collect many indicators.

With 10 per 1,000 of the population, the live birth rate was on the same level as Moldova, Romania and slightly higher than the live birth rate of Greece.

Data on life expectancy, on infant deaths, maternal deaths, mortality rates by causes have not yet been published.

Tuberculosis incidence has been decreasing over the last years to 45 new tuberculosis cases per 100,000 of the population and exceeds the EU-25 average rate by the threefold.

Measles incidence rates decreased between the year 2000 and 2003, diphtheria incidence has been stopped through successful immunisation campaigns.

With 314 beds per 100,000 of the population in 2003, the provision of the population with hospital beds seems to be insufficient and takes the second last position after Albania. On the other hand, the average length of stay is insignificantly higher than the level of the EU-25.

The same situation applies to Bosnia & Herzegovina and their provision with physicians of 146 per 100,000 of the population in 2003. The country takes the last position in the SEE-countries. The number of general practitioners and dentists is very low and even decreased from the year 2000 to the year 2003.

With 87% (2003) diphtheria vaccination coverage is the lowest of all SEE-countries, whereas poliomyelitis vaccination rates have reached 92% (2001 and 2002) and are more complete, but in comparison with other SEE-countries in the lower part of the scale.

No data have been given on total health expenditure as % of the gross domestic product (GDP).

### **3) Bulgaria**

The former socialist country of Bulgaria had to register a deterioration of the social situation and therefore some of the core indicators changed to the worse. Only during the last years can a change of some indicators be noticed. With 17% of the population 65+years, Bulgaria has the highest rate of population in pension age of all SEE-countries and lies higher than the EU-25 average (16%). Corresponding with the unfavourable age structure, the rate of live births was the lowest in all SEE-countries in 2003 (8.87 per 1,000 population). The unemployment rate is twice as high as the EU-25 average. Male and female life expectancy increased during the years 2000 to 2003 but take the second last position within the SEE-countries. Only the life expectancy of Moldova is below the Bulgarian life expectancy. The infant death rate is with 12‰ on a high level and in the lower third of the SEE-countries together with Moldova's and Romania's data. Infant mortality is three times higher than the EU-25 average (5‰). Perinatal mortality is twice as high as the EU-25 average. With 16.5 maternal deaths in 2002 per 100,000 live births, the mortality was on a high level, of which 1/6 was caused by abortions in 2002. A strong decline to 5.77 maternal death per 100,000 live births can be observed in 2003.

The standardised male mortality ratio (SDR) of Bulgaria is 50% higher than the EU-25 average and the female SDR is 40% higher than the EU-25 average. These data correspond to the low male and female life expectancy.

The tuberculosis incidence rate decreased to 39 per 100,000 of the population in 2003. With this value, it is on a high level and almost corresponds to the incidence rates of Serbia & Montenegro but that is the threefold value of the EU-25 average.

The measles and diphtheria incidence rate declined to zero up to the year 2003 thanks to high vaccination rates (more than 90%).

The number of hospital beds per 100,000 population decreased up to the year 2003 but the coverage rate as well as the average length of stay are slightly above the value of the EU-25 average for 2002.

The number of physicians, i.e. general practitioners and dentists almost corresponds to the EU-25 average.

There are no published data on the total health expenditure as % of gross domestic product (GDP).

### **4) Croatia**

Croatia is one of the acceding countries. Some positive developments over the last years can be demonstrated by comparing the indicators.

The percentage of the population aged 65+ years increased up to the year 2003 to 16.39%. In accordance with this development, life expectancy increased to 71.2 years for males and to 78.2 years for females.

The live birth rate (per 1,000 population) is going down and has fallen below the EU-25 average. Infant and perinatal mortality were reduced to 6‰ by the year 2003.

Male and female mortality due to diseases of the circulatory system decreased considerably between the years 2000 and 2003. The standardised (SDR) mortality rates (males and females) due to malignant neoplasms decreased, too. Mortality due to infectious diseases and due to injury and poisoning did not change significantly for women and for men during the last years (2000 to 2003).

With 33 cases per 100,000 population, tuberculosis incidence rates significantly increased in comparison with the EU-25 average (11.5 per 100,000 population). Measles have not yet been eradicated. With 95% vaccination coverage is high, so the incidence rates of diphtheria and poliomyelitis are almost zero.

The provision of the population with hospital beds has fallen under the EU-25 level. From 2000 to 2003, the average length of stay was reduced from 12 to 11 days.

The number of physicians per 100,000 population has not increased significantly since the year 2000, this corresponds to the slight decline in the number of general practitioners and the slight increase of dentists. This means that the primary health care sector has failed to improve significantly.

No data have been given on the total health expenditure as % of the gross domestic product.

## **5) Greece**

Although Greece has been a regular member of the European Union for several years, it is listed as a SEE-country. The data situation is not extensive. Most of the indicators only cover the years up to 2001, single indicators up to 2002.

The percentage of the 65-year-old population and older was 17.86% in the year 2001. This was the highest value among all listed SEE-countries.

Life expectancy for men was 76 years in 2001. Women's life expectancy was 82 years. So they got 6 years older than men.

With 9.7 between the years 2000 and 2002, the live birth rate per 1,000 population was stable whereas infant deaths sank from 5.91 in the year 2000 to 5.1 in the year 2001.

Data concerning perinatal and maternal deaths are not meaningful enough so they are not mentioned in detail.

The SDR decreased from 811 to 777 per 100,000 male population in 2001 compared to the year before. This corresponds to a decline of 4 per cent. This decline of 4% can also be observed for females – the SDR has sunk from 538 per 100,000 female population (2000) to 516 per 100,000 female population (2001).

As in the other SEE-countries, SDR values are higher for men than for women. It can be observed that the SDR values correspond to the European average.

Greece has the lowest incidence rate for tuberculosis. It decreased from 6.66 per 100,000 population to 4.94 per 100,000 population between 2000 and 2003. This is a decline of one third. Greece even has a lower rate than the EU average which was 11.47 per 100,000 population in the year 2003.

Looking at the incidence of measles, a decline can be observed for Greece. The country registered an incidence rate of 0.53 per 100,000 population in 2000. In 2003, only 0.06 were registered. So vaccination campaigns have reached their goal of reducing the incidence of measles to zero.

Diphtheria incidence has not been observed. The rate was zero between 2000 and 2002.

The number of hospital beds was 488 beds per 100,000 population in 2000.

Figures on medical staff are only available for physicians and dentists. The number of physicians increased from 448 per 100,000 population (2000) to 453 per 100,000 population (2001). The number of dentists in contrast was the same with 117 per 100,000 population in both years.

The average length of stay is not mentioned for Greece.

Total health care expenditure was stable in Greece between 2000 and 2002. It accounted for 9.4 to 9.7 per cent of the GDP.

The vaccination rate of children against diphtheria and poliomyelitis is low (2000-2002: 88%) in Greece compared to other countries.

## **6) Republic of Moldova**

Data availability for the Republic of Moldova is in general good. Figures are available for all core health indicators for the period between the years 2000 and 2003.

In 2003, the percentage of the population aged 65+ years was 9.81 and represents a slow, but constant increase compared to the year 2000 although it is one of the lowest values in the region.

The unemployment rate in % is still the lowest in the SEE-countries and in 2003 amounts to 2%.

The number of live births per 1,000 population is stable (10.09 in 2003).

In 2003, life expectancy at birth, in years, was 64.42 for males and 71.66 for females. These values have not changed significantly over the last four years and with 10 years under the EU-25 average they are still the lowest in the region.

The number of infant deaths per 1,000 live births (14.31 in 2003) and also the number of perinatal deaths per 1,000 births (14.42 in 2003) are slowly declining compared to the previous year, but they are still one of the highest in the region.

The number of maternal deaths per 100,000 live births rapidly decreased during the years 2000-2003 and was 21.94 for 2003. On the other hand, the number of maternal deaths due to abortions per 100,000 live births is rapidly increasing (5.6 in 2002 in comparison to 10.97 in 2003).

The SDR for all causes and ages per 100,000 male population was 1,836.92 in 2003 and per 100,000 female population 1,173.12 in 2003. These are the highest values in the SEE-region. An increase is registered for the SDR for diseases of the circulatory system, all ages, both per 100,000 male and female population (1,014.55 male and 758.85 female in 2003). These are the highest values in the SEE-countries, starting with the year 2000.

Looking at the SDR for external causes of injury and poisoning, all ages per 100,000 male (181.68 in 2003) and per 100,000 female population (50.9 in 2003), the values registered are also the highest compared to other countries. Furthermore, the mortality ratio for infectious and parasitic diseases, all ages per 100,000 male population (34.21 in 2003), and per 100,000 female population (8.38 in 2003) are the highest, too.

On the other hand, the SDR for malignant neoplasms, all ages, per 100,000 male (206.7 in 2003) and per 100,000 female population (119.81 in 2003), even with the gradual increase from 2000, are still one of the lowest in all SEE-countries and lower than the EU-25 average in both categories.

Tuberculosis incidence per 100,000 population is 114.73 for 2003 and thus represents the second highest value in the SEE region and also a drastic increase compared to the incidence rate of the year 2000 (68.72).

Measles incidence per 100,000 population was much lower (2.41) in 2003 than in 2002 (116.36) which causes some concern with regard to the quality of the data available.

Diphtheria incidence per 100,000 population reached the value of zero in 2003 which corresponds to the other SEE countries, but for Moldova it represents an improvement, compared to the year 2000 (0.23), while other countries (except Albania) had zero incidence of diphtheria in 2000.

The number of hospital beds per 100,000 population has increased over the last four years, and in 2003 reached 666.98, which is now more than the EU-25 average (last available data for 2001). The number of general practitioners (67.7) as well as the number of dentists (38.83) per 100,000 population constantly rose in 2003 but is still well below the EU-25 average.

The average length of stay, all hospitals, dropped from 11.50 in 2002 to 10.8 in 2003, which represents an improvement, but not a very significant one.

The total health expenditure as % of GDP (gross domestic product) is 3.96 for 2003 in the Republic of Moldova. This is better than during the last period but is still the lowest expenditure rate compared to the available data for the other SEE-countries.

The percentage of infants vaccinated against diphtheria reached 97.7 in 2003 and is now not only similar to the percentage in other SEE-countries, but also the highest in the region, which was not the case in the previous years. Since the year 2000, the percentage of infants vaccinated against poliomyelitis has been on a constantly high level and was the highest in the SEE-region (98.4%) in the year 2003.

## **7) Romania**

In general, the data for Romania are not extensive because some indicators contain no data for the year 2003.

The percentage of the population 65+ increased from the year 2000 to 2002 by approximately 1% and reaches 14.04%. In 2002, life expectancy for males was 67.36 and for females 74.76 years. It was relatively stable for the period 2000-2002.

Live birth rates decreased from 10.45‰ in 2000 to 9.78‰ in 2003. Corresponding to this development, the infant death rate decreased but was on a relatively high level compared to the other SEE countries. The perinatal death rates were relatively stable for the period 2000-2003. Romania recorded 30.59 per 100,000 live births. This was the highest maternal death rate for the year 2003.

Tuberculosis incidence increased considerably between the years 2000 and 2002, but decreased in 2003. On the other hand, compared to other SEE countries Romania had the highest level of tuberculosis incidence for the whole period 2000-2003. The measles incidence rate decreased from 0.16 in 2000 to 0.04 in 2003 and was relatively low compared with most other SEE countries. From the year 2000 till now, cases of diphtheria have not been recorded in Romania.

Considering healthcare resources, the number of hospital beds per 100,000 population was considerably higher than the level of the EU-25 average in the year of 2000. In 2003, this number decreased by almost 100 beds per 100,000 population.

The provision of physicians was relatively low, compared with the EU-25 average. It increased in 2003 to 195.72 per 100,000 population but remained under the EU-25 average level.

The average length of stay for all hospitals was lower than the other SEE-countries but reached the same level as the EU-25 average.

## **8) Serbia & Montenegro**

In general, the data for Serbia & Montenegro are not extensive because some indicators contain no data or just for the year 2000.

The percentage of the population aged 65+ years was approximately 14% in 2000. Life expectancy was 70.36 years for males and 75.18 years for females in the same year. With 11.84 per 1,000 population, the live birth rate was the third highest of all SEE-countries. The infant death rate is with 13.25 per 1,000 live births on a relatively high level similar to Bulgaria.

With 5.56 per 100,000 live births, Serbia & Montenegro recorded the lowest maternal death rate. It was also lower than the EU-25 average which was 6.13 per 100,000 live births.

The standardised male mortality ratio (SDR) of Serbia & Montenegro was about 1/3 higher than the EU-25 average for males and 2/3 for females.

Tuberculosis incidence increased over the last years to 40 new tuberculosis cases per 100,000 of the population. Similar to Bosnia & Herzegovina, it exceeded the EU-25 average rate by the threefold in 2002. On the other hand, the measles incidence rate decreased between 2000 (0.36 per 100,000) and 2003 (0.14 per 100,000) and diphtheria incidence was stopped by successful immunisation campaigns.

There are no published data regarding the provision of hospital beds, average length of stay and physicians.

Diphtheria vaccination coverage was 89% in 2003. The country took the second last position in the SEE-countries.

Poliomyelitis vaccination coverage varied strongly between 2000 and 2003, although it increased during these years. It can be observed that between 2000 and 2001 the vaccination coverage increased from 86.3% to 93.7%. But between 2002 and 2003, it decreased again from 94.8% to 89.1%.

The total health expenditure was 7.58% of the gross domestic product in the year 2000 which was lower than the EU-25 average.

## **9) Kosovo**

Data for Kosovo are not available.

## **10) Slovenia**

Data for Slovenia are very extensive for the years 2000 till 2003.

The percentage of 65+ population has continuously increased. It was 14.88% in 2003.

The number of live births has decreased since 2000 and reached 8.55 per 1,000 population in 2003.

Life expectancy has increased for both men and women. For men it was 72.60 years and for women it was 80.35 years in 2003.

The infant death rate per 1,000 live births in Slovenia has already been lower than the EU average. In 2003, the rate was 4 infant deaths per 1,000 live births. This was the lowest rate of all SEE-countries. Slovenia also shows the lowest rate for perinatal deaths per 1,000 births in the observed time period (4-5 per 1,000 births).

SDR for men are continuously higher than for women. Slovenia is one of the countries with the lowest case numbers of all SEE-countries.

Two diagnoses are conspicuous. On the one hand, more men than women died of malignant neoplasms between 2000 and 2003. Slovenia has the second highest rates.

On the other hand, death ratios for external causes of injury and poisoning are three times higher for men than for women. Slovenia takes the second last position in the SEE-countries.

Since 2000, Slovenia has been recording decreasing rates of tuberculosis incidence. 18.61 incidences per 100,000 population in 2000 are contrasted by only 13.77 per 100,000 in 2003. This is a reduction of 35%. There have been no measles and diphtheria incidence rates in Slovenia since 2000.

The number of hospital beds has slightly but continuously decreased in Slovenia. In 2003, 495.55 hospital beds per 100,000 population were registered after 545 in the year 2000.

The average length of stay has also decreased from 8.60 (2000) to 7.40 (2003) days.

The number of physicians, general practitioners and dentists has continuously increased.

The total health expenditure was 8.20% of the GDP in 2001. As for many other SEE countries, updated data for Slovenia are not available.

The vaccination rate for diphtheria and poliomyelitis among children was 88% in Slovenia in the year 2003. This is a decline compared to 2002 (93%).

## **11) TFYR Macedonia**

Macedonia has a very extensive data set for the years 2000 and 2003, so the availability of data seems to be very good.

The proportion of people of 65 years of age and older increased slightly from 10.10% to 10.64% between 2000 and 2003. In the same period, life expectancy remained at 76 years for women and 71 years for men.

The life expectancy rate declined from 14.46 per 1,000 population to 13.33 per 1,000 population. In comparison to other SEE-countries, Macedonia has a much higher rate than the EU average.

The falling rate of live births goes together with a constant rate of infant deaths. It was 11.29 per 1,000 live births in 2003 .

There are data for perinatal deaths up to 2001. Compared to the year before, the rate increased from 15.82 to 16.38 per 1,000 births. That was the highest rate of all SEE-countries. Macedonia had the lowest rate of maternal deaths on the other hand in 2003.

The standardised death ratios are in the middle of the ratios of the other SEE-countries both for men and women. For Macedonia two cases are conspicuous. On the one hand, men have a comparatively higher rate of diseases of the circulatory system than women. The rate was 681.60 per 100,000 male population for men and 530.45 per 100,000 female population for women in 2003.

On the other hand, Macedonia has the lowest death rate of external causes of injury and poisoning for both men and women. The rate was 51.41 per 100,000 male population for men and 15.15 per 100,000 female population for women in 2003.

Tuberculosis incidence remained at 32 per 100,000 population between 2000 and 2003. Macedonia had a low rate in comparison to the other SEE-countries.

The measles incidence rate was near zero. It has decreased continuously since 2000. Diphtheria incidence was zero for the years 2000 and 2003 as well.

The following indicators could only be analysed for 2000 and 2001:

The number of hospital beds slightly declined in 2001. Compared to the year before, the number of hospital beds decreased by 12 beds per 100,000 population.

Medical staff figures (physicians, general practitioners and dentists) declined in 2001. In 2001, the last year under review, 219 physicians, 85 general practitioners and 55 dentists per 100,000 population were reported.

The average length of stay was 11.8 days in 2001. Compared to 2000, the average length of stay declined by about 0.4 days.

The total health expenditure amounted to 4.5% of the GDP in 2000. Current data were not available for the analysis.

Macedonia like other SEE-countries has a high diphtheria and poliomyelitis vaccination rate. The vaccination rate for both infectious diseases was 96% in 2003.

## **4.2 Conclusions**

### **Continuation of financial support for SEE countries**

The South Eastern European countries belong to the countries in transition. Over the last 15 years, they have suffered violent conflicts (3, 4, 6). To help most of the SEE countries to return from poverty and the effects of the civil war situation to peace, prosperity, better education and better health, financial support through the "European Neighbourhood Instrument" project is being encouraged by the European Parliament for the years 2004-2006 (15). So financial support for stabilizing the situation will be continued. The improvement of the health status depends on the economic conditions of the Balkan countries.

Data on the health status illustrate the situation.

### **Importance of research on the differences in life expectancy within SEE countries**

A. Gjonca (2004; 16) analysed the mortality in the Balkan countries using mortality statistics which, in his opinion, seem to be of the same level of quality as in other developed European countries.

The problem of the SEE countries is the diversity of ethnic groups: twenty ethnic groups, ten languages and three main religious groups are counted. The high increase in life expectancy in some SEE countries such as for example in Albania is explained either by Mediterranean diet and lifestyle factors (16) or by a bias in the mortality of the population data (HFA21 DB; 13). Only Bulgaria registered a decline in life expectancy during the last 15 years (16). The geographical distribution of mortality shows higher rates in the Northern Balkan regions and lower rates in the Southern Balkan regions. A significant relationship between the level of adult mortality in former Yugoslavia with socio-demographic determinants could not be established (16). Important scientific questions concerning the background of the health status data cannot be explained at present.

So for the age groups of 40-64 years of life, the analysis of mortality by age groups shows lower mortality rates for males and females in Albania than in North Rhine-Westphalia, but the mortality rates for all other age groups are higher in Albania than in North Rhine-Westphalia (lög calculations done with INSTAT data of Albania and LDS-data for NRW, year 2003, 2001; 13). The indirect standardized mortality rates at district level for Albania show a lower mortality rate (SMR) at the border with Greece and at the Adriatic Sea than in other districts (rrethet) (13). So, besides Mediterranean diet and lifestyle factors, many additional factors have to explain the differences in the mortality rates and life expectancy.

### **The advantage of the "Open Method of Coordination" for comparison between SEE countries**

To compare the health care situation between countries, the European Commission proposes the "Open Method of Coordination (OMC)" (2004; 17). The background is to use a new political instrument leading to convergence of the social systems (incl. health care), to joint objectives and indicators. This method will lead to a benchmarking system which will have no directly binding consequences for the countries involved. The open method of coordination is intended to promote cooperation between the countries and to include the agreement of joint guidelines and objectives. Application of the method requires registration of the achieved progress through the regular monitoring of fixed criteria (indicators). This objective was intended to be supported by the indicator set (MHIS) for the South Eastern European countries. This instrument was tested for the years 1996-2000 and will be continued with this second report up to the years 2003-2004. The selected indicators prove to be useful, however, particularly for Bosnia & Herzegovina and Kosovo, the acquisition of data is a major problem. But also the present provision of data by the other countries is incomplete if data are not supplied to the HFA 21 DB.

### **Continuation of Health Monitoring with the "Minimum Health Indicator Set"**

The monitoring of 30 indicators points out to the progress and the successful implementation of reforms in the health care systems but also to problems.

Up to the year 2003, the health status in the SEE countries clearly improved with regard to life expectancy, reduction of infant mortality and infectious diseases during childhood (preventable by vaccinations).

In two SEE countries, tuberculosis could not be reduced. Stagnation can be observed for the density of supply with physicians and dentists. In some countries, the number of hospital beds has fallen below EU average. In connection with the low proportion of total health expenditure rates (in %) in the Gross Domestic Product, some countries are faced with the problem of inadequate outpatient and inpatient care. A favourable development has to be seen in the fact that in the years 2002 and 2003 total health expenditures in the SEE countries stabilized. The comparative MHIS reports (1 and the submitted version) are a good instrument for the further training of public health specialists. This experience has already been made in training courses held in several South Eastern European countries.

### **Responsibility in the Balkan Countries for the Health Monitoring Project**

A major problem for the continuation of the health monitoring project for all countries of South Eastern Europe is the takeover of responsibility in one of the SEE-countries. Responsibility has to be taken over for methodological and coordinating tasks. It is moreover necessary that all SEE countries actively participate in the project, either through responsible actors in the health ministries or through the delegation of responsibility to the existing public health institutions.

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## **List of abbreviations**

CD	=	Communicable Diseases
DPT	=	Diphtheria, Pertussis, Tetanus
DT	=	Diphtheria, Tetanus
ECHI	=	European Community Health Indicators
GDP	=	Gross Domestic Product
HFA-DB	=	Health for All database
ICD	=	International Classification of Diseases
MHIS	=	Minimum Health Indicator Set
OECD	=	Organisation for Economic Co-Operation and Development
PH-SEE	=	Public Health Collaboration in South Eastern Europe
PP	=	Physical Persons
SDR	=	Standardised Death Ratio
SEE	=	South Eastern Europe
TFYR of Macedonia	=	The Former Yugoslav Republic of Macedonia
WHO	=	World Health Organization