

Croatia



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Croatia covers about 56 000 km² and has 20 counties plus the city of Zagreb. It has 1185 islands in the Adriatic Sea, 67 of which are inhabited. The first democratic multi-party elections took place in April 1990, and Croatia officially declared independence in October 1991. This was followed by five years of war, which resulted in extensive damage, including housing, health and public services infrastructure. However, by early 2003 Croatia had made sufficient progress to apply for European Union (EU) membership. Croatia is now hoping to become an EU member by 2010. Croatia has joined the World Trade Organization and has pledged to open up its economy. It has achieved growth and has inflation under control. The unemployment rate in 2004 was 18%. Membership of the EU and North Atlantic Treaty Organization are Croatia's top priorities in foreign policy. Fighting corruption is a major economic priority of the government.

HEALTH AND DEVELOPMENT

Mortality and morbidity in Croatia. In 2005, the leading causes of death were noncommunicable diseases. Three fourths of all deaths in 2005 were attributed to circulatory illnesses and cancer. In 2005, the standardized death rate for circulatory diseases was 586.6 per 100 000 population, followed by cancer 288.1, diseases of the respiratory system 71.7 and injuries and poisoning 64.9. In 2005, ischaemic heart disease contributed to 19.2% and cerebrovascular diseases to 15.7% of the overall mortality, followed by cancer of the trachea, bronchus and lung 5.9%, diseases of the respiratory tract (pneumonia, bronchitis and asthma) 5.7%, cancer of the colon, rectum and anus 3.4% and chronic liver diseases 2.4%. Most years of life were lost due to cancer. Cardiovascular diseases caused a similar number of years of life lost, although the mortality rate was considerably higher. The people dying from cancer are on average younger than those dying from cardiovascular diseases. The next most important causes of years of life lost are injuries and road traffic injuries.

Lifestyle risk factors by sex. A higher percentage of men smoke than women, and men have a higher prevalence of obesity. More men engage in sport, but a higher percentage of active working women perform less physically strenuous work. Men consume less fruit and vegetables than do women, and men consume more fat, salt, meat and alcohol. Thus, cardiovascular diseases became a priority for the health system. A national disease prevention programme was developed as part of the health system reform project to target cardiovascular diseases.

Control of communicable diseases. Croatia has a mandatory vaccination programme, which is improved every year based on best practice evidence. Vaccination coverage is high. A surveillance and early response system has been in place for many years, thus keeping most communicable diseases under control. However, tuberculosis is a re-emerging public health problem. The incidence of venereal diseases is low. According to EuroHIV, Croatia has a low-level HIV epidemic. The risk of an HIV outbreak is assessed to be moderate, partly the result of many years of primary and secondary prevention efforts. In Croatia, 271 people living with HIV are receiving antiretroviral therapy; the public health system fully covers the costs.

Reforming health care funding. Increasing expenses and loss of fiscal control resulted in a deficit, which the state budget has occasionally covered. The major causes were drug expenditure and hospitals exceeding the budget. The Government of Croatia opted to restore the financial sustainability of the health system, settling the liabilities of health institutions towards suppliers. The Government introduced measures aimed at increasing the sources of revenue (revenue from private sources: co-payments, administrative fees and voluntary insurance), strengthening fiscal discipline and cash management (with owners of health institutions financially responsible for inappropriate financial performance), curbing suppliers' costs (consolidated procurement) and curbing the costs of payments to service providers by implementing the reform. Further, the Government decentralized the health system in Croatia and transferred funds to complement this decentralization. Ownership of health institutions was decentralized such that clinical institutions remained state property and the primary and secondary health care institutions became the property of the counties and the City of Zagreb.

Stewardship role of the Ministry. In 2006, the Government adopted the National Health Development Strategy 2006–2011. The Strategy is tackling health system accessibility, fairness and equity, health system efficiency, safety of patients and health workers and improving service quality. The Ministry of Health and Social Welfare supports the principle of integrated care, providing acute and chronic health care in local communities by significantly strengthening primary health care with the aim of establishing efficient control over the use of secondary and tertiary care capacity and general health care expenditure, aiming at serving up to 80% of medical cases in primary health care. The Ministry of Health and Social Welfare is supporting the full computerization of the health system and the introduction of telemedicine for geographically remote areas such as islands.

Total population (millions) ¹	4.5
% population 0–14 years old (2003) ²	16
% population rural (2004) ²	41
Life expectancy at birth (years, 2005) ³	75.4
Mortality rate among children <5 years per 1000 live births (2005) ³	6.6
Maternal mortality rate per 100 000 live births (2005) ³	7.1
Total expenditure on health as a % of GDP (2003) ⁴	7.8
General government expenditure on health as a % of general government expenditure (2003) ⁴	13.8
Human Development Index rank of 177 countries (2004) ⁵	44
Gross national income per capita, US\$ (2006) ⁵	8060
Adult (15+ years) literacy rate (2004) ⁵	98.1%
% population with sustainable access to an improved water source ⁵	100
% population with sustainable access to improved sanitation ⁵	100

Sources

- ¹ Hrvatski zdravstveno statistički ljetopis za 2005. Godinu/Croatian health service yearbook 2005. Zagreb, Croatian National Institute of Public Health, 2006 (http://www.hzjz.hr/publikacije/hzs_ljetopis/index.htm, accessed 27 April 2007).
- ² Statistički ljetopis 2004/Statistical yearbook 2004. Zagreb, Central Bureau of Statistics of the Republic of Croatia, 2004 (http://www.dzs.hr/Eng/Publication/stat_year.htm, accessed 27 April 2007).
- ³ European health for all database [online database]. Copenhagen, WHO Regional Office for Europe, 2007 (<http://www.euro.who.int/hfad>, accessed 27 April 2007).
- ⁴ The world health report 2006 – Working together for health. Geneva, World Health Organization, 2006 (<http://www.who.int/whr/2006/en>, accessed 27 April 2007).
- ⁵ Unplugged: faces of social exclusion in Croatia. Human development report Croatia 2006. Zagreb, United Nations Development Programme Country Office in Croatia, 2006 (http://hdr.undp.org/reports/detail_reports.cfm?view=1145, accessed 27 April 2007).
- ⁶ World development report 2006: equity and development. Washington, DC, World Bank, 2005 (<http://go.worldbank.org/XP2234QDV0>, accessed 27 April 2007).

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> Strong government ownership of the health reform agenda and formal commitment to gradually increasing funding over the next five years A well-coordinated network of institutes of public health across the country Strategic health documents have been developed Primary health care is well developed National pooling of funds provides new opportunities for improving the equality of resources and reducing the financial burden of care for poor people High vaccination coverage Strong information technology development and telemedicine operations Developing community action for health to empower communities to control the social determinants of health Establishing professional associations for professional development and to improve the quality of care 	<ul style="list-style-type: none"> Increasing out-of-pocket payments as an expression of inability to cope with escalating costs Widening the revenue base of the health insurance system to ensure financial sustainability given demographic changes and an ageing population Ecological and public health threats Increasing population expectations from the health system Reforming hospital resource allocation and setting hospital budgets to help the system better meet the needs of the population and avoid continual readjustment that promotes poor fiscal discipline and deficit spending Unfavourable trends in human resources for health due to the high average age of specialist physicians (over 50 years), decreasing interest among young people in studying medicine and migration of health workers, especially given potential future EU membership.

PARTNERS

Croatia has long-standing collaboration with United Nations agencies involved in health. Further, Croatia has extensive cooperation with the EU, the World Bank and the European Bank for Reconstruction and Development. Since Croatia joined the World Bank in 1993, the Bank has supported 21 projects totalling US\$ 1065 million, with US\$ 682 million disbursed so far. Numerous programmes are also implemented on a bilateral basis (with Bosnia and Herzegovina, Canada, Finland, Germany, Italy, Japan, Sweden, The former Yugoslav Republic of Macedonia and others).

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Integration with the EU • Potential financial assistance to the health sector from the EU Structural Funds 	<ul style="list-style-type: none"> • Decentralization of management and responsibilities • Relatively slow implementation of health sector reforms and a challenge to reduce bureaucratic measures

WHO STRATEGIC AGENDA

- **Strengthening the core health system functions.** This comprises supporting the implementation of reform of health care funding, strengthening leadership and country capacity for human resources for health development, strengthening the capacity of the Ministry of Health and Social Welfare in developing policy, implementing national drug policy, including rational pharmaceutical therapy, developing clinical guidelines and controlling inflation in pharmaceutical expenditure.
- **Scaling up health promotion and disease prevention.** This includes noncommunicable diseases and childhood obesity; support for national capacity-building in reducing the burden of mental health problems caused by alcohol and drug abuse; and advising on policy to strengthen tobacco control.
- **Fostering environmental safety.** WHO is providing support for implementing a national intersectoral food safety strategy and contributing to providing safe drinking-water for children in rural primary schools.
- **Strengthening surveillance, prevention and control of communicable diseases.** This is being accomplished by improving the national reporting and surveillance systems on infectious diseases, including sexually transmitted infections and HIV, strengthening national capacity to provide more accurate strategic information on epidemics and the response to them.

FOR ADDITIONAL INFORMATION:

WHO headquarters country page: <http://www.who.int/countries/hrv/en>

WHO Regional Office for Europe country page: <http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=CRO&CtryInputSubmit=>

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