

Croatia



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Total population 2009 (millions) ¹	4.4
% population 0–14 years old (2007) ²	15.5
Mortality rate among children <5 years per 1000 live births (2008) ³	5.47
Maternal mortality rate per 100 000 live births (2008) ³	6.86
Life expectancy at birth (years, 2008) ⁴	76
Total expenditure on health as a % of GDP (2008) ⁵	7.8
Human Development Index rank of 177 countries (2007) ⁶	45
GDP per capita (2009) ¹	EUR 10.245
Adult (15+ years) literacy rate (2006) ⁷	98.6%
% population with sustainable access to an improved water source ⁷	100
% population with sustainable access to improved sanitation ⁷	100

Sources

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- The world health statistics 2009, World Health Organization, 2009, Geneva, (<http://www.who.int/whosis>).
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Croatia covers an area of some 56,500 square kilometers and is made up of 20 counties plus the city of Zagreb; it has 1,185 islands in the Adriatic Sea, 67 of which are inhabited. Croatia became an independent country when the Yugoslav federation collapsed. The first democratic multi-party elections took place in April 1990 and Croatia officially declared its independence in October 1991. Since then Croatia has a parliamentary democracy. Parliament is vested with the legislative power in the Republic of Croatia. Elections took place on 25 November 2007. HDZ, Croatian Democratic Union, won the elections for the four year mandate. The new President of Croatia, Prof Ivo Josipovic has been inaugurated on 18th February 2010. EU accession negotiations with Croatia have continued, EU membership is Croatia's top priority in foreign policy, while in economy fighting corruption. At the NATO summit which took place in Strasbourg and Kehl, Croatia became a member of NATO alliance. Croatia has joined the World Trade Organization and opened up its economy. It has achieved growth and has inflation under control, with GDP per capita (2009): EUR 10.245¹. Unemployment rate in 2008 was 8.4% (ILO).

HEALTH & DEVELOPMENT

Mortality and morbidity in Croatia - In total population, the leading causes of death in 2008 were circulatory diseases (591.2/100,000), followed by neoplasm, responsible (299.3/100,000). These two disease groups accounted for three quarters of overall causes of mortality. On the scale of ten leading individual causes of death in 2008 in Croatia, five belong to the cardiovascular group of diseases. The three leading diagnoses are ischemic heart disease, followed by the cerebrovascular diseases and heart failure while the ninth and tenth are atherosclerosis and hypertension. The remaining deaths were caused by injuries and poisonings (68.4/100,000), diseases of the digestive system (54.8/100,000), diseases of the respiratory system (50.7/100,000) and other less common causes. In 2008, Croatia recorded 3,034 violent deaths. Among accidents with a rate of 48.4/100,000, the leading were deaths due to falls with a rate of 19/100,000. Suicides had a rate of 17.9/100,000.

Non communicable diseases and life style risk factors - In Croatia there is a higher percentage of smoking males than females, and a greater percentage of overweight /obese males. It also shows more males engaging in sport, but a higher percentage of active working females doing lighter work, with only a small percentage of them doing markedly heavy work. Data on dietary habits indicate lower consumption of fruits and vegetables among men in comparison to women, while fat, salt, meat and alcohol consumption are on the overall greater in male population. Thus, the cardiovascular disease group imposed itself as a health system priority. Cardiovascular diseases are also the leading cause of hospital treatment of Croatia's inhabitants, and in the second place of diagnoses registered in primary health care. Mental disorders as a group are among the leading causes of hospitalization in 2008, with two thirds of all such cases involving alcoholism, schizophrenia, depressive disorders and reactions to severe stress, including Post-traumatic Stress Disorder (PTSD). In order to strengthen NCD prevention programmes, country endorsed the NAP for prevention of CVD, the NAP for prevention of obesity and the National program for health protection of persons living with diabetes. National Cardiovascular Disease Prevention Programme, endorsed in 2001, includes not only primary and secondary prevention but also health promotion with the purpose of entirely precluding the occurrence of health hazards aiming at: lowering the coronary and myocardial infarction mortality to the age of 64 years by 20%, improving the detection and treatment of hypertension, improving the detection and treatment of hyperlipidaemia, reducing the number of smokers, especially among young, by 10%, reducing the number of obese by 20%, promoting healthy nutrition and increasing the number of inhabitants engaging in regular physical activity. Other national preventive health programs are related to implementation of preventive check-ups for persons older than 50 years (CVD, HBP, diabetes, anemia); screening program for early detection of breast cancer and colorectal cancer; national programme for intervention cardiology.

Control of communicable diseases - Croatia has a mandatory vaccination program, which is improved every year on the basis of best practice evidence. High vaccination coverage rates are recorded. Surveillance and early response system is in place for many years, thus keeping most communicable diseases under control. TB incidence in 2008 is 22,9 o/oooo. In Croatia prevalence of venereal diseases exhibit a favourable low incidence. According to EuroHIV, Croatia has a low-level HIV epidemic with rate of <10 newly diagnosed cases of HIV infection per million population per year. In the last ten years an average incidence is about 15 (<4 newly diagnosed cases of HIV infection per million population). Risks of HIV outbreaks are estimated as moderate, partly the result of many years of primary and secondary prevention efforts. Between 1985 and 2009 there were 792 documented cases of HIV infection, 301 of which progressed to AIDS. During the same period of time, of the 792 diagnosed HIV 164 patients died. Four fifths of HIV/AIDS cases are male, who are mostly infected between the age of 25 – 49. Most of the infected patients have acquired the infection abroad. HAART is offered to all patients who require it and all persons who need are receiving antiretroviral drugs (ARVs) at the costs which is fully covered by the public health system.

Stewardship role of MoH - In 2006 the Government adopted the National Health Strategy 2006-2011 document. Among other, the Strategy is tackling health system accessibility, fairness and equity, health system efficiency, safety of patients and health workers, improvement of quality of service delivery. The Ministry of Health supports the principle of integrated care, providing acute and chronic health care in local community through significant strengthening of the primary health care with the aim to establish efficient control over the use of secondary and tertiary capacities and general health care system expenditure, aiming at solving of up to 80% medical cases in the primary health care. MoH is supporting the full computerization of health system and introduction of telemedicine for geographically remote areas such as islands.

PARTNERS

Croatia has a long-standing collaboration with UN organizations involved in health sector. Besides, there is extensive cooperation with EU, World Bank (since Croatia joined the World Bank in 1993, the new Loan Agreement that was signed between the MoH and the World Bank on 21 October 2008 in the amount of EUR18 million (US\$28.3 million equivalent) is aimed at delivering faster and better emergency medical care. As a European Union candidate country, Croatia receives support from all three pre-accession financial instruments. The total EU financial assistance (CARDS and the pre-accession instruments) in the period 2000 - 2006 amounts to 530.8 million euros. Financial allocation of the IPA programme in the period 2007-2010 for Croatia is 589.9 million euros.

There are also numerous programs implemented on the bilateral basis (Canada, Germany, Finland, Italy, Sweden, Japan, The Former Yugoslav Republic of Macedonia, Bosnia and Herzegovina, etc.).

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

WHO STRATEGIC AGENDA

- **Addressing lifestyles and risk factors, including scaling up promotion and prevention of noncommunicable diseases** (nutrition, food safety, alcohol, drugs, physical activity)
- **Progress towards effective prevention and control of communicable diseases in Croatia** (IHR(2005), Hepatitis C)
- **Enhancing stewardship capacity and role of national authorities in health system policy planning, development, management and implementation** (workforce management (nurses), medicines policy, occupational health)
- **Strengthening emergency response and preparedness capacity**
(Strengthened capacity of MoH and health partners for effective management of health aspects of crises including policies on disaster preparedness and response. Strengthened health system response to climate change and weather related disasters)

ADDITIONAL INFORMATION

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

Country office website: <http://www.euro.who.int/croatia>

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