



# Long-Term Care landscape in North Macedonia InCARE Short Report

*Ministry of Labour and Social Policy North Macedonia, October 2023*



**Supporting INclusive development of community-based  
long-term CARE services through multi-stakeholder  
participatory approaches**



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## InCARE Short Report



InCARE (Supporting Inclusive development of community-based long-term CARE services through multi-stakeholder participatory approaches) aims contribute to the design of a coordinated approach to the development of national long-term care policy and care services at local and regional level, by establishing socially innovative and participatory decision-making processes. We work with care users, care providers and policymakers in Spain, Austria and North Macedonia to design, implement and scale-up innovative care services.

More information on the project's website: <https://incare.euro.centre.org/>.

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# Long-term care landscape in North Macedonia

## Short Report

### • Overview of country context

#### A. Total population size and structure

According to the latest census in North Macedonia (2021), there were 1,836,713 million inhabitants (State Statistical Office, 2022). The population had slightly increased from 2.05 million persons in 2010 to 2.08 in 2019, but declined sharply during the ensuing years, and this trend is likely to continue over the next decades.

#### B. Key geographical/demographic characteristics (e.g. population density, urbanisation)

The Republic of North Macedonia is situated as a major junction of communication routes between the north-east and south-east regions in Europe with surrounding Albania, Kosovo, Serbia, Bulgaria and Greece. The country is largely mountainous, some forests and fertile valleys, but also areas suffering from erosion.

#### C. Political organization and administrative structure (e.g. form of government, regional and sub-regional administrative division, type of welfare regime)

The 1991 constitution of the newly established independent republic stipulates a separation of powers between the parliament and the executive, led by the prime minister. The republic is divided into 80 municipalities that are responsible for important parts of social, administrative and economic concerns.

#### D. Socio-economic development

Macedonia had been the poorest of former Yugoslav republics but fared relatively well since its independence in the 1990s in terms of economic growth. Notwithstanding ongoing crises and necessary adaptations, some progress has been made in further developing agriculture (employing still one sixth of the workforce), industry and manufacturing, also due to foreign direct investments that reached a peak in 2018 with more than 713 million US\$ (IOM, 2022). However, unemployment has been around 30 % by the beginning of the century, triggering a constant exodus of citizens at working age.

#### E. Key languages, ethnic groups and other diverse groups

The small population is nevertheless rather diverse with a majority of declared Macedonians, followed by an Albanian minority, but also smaller minorities of Turks, Roma, Serbs and others. The main religion is Orthodox Christian, one third of the population is of Islamic Faith.

- **Support-capacity and care needs in the community**

## 2.1 Demographics

### A.1 Population structure and dynamics

Indicator	Number	in %	Year
Total Population	1,836,713		2021
Women (%)	925,626	50.4%	
Men (%)	911,078	49.6%	
Population 65 or older (% of total population)	300,815	14.5%	2019
Women (% of population 65 years or older)	166,323	55.3%	
Men (% of population 65 years or older)	134,492	44.7%	
Population 85 or older (% of total population)	18,848	0.9%	2019
Women (% of population 85 years or older)	11,810	62.7%	
Men (% of population 85 years or older)	7,038	37.3%	
Net migration	2,349		2019
Total fertility rate (average number of children per woman)	1.42		2018
Median age	38.0		2020
Life expectancy at birth	75.2		2020
Women	77.5		2020
Men	72.9		2020

**TABLE 1. POPULATION SIZE AND AGE STRUCTURE**

Source: UN WPP, 2022.

While Eurostat still reported 2.08 million inhabitants in North Macedonia in 2019, the total population, as counted during the last census in 2021, was actually 1.84 million in 2021. The share of women and men in the population is relatively equal with a small majority of 50.4% women in the total population. However, in the older generations this majority increases to about 55 % for those 65 years and older and to almost 63 % in the group of older persons above 84 years of age.

- Fertility and migration trends

Since 2000, the values of the Total Fertility Rate were on a downward trend and in 2018 the Republic of North Macedonia was below the so-called safe zone with a rate of 1.42.

North Macedonia is characterized by intensive population emigration in the period following the EU visa liberalization. The migration data of the United Nations indicate that the number of citizens born in the Republic of North Macedonia who are living abroad at the end of 2017 amounted to 534,720, while the World Bank had estimated this number at 626,312 already at the end of 2013. By 2020, about 693,900 citizens of North Macedonia were living abroad, providing for more than 320 million US\$ in remittances (IOM, 2022). The new emigration includes mostly young people who leave the country to find work or study, and then find work and do not return.

- Population density and level of urbanization

The population density at the national level is 81.6 inhabitants per km<sup>2</sup>. There is a big disproportion in the territorial distribution of the population. The country has eight planning regions and only the Skopje region, where the capital is located absorbs as much as 30.44% of the total population.

	Population density (persons/km <sup>2</sup> )	Urbanisation (% of urban population in total population as per 2002 Population Census)	% of population 65 or older		
			Total	Men	Women
North Macedonia	81.64		14%	13%	16%
Vardar region	37.35	69	16%	14%	18%
East region	49.29	66	17%	15%	19%
Southwest region	60.68	36	13%	11%	14%
Southeast region	62.55	45	15%	13%	17%
Pelagonia region	46.31	68	17%	15%	19%
Polog region	132.66	29	10%	9%	11%
Northeast region	76.22	57	14%	12%	15%
Skopje region	348.68	88	15%	14%	17%

**TABLE 2. POPULATION DENSITY, DEGREE OF URBANISATION AND SHARES OF OLDER POPULATION**

Source: UN WPP, 2022.

Regions with low population density and higher urbanization level have higher shares of residents 65 years or older: the regions with the highest percentage of older people are the East region (17%), Pelagonia (17%) and Vardar (16%). Regarding absolute numbers, a majority of older people reside in Skopje and the regions of Pelagonija and Polog.

Population ageing is pronounced in some rural remote municipalities, but also in smaller urban municipalities. The municipalities with the highest percentage of older residents (65 years or older) are Demir Hisar (22.4 %), Staro Nagoricane (20.9 %), followed by Karposh in Skopje (20.5 %) and Ceshinovo-Obleshevo (20.0 %). Big number of older people resides in larger, more densely populated cities, such as Skopje, Bitola, Kumanovo, Prilep. Those cities must respond to the needs of a larger group of older individuals. The distribution of older persons across the country varies across the eight planning regions as presented in the table below:

	Total	Men	Women	Total	Men	Women
North Macedonia	300,647	134,461	166,186			
Vardar region	24,299	11,070	13,229	8%	8%	8%
East region	29,683	13,534	16,149	10%	10%	10%
Southwest region	28,017	12,450	15,567	9%	9%	9%
Southeast region	26,023	11,608	14,415	9%	9%	9%
Pelagonia region	39,085	17,541	21,544	13%	13%	13%
Polog region	32,655	14,718	17,937	11%	11%	11%
Northeast region	23,810	10,897	12,913	8%	8%	8%
Skopje region	97,075	42,643	54,432	32%	32%	33%

**TABLE 3. THE DISTRIBUTION OF CITIZENS 65 YEARS AND OLDER ACROSS THE COUNTRY, BY REGION**

## A.2 Current and forecasted life expectancy by gender

- Median age

The median age was 38 years in 2020 compared to 34.5 years in 2010. It is expected to increase to 41.8 years by 2030 and 48.6 years by 2050 (UN WPP, 2022).

- Life expectancy at birth and at age 65

Life expectancy at birth has increased from 72.9 years in 2000 to 75.1 years in 2020 and is lower than the EU average of 81 years. Life expectancy at birth is projected to rise to 79 years in 2030 (UN WPP, 2022).

At the same time, life expectancy at the age of 65 stood at 16 years in 2018, which is a gain of almost two years since 2000. Again, life expectancy at the age of 65 was lower than the EU average of 20 years. Life expectancy at the age 65 is projected to rise to 16.68 years in 2030 (UN WPP, 2022). In both cases, life expectancy is higher for women than for men.

### A.3 Population ageing

The Republic of North Macedonia exceeds the limit of 12 % regarding the share of the older population and thus enters the group of countries which are demographically characterized as countries with an ageing population. In 2019, more than 300,000 people (14.5% of the total population) were 65 years or older, compared to 241,060 people in 2010. There were, on average, 1.48 women aged 65 years or more for every man of the same age. The country is expected to have 374,000 people 65 years or older in 2030 and 476,000 by 2050, accounting for 18.2 % and 25.7% of the total population, respectively.

The total population 80 years or older is 53,212, about 2.6% of the total population.

### A.4 Vulnerable or minority groups

One of the most vulnerable groups in the country is the Roma community. Official data on Roma are scarce. We rely on data from a regional Roma Survey conducted in 2017, which compares the situation of the Roma community to their neighbouring non-Roma peers. Survey data show that the Roma population is significantly younger than their non-Roma neighbours and the total population. The population pyramid among Roma is bottom heavy, that is, there is a large share of children and a small share of older persons. This is also confirmed by the dependency ratio: Elderly 65+/Working-age (15-64) household members, was 0.08 for Roma and 0.22 for neighbouring non-Roma community.

Based on information from the Institute for Public Health, Roma experience 10 years lower life expectancy compared to the national average.



## B. The demographic landscape in by regions

Table 4 shows the main demographic aspects by region, while Table 5 exhibits projections until 2029.

	North Macedonia	Vardar region	East region	South-west region	South-east region	Pelagonia	Polog	North-east Region	Skopski region
	Population growth								
2010	2,055,004	153,858	179,770	221,855	172,858	234,137	314,804	175,045	602,677
2019	2,076,694	151,755	174,341	219,379	173,076	227,378	322,605	176,086	632,074
	Population growth rate 2010 - 2019								
	1.1	-1.4	-3.0	-1.1	0.1	-2.9	2.5	0.6	4.9
	Rate of increase								
2010	2.5	0.8	-0.2	1.6	1.9	-1.9	4.5	2.7	4.9
2019	-0.3	-2.5	-4.2	-1.3	-1.6	-4.7	2.3	-0.4	2.3
	Ageing coefficient								
2010	11.7	12.8	12.7	10.5	12.1	15.1	8.4	10.9	12.2
2019	14.3	15.8	16.8	12.6	14.8	17.0	9.9	13.3	15.2

**TABLE 4. DEMOGRAPHIC INDICATORS OF THE EIGHT PLANNING REGIONS**

Source: The Republic of Macedonia (n.d.)

	North Macedonia	Vardar region	East region	South-west region	Southeast region	Pelagonia	Polog	Northeast Region	Skopski region
2018	2,064,077	145,104	172,105	229,473	167,581	232,498	336,204	171,210	609,902
2019	2,067,292	145,330	172,373	229,830	167,842	232,860	336,728	171,477	610,852
2020	2,065,489	145,204	172,223	229,630	167,695	232,657	336,434	171,328	610,319
2021	2,070,201	145,535	172,616	230,154	168,078	233,187	337,202	171,718	611,712
2022	2,074,864	145,863	173,005	230,672	168,456	233,713	337,961	172,105	613,089
2023	2,078,985	146,152	173,348	231,130	168,791	234,177	338,632	172,447	614,307
2024	2,082,074	146,369	173,606	231,474	169,042	234,525	339,135	172,703	615,220
2025	2,083,640	146,480	173,736	231,648	169,169	234,701	339,391	172,833	615,682
2026	2,083,194	146,448	173,699	231,598	169,133	234,651	339,318	172,796	615,551
2027	2,080,249	146,241	173,454	231,271	168,894	234,319	338,838	172,552	614,680
2028	2,074,317	145,824	172,959	230,611	168,412	233,651	337,872	172,060	612,928
2029	2,064,916	145,163	172,175	229,566	167,649	232,592	336,341	171,280	610,150

**TABLE 5. PROJECTIONS OF THE POPULATION IN THE PERIOD UNTIL 2029, BY PLANNING REGIONS**

Source: The Republic of Macedonia (n.d.).

## 2.2 Socioeconomic determinants and risk factors

### A.1 Living arrangements and family structure of older people

There are about 600,000 families in North Macedonia. The average household size was about 3.5 persons per household in 2022 (State Statistical Office).

### A.2 Household income status and poverty rates of older people by gender

- Pension coverage

Income protection of older persons, in particular pensions, is the most widespread form of social protection in North Macedonia. The total number of pension beneficiaries in 2019 was 324,039 persons out of which 214,276 were beneficiaries of contributory old-age pension, minimum agricultural pensions and military pensions i.e. 70.8 % of people aged 65 years and over received a contributory pension.

In May 2019, a new non-contributory benefit was introduced for persons aged 60 and over who are not entitled to old-age pension and have no other income. About 3,000 persons were entitled to this social pension.

Altogether, 71.8 % of people aged 65 years and over received a pension, either contributory or non-contributory.

	Personal old-age pensions	Disability pensions	Family pensions	Beneficiaries of minimum agricultural pensions	Beneficiaries of military pensions	Total
Year	no. of persons					
2015	182,954	39,814	76,872	483	1,605	301,728
2016	190,633	38,343	76,790	357	1,487	307,610
2017	197,383	36,970	76,391	271	1,383	312,398
2018	204,455	35,645	75,680	215	1,283	317,278
2019	212,941	34,217	75,546	151	1,184	324,039

**TABLE 6. NUMBER OF BENEFICIARIES BY TYPE OF PENSION**

Source: State Statistical Office, 2020.

The coverage of the pension system (first and second pillar) was 73.8 % of all employed in the country in 2019, based on data from the Labour Force Survey (2019) on the number of employees (15-64) in 2019 (788,216) and data from the Pension Insurance Fund on the number of insured citizens at the end of 2019 (581,405).

- Average income of older people (by gender)

The median net income of people aged 65 and above is slightly higher (by 12.6 %) than that of the population under the age of 65. The median income of men aged 65+ was higher compared with that of women aged 65+ (7 % higher). Pensions are the most important factor behind higher incomes among people above 65.

Pensioners do not experience a significant drop in living standards compared with their preretirement income due to the high aggregate replacement ratio of 0.7 in 2019 compared with EU-27 average of 0.57.

The relative median income ratio (65+), which measures the median income of persons aged 65 years and over compared to persons aged less than 65 years was 1.13 in 2019. Between 2012 and 2019, the relative median income ratio (for those aged 65+) improved by 0.12 percentage points.

According to data of the Pension Insurance Fund, in November 2020 the average pension amounted to 15,449 MKD (€ 249). The majority of pensioners – 67% – received an old-age pension, the average amount of which was 16,671 MKD (€ 269). The structure of pension beneficiaries according to the amount of pension indicates that 7.28 % receive a pension below the minimum level of 9,751 MKD (€ 157), while 28.6 % of beneficiaries receive minimum pensions (between € 157 and € 192). The average pension represented 56 % of the average net salary per worker in November 2020.

- Percentage of the older population at risk of poverty (by gender and region)

The At-risk-of poverty (AROPE) rate among people aged 65 and above was 34.5 % in 2019 and is high compared with the EU-27 average of 18.5 %, but still lower by 6.3 percentage points when compared with the working-age population in the country. Similarly, the AROP indicator for older people (65 and above) is 5.4 percentage points lower than for the overall population. Older women in North Macedonia have a higher AROPE rate than older men (34.9 % compared to 34.1 %), and a higher AROPE rate than the national average. Gender differences are much more pronounced in relation to severe material deprivation, as older (65+) women have a rate higher than their male peers (30.4 % for women compared to 27.7% for men). The AROPE rate by poverty threshold after the social transfer of people aged 65 and over was 14.8 %, 14,1 % for women and 16,5 % for men aged 65 and over (Eurostat, EU-SILC and ECHP surveys).

In terms of poverty reduction, pensions play a very important role, as in 2019 they reduced the poverty rate from 41.1 % to 25.4 %. In fact, pensioners have the lowest AROP rate compared to the economically active population standing at 7.7 % in 2019; the rate is even lower among women pensioners, equalling 2.4 %.

## B. Employment and unemployment rates for the general population

North Macedonia was facing high unemployment rates of 17.3% in 2019 (18,6 % among women and 16.6 % for men), when this rate was on average at 6.7% in the European Union (EU27). The labour market trends in the last decade were favourable – unemployment progressively decreased from 36 % in 2005 while the average unemployment rate over period 2010-2019 was 26.2 %. The unemployment rate is forecasted to decline to 10.9% by 2027.<sup>1</sup>

Similarly, the number of employed people (20-64) increased continuously, from around 547,000 in 2005 to more than 782,000 in 2019. That translates into a labour market participation rate of 59.2 % within the population aged 20 to 64. There are significant gender differences with 69.7% of men and only 48.4% of women (age 20-64) being employed in 2019. Projections of the Ministry of Labour and Social Projection are estimating that the total employment rate will reach 64.5% by 2027. The youth employment rate (15-29) was at 34.4 %, while for the age groups 30-59 and 60-64, it was 66.9 % and 33.2 % respectively.

It is worth noting the high rate of inactivity in the labour market for women. In 2019, 449 thousand or 53.4 % of the women aged 15 and above were out of the labour market and this situation of long-term and structural character.

## C. Lifestyle and behavioural risk factors of older people

The lifestyles of many citizens in North Macedonia are unhealthy. The proportion of overweight older people aged 65-74 years has risen to about 67.2 % percent, while the share of obese people aged 65-74 years was 16.8 %. Obesity is a serious public health problem, as it significantly increases the risk of chronic conditions such as cardiovascular disease, type-2 diabetes, coronary heart disease and certain cancers. The share of older people aged 65-74 years who were obese was higher in 2017 than the average of the adult population. The share of obese people aged 75 years and over was the same as the share of obese people among the adult population (10.5 %). Rates of obesity are higher in women (18.9 %) than in men (14.3 %).

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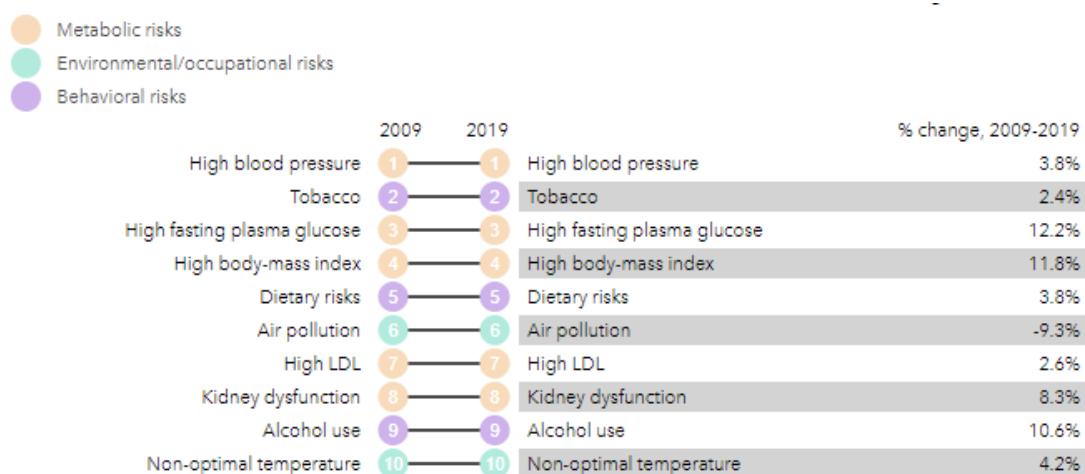
<sup>1</sup> [https://neighbourhood-enlargement.ec.europa.eu/enlargement-policy/north-macedonia\\_en](https://neighbourhood-enlargement.ec.europa.eu/enlargement-policy/north-macedonia_en)

In 2017, the average smoker in Macedonia smoked 21.3 cigarettes per day, which ranks the country among the top-ranked countries globally. Tobacco use is linked to lung cancer, chronic obstructive pulmonary disease, tuberculosis, and asthma. Women, on average, smoke and consume alcohol less compared to men (73.4 % women, 36.2 % men), and they also have slightly better habits, on average, in terms of the physical activity and nutrition (63.4 % women, 53.3 % men) (Bashevska, 2019). According to a study of the Public Health Institute conducted in Skopje in 2019, about a third of the respondents aged 65+ stated that they smoke cigarettes. Of these, 36.8 % were men and 31.8 % were women.

Excessive alcohol consumption was observed in a total of 6.3 % of the respondents, 11.3 % men and 3.2 % women. Men were found to be 3,814 times more likely to consume alcohol than women.

Physical activity over 30 minutes per day was registered in a total of 44.3 % of the respondents, in 51.1 % men and 40.1 % women. Men were found to be 1,563 times more likely to engage in more than 30 minutes of physical activity a day compared to women.

According to the Institute for Public Health, the most common diseases in the elderly are diseases of the cardiovascular system (high blood pressure, heart failure, etc.), diseases of the gastrointestinal tract, diseases of the respiratory system, neoplasms, diseases of the nervous system and senses, diseases of the musculoskeletal system (osteoporosis, Parkinson ..), diseases of the urogenital system, followed by injuries and poisonings, endocrine disorders of metabolism and nutrition (diabetes), rheumatic diseases, depression, insomnia, dementia. The incidence of NCDs is high. In 2016 NCDs accounted for 87 % of all disability-adjusted life years (DALYs) – the number of years lost to ill-health, disability, or early death. Among Macedonians aged 15-49, NCDs accounted for 78 % of total DALYs. At 22 percent in 2015, the mortality rate from cardiovascular diseases, cancer, and chronic respiratory diseases for those aged 30-70 was significantly higher than the EU average of 13 percent, and even slightly above the 18-20 percent rates in the Western Balkans, structural and aspirational peers, and UMICs. In particular, rates for diabetes and cancer (especially lung cancer for men) have in recent years been shooting up. It appears that health care services are not successfully tackling these rising challenges and that prevention services are lagging: for example, the recent cervical cancer screening rate was only 19 percent of the target population.



**FIGURE 1. MOST IMPORTANT RISK FACTORS DRIVING MORTALITY AND DISABILITY: TOP 10 RISKS CONTRIBUTING TO TOTAL NUMBER OF DALYs IN 2019 AND PERCENTAGE CHANGE 2009-2019, ALL AGES COMBINED.**

Source: GBD 2019 Risk Factors Collaborators, 2020.

## 2.3 Health, functionality and wellbeing

### A. Health and social needs of older people

#### A.1 Mortality and morbidity trends

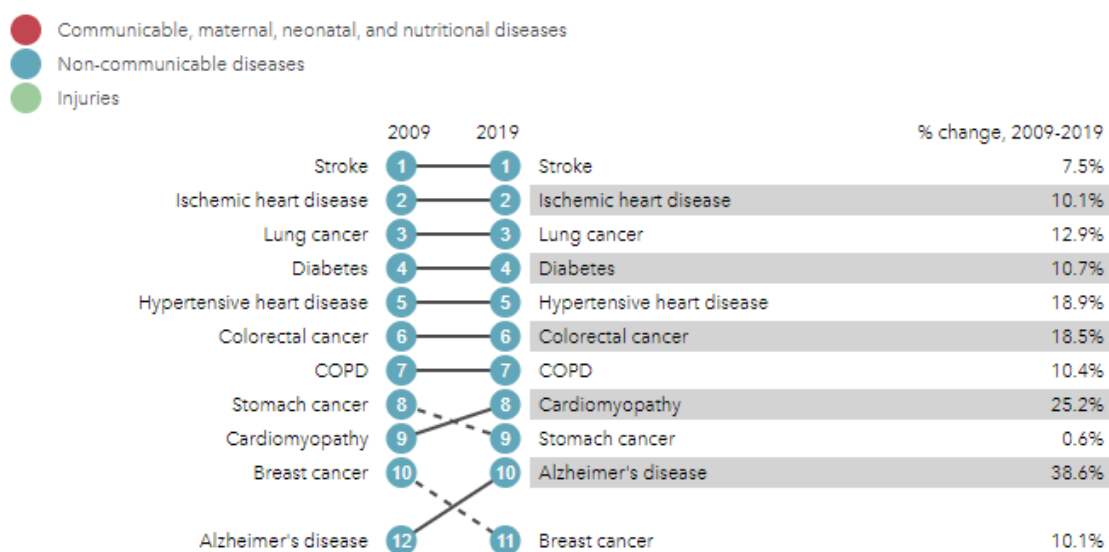
In 2017, the mortality crude rate in older people (65 and over) of 5,615.6 deaths per 100,000 people is higher compared to that of the general population of 974.4 deaths per 100,000 people. The mortality rate is higher in older men than women. i.e. 6,110.4 and 5,219.7 deaths per 100,000 people respectively. Such trend can be observed among the general population (men 1,015.8 deaths and women 942.9 deaths per 100,000 people) and population 0-64 (men 324.3 deaths and women 189.2 deaths per 100,000 people).

There were 20,446 deaths in the Republic of North Macedonia in 2019. The structure by sex shows higher male participation, 10,616 or 51.9% of total number of deaths. The number of deaths among older people was 15994, which represents an increase of 5%, compared to the previous year. Their share in total number of deaths was 78.2% (per 100 deaths). The structure by sex, shows higher female participation, 8,247 or 51.6% of total number of deaths among older people.

- Leading causes of mortality and morbidity

By (ICD-IX), most deaths among the general population were due to circulatory diseases (I00-I99), which up to 51.8% of total number of deaths, followed by neoplasms (C00-D48) with 18.6%, while 4.6% were deaths due to endocrine, nutritional and metabolic diseases (E00-E90), and 4.4% were the cases where death was due to respiratory system diseases (J00-J99) etc.<sup>2</sup>

A similar pattern could be observed among older people in 2019. Circulatory diseases (I00-I99) were the leading cause of death in older people accounting for 56.4% of total number of deaths (53.1% men, 59.5% women), followed by malignant neoplasms (C00-D48) with 15.3% (19.1% men, 11.7% women), diseases of the endocrine system, nutritional and metabolic diseases (E00-E90) accounted for 5% of deaths (4.1% men, 5.8% women) and respiratory diseases (J00-J99) comprised 4.3% of total deaths in older people (4.9% men, 3.6% women).



<sup>2</sup> State Statistical Office, <https://www.stat.gov.mk/PrikaziSoopstanie.aspx?rbtxt=7>

**FIGURE 2. MOST IMPORTANT CAUSES OF DEATH: TOP 10 CAUSES OF TOTAL NUMBER OF DEATHS IN 2019 AND PERCENTAGE CHANGE 2009-2019, ALL AGES COMBINED**

Source: GBD 2019 Risk Factors Collaborators, 2020.

- Prevalence and burden of significant non-communicable diseases (by gender)

Older persons often suffer from chronic non-communicable diseases. These are diseases of the cardiovascular system, the respiratory system, malignant neoplasms, diseases of the musculoskeletal system, as well as diseases of the digestive system. Cardiomyopathy, ischemic heart disease, chronic obstructive pulmonary disease, femoral fracture, diabetes, and carcinomas of the lungs and breast in women are the most common pathology that is treated in hospital according to the data on the registered hospital morbidity in the past period.

## A.2 Brain health

A WHO report providing information on medical consultations in 2018. The data showed that dementia (n=12,295) was among the seven most common geriatric condition for which older people consulted their GP/family doctor (WHO Europe, 2021: 15).

Below are extracts from a table presenting the number of consultations, patients and average number of visits per patient. The full table can be found in the WHO report (WHO Europe, 2021: 15).

Condition	Consultations	Patients	Average
	n	n	n
Dementia (F00-F03)	44,340	12,295	3.6
Alzheimer's disease (G30)	17,091	5,755	3.0
Parkinson's disease (G20)	19,362	4841	4.0
Depression (F32-F33)	24,974	9,169	2.7

**TABLE 7. NUMBER OF CONSULTATIONS, PATIENTS AND AVERAGE NUMBER OF VISITS**

Source: WHO Europe, 2021: 15.

## B. Disability and functionality of older people

The share of the adult population that faces challenges in activities of daily living (e.g. eating, bathing and dressing) increases with age. Relatively high share of older people suffer from physical and sensory functional limitations which impacts their personal independence and wellbeing.

The proportion of people 65 years or older reporting some or severe long-standing limitation in daily activities is 47.7 % versus 47.6 % in the EU. Older women self-report longstanding health problems at rates that are higher than men (Table 8). One fifth of citizens 65 years or older have severe limitations. The greatest proportion of older people who reported severe long-standing limitations in their usual activities due to health problems were in rural areas of the country (23.9 %), followed by cities (19.7 %) and towns and suburbs (18.9 %). As expected, self-reported health limitations tend to worsen as people reach 85 years of age. Almost half of the older people aged 85 years and above reported severe long-standing limitations.

In 2019, 54.9 % of older people in North Macedonia reported having a long-standing illness or health problem. A higher number of older females have a long-standing illness or health problem in the country than older men. Again, greater proportion of people living in rural areas report having long-standing illness or health problem (59.62 %), compared to cities (54.5%) and towns and suburbs (52.9 %). Not surprisingly, 79.6 % of people 85 years or older have long-standing illness or health problem.

Indicator	Total	Men	Women
People 65 years or older with none self-perceived long-standing limitations in usual activities due to health problem	52.3	60.1	45.8
Cities	55.7	61.9	50.6
Town and suburbs	53.1	62.1	45.5
Rural areas	45.3	53.6	38.4
People 85 years or older with none self-perceived long-standing limitations in usual activities due to health problem	24.4	35.2	18.4
Cities	19.9	27.0	13.7
Town and suburbs	24.6	56.6	16.6
Rural areas	30.4	36.1	26.8
People 65 years or older with self-perceived some long-standing limitations in usual activities due to health problem	27.3	23.2	30.8
Cities	24.6	20.6	27.8
Town and suburbs	28.0	23.1	32.1
Rural areas	30.7	27.8	33.2
People 85 years or older with self-perceived some long-standing limitations in usual activities due to health problem	28.4	34.2	25.1
Cities	26.0	43.9	10.5
Town and suburbs	38.7	24.4	42.2
Rural areas	19.7	23.6	17.1
People 65 years or older with self-perceived some or severe long-standing limitations in usual activities due to health problem	47.7	39.9	54.2
Cities	44.3	38.1	49.4
Town and suburbs	46.9	37.9	54.5
Rural areas	54.7	46.4	61.6
People 85 years or older with self-perceived some or severe long-standing limitations in usual activities due to health problem	75.6	64.8	81.6
Cities	80.1	73.0	86.3
Town and suburbs	75.4	43.4	83.4
Rural areas	69.6	63.9	73.2
People 65 years or older with self-perceived severe long-standing limitations in usual activities due to health problem	20.3	16.6	23.4
Cities	19.7	17.5	21.5
Town and suburbs	18.9	14.9	22.4
Rural areas	23.9	18.6	28.4
People 85 years or older with self-perceived severe long-standing limitations in usual activities due to health problem	47.3	30.7	56.5
Cities	54.1	29.0	75.8
Town and suburbs	36.7	19.0	41.1
Rural areas	49.9	40.3	56.1
People 65 years or older having a long-standing illness or health problem	54.9	47.9	60.7
Cities	54.5	47.9	59.9
Town and suburbs	52.9	45.4	59.3
Rural areas	59.2	52.7	64.5
People 85 years or older having a long-standing illness or health problem	79.6	70.6	84.6
Cities	88.5	:	95.2
Town and suburbs	75.4	:	83.4

	Rural areas	71.9	:	:
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**TABLE 8. SELF-PERCEIVED LONG-STANDING LIMITATIONS OR HEALTH PROBLEMS BY AGE GROUP AND SPATIAL ENVIRONMENT**

Source: Red Cross, 2017.

Mobility is the most critical self-care task of ADL. Data obtained from survey conducted in 2017 showed that 34.6 % of the interviewed older persons reported limitations linked to their ability to move inside the home, while 38.7 % faced difficulties when moving outside their place of living. Nearly one third of the older people who face mobility related limitation live in a single or multi-storey building. Women more frequently suffer mobility issues (Red Cross, 2017).

Regarding the Instrumental activities of daily living (IADLs), the results of the same survey revealed that older people are less independent when it comes to Cleaning and maintaining the house and Shopping for groceries and necessities, i.e. they rely to other persons for completion of those tasks.

Macedonians are as healthy as people in other countries in the region, but not as healthy as people in EU member countries (World Bank, 2018a). In recent decades, the burden of diseases has shifted to non-communicable diseases (NCDs), and their risk factors are increasing. In 2016, NCDs accounted for 87 % of all disability-adjusted life years (DALYs)—the number of years lost due to ill-health, disability, or early death.<sup>3</sup>

The share of people perceiving their health as good or very good decreases with age. In 2019, 74.7 % of the adult population in North Macedonia (aged 16 years and over) considered their health to be good or very good, while this share fell to 28.1 % among older people. This share drops to 7.3% among older people aged 85 years and over. The greatest proportion of older people reporting good or very good health status in North Macedonia live in towns and suburbs (31.2 %), while the lowest proportion live in rural areas (20 %). Overall, according to Eurostat data, a greater share of older men (33.5 %) perceived their health as good or very good compared to older women (23.7 %).<sup>4</sup>

## 2.4 Social networks & Inclusion

### A. Social inclusion and social networks

A total of 12.1% of the older population in North Macedonia were living alone in 2019, compared to 32.6% in the EU.<sup>5</sup> The share of older women living alone was higher (16.3%) than that of men (7.9%). Furthermore, 26.2% of the older population were living in a couple (but with no other people in the household), compared to 47.0% in the EU. Analysed by sex, 32.3% of the older males in the country shared their household with a partner, while the corresponding proportion of women in the same situation was much lower (21.1%). A greater proportion of older females tended to live in other types of households, such as with other family members, friends or other people (36.5%) compared to males (15.0%). 34.6% of older people (44.8% of older males and 26.0% of older females) were living in a couple as well as with other people, compared to 10.7% in the EU.

<sup>3</sup> Disability Adjusted Life Years and Healthy Life Expectancy Statistics, <https://knoema.com/IHMEDALY2018/disability-adjusted-life-years-and-healthy-life-expectancy-statistics>

<sup>4</sup> <https://appsso.eurostat.ec.europa.eu/nui/submitViewTableAction.do>

<sup>5</sup> [https://ec.europa.eu/eurostat/databrowser/view/ILC\\_LVPS30\\_\\_custom\\_92322/default/table?lang=en](https://ec.europa.eu/eurostat/databrowser/view/ILC_LVPS30__custom_92322/default/table?lang=en)



The Gender Equality Index for North Macedonia for 2015 amounts to 62, out of the maximum result of 100. The Gender Equality Index for North Macedonia is ranked 15<sup>th</sup> compared to the EU member states.<sup>6</sup>

Women in North Macedonia are, in average, less frequently employed full time, compared to men. The duration of the working life of women in the country is, on average, less by 12 years compared to the working life of men. Employed women in North Macedonia have, on average, less flexibility with their working hours compared to men, thus less opportunities to balance between work and private life. There is a significant sectoral segregation in North Macedonia – high concentration of employment of women compared to men in education, health and social care sectors, also known as sectors identified with “care” and in which more women are traditionally employed.

Women, on average, have lower positive attitude about their health status compared to men, but the life expectancy for women, in absolute years, including the years spent in healthy life, are higher compared to men (66.5%, 65.4%). In terms of access to health services, there is a small gender difference which shows that women have lower access to medical examinations compared to men.

#### B. Gender stereotypes/attitudes related to care giving and receiving

There is a significant sectoral segregation in North Macedonia – high concentration of employment of women compared to men in education, health and social care sectors, also known as sectors identified with “care” and in which more women are traditionally employed.

The indicators in the domain of Time show disproportionately larger participation of women in doing domestic activities and care activities compared to men in the country. The gender stereotypes in terms of the traditional gender roles are still very dominant in the country. Women are mainly those that do the unpaid work at home related to care and domestic obligations. The percentage of women dedicating time to childcare and care for grandchildren on daily basis is greater compared to the percentage of men (39.3 % women compared to 29.9 % men; 9.4 percentage points difference). The percentage of women spending time in domestic activities is seven times greater compared to men – the difference is a whopping 60.7 percentage points.

#### C. Profile of informal carers

Data about informal carers are scarce despite the fact that the long-term care system heavily relies on the care provided by family and other unpaid caregivers. Data on the number of informal carers is not available. One indication about the number of informal/unpaid carers is the number of beneficiaries of financial reimbursement for assistance and care by other person, which is a cash benefit payable to persons who cannot perform basic living functions without help and care from another person. In 2020, there were total of 42,300 beneficiaries of financial reimbursement for assistance and care by other person and it could be assumed that they were all taken care by informal carers. However, the number of informal carers is far beyond this number.

A survey conducted in 2017 on the need for social and from health services for the older persons reveals that the closest family traditionally still takes care of a sick spouse / parent. Most often the care is taken by the spouse (39.8%), then by the children with whom the parent lives (33.7 %), in the third place the care is taken by the children who come and help the sick parent (12.9 %), and rarely another person is paid. The care is provided by the wife (58.5 %), as opposed to the care provided by the husband (25.3 %). In the East region of the country (populated by Macedonians), the care is mostly provided by the spouses (53.6 %) compared to the practice in the Polog region (mostly populated with Albanians), where it is the children who take care for sick parents (55.8 %).

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<sup>6</sup> [https://www.mtsp.gov.mk/content/pdf/dokumenti/2019/Gender%20Index\\_ENG.pdf](https://www.mtsp.gov.mk/content/pdf/dokumenti/2019/Gender%20Index_ENG.pdf)

Another survey of caregivers was administered face to face, with 48 participants across two municipalities (Kochani and Resen) in 2019. Two thirds of the caregivers lived in rural areas, slightly over half of them were aged between 46 and 64 years and one third were older caregivers (aged 65 years and older). Most of the caregivers were female, had no other dependents and co-resided with the older person receiving the care. Regarding the caregiving relationship, almost all caregivers were close relatives, spouses, or adult children of the older person. A few caregivers were not relatives. Out of all caregivers, 37 reported spending 80 hours or more caring (WHO EUROPE, 2021: 54).

The Zarit Burden Interview (ZBI) was used to assess perceived burden among caregivers and the impact of caregiving on physical and emotional health, finances, social life and interpersonal relationships. Slightly over three quarters of the respondents reported providing care for more than 80 hours per week. Regarding the frequency with which caregivers provided support for activities of daily living to the care recipient, the vast majority provided help all the time with housework, taking a bath or shower, walking, dressing and undressing, cutting and eating food and using the toilet. ZBI score was 52.03 and all caregivers (100 %) perceived the caregiving burden as moderate to severe or severe. Almost all the caregivers reported providing help sometimes or all the time, which equates to an overall high level of care provided.

Family members lack the necessary skills and competencies, as well as lack support from health and social care services to effectively support and address the needs of care recipients (WHO EUROPE, 2021). Carers' perceived limited levels of quality of support in caregiving as measured by using the "quality of support" subscale of the COPE (Caregivers of Older People in Europe) index. Caregivers reported that they would find beneficial support groups for caregivers caring for older people, assistance from professionals, education /training for caring for older people, assistance from other family members, financial support, material assistance, access to information, elderly homes, flexible work time (WHO EUROPE, 2021: 55).

According to a report based on EU-SILC data (2016), 0.9 % of the population provided informal care. Of those 0.8% were women and 0.9 % men (Gjorgjev, 2021: 16). Of those providing informal care, 35.6 % provided more than 20 hours of care per week (2016). More women (43.9 %) than men (25.5 %) provided care at this level (Gjorgjev, 2021: 16).

## 2.5 Rights

### A. Rights of older people

The Constitution of the Republic of North Macedonia guarantees health and social protection and social security for all citizens, including older people in accordance to the principle of social justice. It further obliges the children to take care for their old and frail parents.

Health and social services are regulated by different bodies and legislation. According to Law on Health Insurance/*Закон за здравствено осигурување* (Official Gazette no. 25/2000), each insured person shall have the right and the obligation to register with a Primary Health Care provider. For consultations with a specialist in secondary and tertiary health care, a referral from a Primary Health Care provider is necessary, except in case of emergency. Moreover, patients rights are protected under Law on Protection of Patients' Rights/*Закон за заштита на правата на пациентите* (Official Gazette no. 82/2008), including the right to health care, health information, participation in decision making, consent, confidentiality and privacy. The Law guarantees access to quality and continual healthcare, in accordance with the latest achievements in medicine, with total respect for the patient's dignity and in his/her best interest. Similar protection is guaranteed with the Law on Mental Health.

The Law on Social Protection / *Закон за социјална заштита* (Official Gazette no. 104/2019) provides for equal treatment in the areas of social protection, including access to and the supply of social cash benefits and services which are available to the public. Protection of loss of income due to old-age,

disability or death are provided under the Law on Pension and Disability Insurance/Закон за пензиско и инвалидско осигурување (Official Gazette no. 98/2012). Those who are not entitled to old-age pension can claim social security cash benefits under the Law on Social Security for the Older People.

Protection against discrimination (and segregation) is provided in accordance with the Law on Prevention and Protection against Discrimination/Закон за спречување и заштита од дискриминација (Official Gazette no. 258/2020). The Law forbids discrimination in many areas, including social security and health care on the basis of race, color, origin, nationality or ethnicity, sex, gender, sexual orientation, gender identity, marginalized group, language, nationality, social origin, education, religion or religious belief, political belief, other belief, *disability*, *age*, marital or marital status, property status, *health status*, *personal status* and social status or any other ground.

Newly enacted Law on Prevention and Protection from Violence against Women and Domestic Violence/Закон за спречување и заштита од насилство врз жените и семејното насилство (Official Gazette no. 24/2021) aims to prevent all forms of gender-based violence against women and domestic violence and to establish services, measures and mechanisms for protection of victims of gender-based violence and domestic violence, as well as ensuring respect for fundamental human rights and freedoms guaranteed under the Constitution and ratified international agreements. More than 1,500 cases of domestic violence were reported in 2020 (76 % of the victims were women) and 858 temporary measures were issued. Evidence indicates underreporting.

A National Deinstitutionalisation Strategy 2018-2027 aims to improve access to social services in the community and family environment. Deinstitutionalisation is main target for long-term care reform. However, deinstitutionalisation of nursing homes cannot be based primarily on resettlement; it is necessary to establish tailored and quality social services in the community and for the older people. It is especially necessary to create new services that will enable them to stay at home and live a dignified and socially integrated life (such as supported housing, intensive medical care at home, online and remote care, intergenerational activities, mutual and informal assistance, community projects, etc.).

## B. Rights and needs of carers

Formal carers are engaged with employment contract govern by the Labour Law/Закон за работните односи. They are entitled to social insurance that includes pension and disability insurance and health insurance.

Carers engaged licensed providers for delivery social services such as care and help in the home of older people aged 65 and over as well as personal assistance are entitled to health insurance by Law on Health insurance.

There are no specific cash benefits for the informal/unpaid carer. Cash benefits (financial reimbursement for assistance and care by another person) are payable to the beneficiary, who can then pay the carer.

Unpaid carer (family member who takes care of an aging, sick or disabled family member who is incapable to perform daily living and instrumental activities independently) is entitled to respite care. Respite care consists of provision of short-term care for dependent family members, enabling thus rest, relief and possibility for satisfying personal and professional needs of the family member, who is the primary caregiver. The service may be provided in the beneficiary's home. The respite is covered by the Social Work Centre for up to 15 days during one calendar year. In practice, such service is yet to be established.

## • Service delivery

### 3.1 Types of services

#### A. Social services for older people

An overview of social welfare service uptake by older beneficiaries is reported by the statistical yearbook of the Republic of North Macedonia (2019).

Category	Number
<b>Total number of older persons receiving any services</b>	<b>6,558</b>
Foster care	33
Placement	235
- Foster families	2
- Social welfare institutions	76
Right to daily accommodation in day care centres	157
Rights of social cash benefits	4,812
Permanent financial assistance	1894
One-off payments (occasional)	207
Assistance and care allowance	2,137
Right to health care	574
Other assistance	517
Other allowances	517
Other services or social welfare	961

**TABLE 9. SOCIAL WELFARE SERVICE UPTAKE BY OLDER PERSONS**

Source: Statistical yearbook of the Republic of North Macedonia, available at: <https://www.stat.gov.mk/Publikacii/SG2021/SG2021pdf/04-Zdravstvo-Health.pdf> (Accessed 4 August 2022)

In the following, information is given regarding the different types of services provided.

#### Foster care

Although usually meant for children, there is a system of foster care available for older people. Foster families receive (MKD 7,500/€122 per month per person) as well as 3,075/€50 per month for looking after an older person. In addition, where the foster caregivers are aged older than 62, is unemployed or not in receipt of a pension as well as support an older person for longer than five years, they receive MKD 8,000 (€130) in addition (adjustments made to previous year's inflation rate) (Gjorgjev, 2021: 7).

#### Residential services

There are different types of residential settings available, including long-term nursing medical care (provided through the health system), public homes and licensed private homes.

There are five public homes available in North Macedonia (624 beds). Spaces are financed by the state (40 %) and the user (60 %). One of the homes is part of the healthcare system, which means that healthcare received is covered through the health insurance fund. Where people are unable to pay the fees, social protection services will step in.

There are 28 private homes (1,051 beds). However, costs are high (average 450€ (range 350-950€)). In additional, there are also 28 homes for retired people facing difficulties with housing. These places are operated by the pension fund, but residents need to pay for daily costs. Overall, it is estimated that there were 1,214 people in residential care (Gjorgjev, 2021: 7-8).

In situations where people receive residential LTC, their incomes as well as that of their family is considered in the calculation of co-payments. Exemptions are in place for situations where the combined income of the individual and their family is less than '25% of the average net monthly wage'

of the last year and ‘they do not own property that could be used for commercial purposes’ (Gjorgjev, 2021: 6).

### Day care

There are a total of 61 day centres, eight of which were dedicated to older people (Gjorgjev, 2021: 8). A WHO report points out that day centres are primarily focusing on social aspects for older people rather than the provision of care (WHO EUROPE, 2021: 59).

Following a regulation in May 2019, an increase in the number of social centres, the introduction of case management and an introduction of new services, such as personal assistance is planned (Gjorgjev, 2021: 9).

### Home care

There is no information on the uptake and availability of home care services. However, it has been reported that in 2016 63,6 % of households did not take up home care services for financial reasons and 14.4 % due to a lack of availability (Gjorgjev, 2021: 16).

### Community care

There is no evidence available of large-scale community programmes. A WHO report outlines, that services for older people in the community (e.g. home-based care and support) are primarily operated by civil society organisations and usually on ad hoc or project basis. (WHO EUROPE, 2021, p.59)

There is also some access for older people to support via patronage nurses. However, these services usually focus on mother & babies and are only available to older people ‘living with the primary recipient of care’ (WHO EUROPE, 2021: 59).

### Financial support

Financial reimbursement for assistance and care, allowances for blindness, mobility impairment and deafness are available for people older than 26 years and if the person’s annual net income amounts to less than the average national net monthly wage of the previous year (Gjorgjev, 2021: 6).

## 3.2 Design of long-term care

### A. Needs Assessment

Needs assessment is based on specific assessment procedures, including the international classification of functioning, disability and health (ICF) of the World Health Organization and the Barthel Index. Needs assessments are conducted by a medical council in public health institutions. These councils consist of three medical specialists (Gjorgjev, 2021: 6).

People with care needs are allocated into two categories of dependency, a lower and a higher level.

- People with lower level of dependency experience ‘temporary or permanent changes’ to their health and require help with all the basic functions of living (Gjorgjev, 2021: 6). People in this group are entitled to MKD 3,959 (€64) or 38% of the minimum wage in benefits (Gjorgjev, 2021: 7).
- People with higher level of dependency experience ‘severe or pronounced mental disabilities, physical disabilities, total blindness’ as well as ‘temporary or permanent changes’ of their health. People in this group are unable to perform basic functions of living (Gjorgjev, 2021: 6) and receive MKD 4,475 (€73) or 43 % of the minimum wage (Gjorgjev, 2021: 7).

## 3.3 Provider organizations and care settings

### A. Long-term care setting

By 2017, 988 residents aged 65 years and older lived in institutional settings (The Republic of Macedonia, 2018). In addition, 1,146 residents live in old age homes, supported by 442 members of

staff (The Republic of Macedonia, 2018). There were 47.4 LTC beds per 100,000 inhabitants in 2017 (Gjorgjev, 2021: 16). This leads to a resident/staff ratio of 2.54 (The Republic of Macedonia, 2018).

	Total spending (MKD)	Number of users	Costs per user per month (MKD)	Cost of services and material %	Labour costs %
<b>Berovo</b>	2,932,923	15	16,294	60.2	39.8
<b>Zlokukjani</b>	13,015,061	67	16,188	45.6	54.4
<b>Prilep</b>	25,560,000	112	26458	66,8	33,2
<b>Zafir Kumanovo</b>	28,848,118	149	16,134	61,8	39,2
<b>Bitol</b>	29,587,319	201	12267	59,2	41,8

**TABLE 10. OVERVIEW INFORMATION ON CARE HOMES IN THE REPUBLIC OF MACEDONIA**

Source: The Republic of Macedonia, 2018: 21-23.

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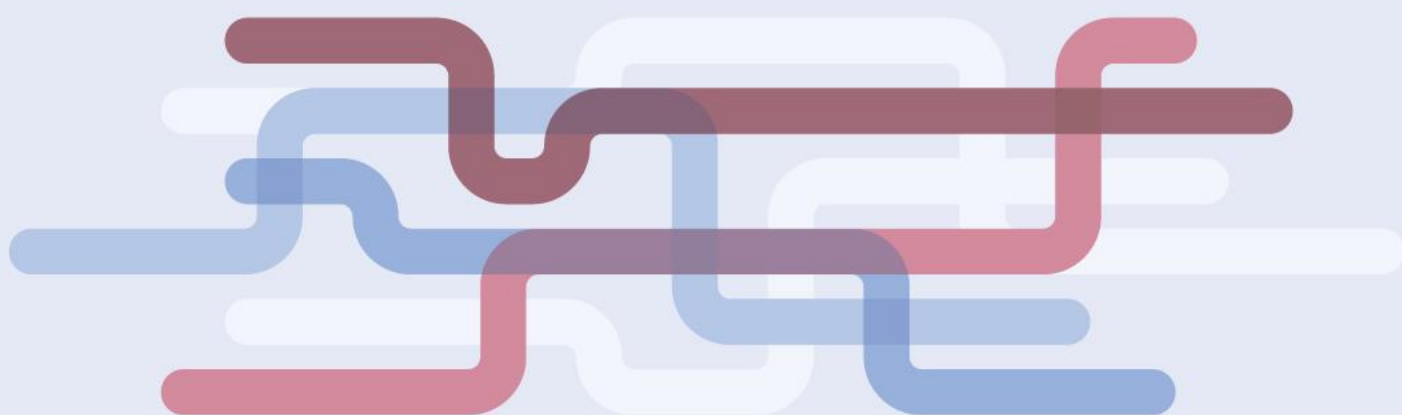
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