European Commission

State of Health in the EU

# CROATIA

## Country Health Profile 2025

OECD
BETTER POLICIES FOR BETTER LIVES

European Observatory on Health Systems and Policies
a partnership hosted by WHO

## The Country Health Profiles series

The *State of Health in the EU*'s Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and knowledge transfer. The 2025 edition of the Country Health Profiles includes a special section dedicated to pharmaceutical policy.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Observatory's Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

## Contents



## Data and information sources

The data and information in the Country Health Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD Health Database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys, the Survey of Health, Ageing and Retirement in Europe (SHARE), the European Cancer Information System (ECIS), and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2025, based on data that were accessible as of the first half of September 2025.

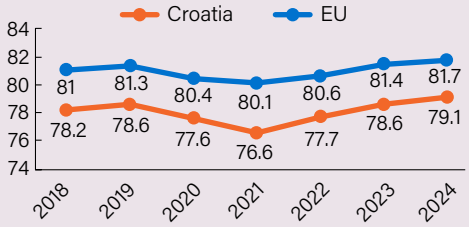
## Demographic and socioeconomic context in CROATIA, 2024

| Demographic factors | Croatia | EU |
|---|---|---|
| Population size | 3 861 967 | 449 306 184 |
| Share of population over age 65 | 23 % | 22 % |
| Fertility rate 2023[1] | 1.5 | 1.4 |
| **Socioeconomic factors** | | |
| GDP per capita (EUR PPP)[2] | 30 493 | 39 675 |
| At risk of poverty or social exclusion rate[3] | 21.7 % | 20.9 % |

1. Number of children born per woman aged 15-49.
2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.
3. At risk of poverty or social exclusion (AROPE) is the percentage of people who are either at risk of poverty, severely materially and socially deprived, or living in a household with very low work intensity.

*Source:* Eurostat Database.

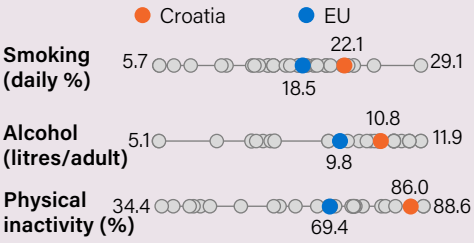
# 1 Highlights




*Life expectancy at birth*

## Health Status

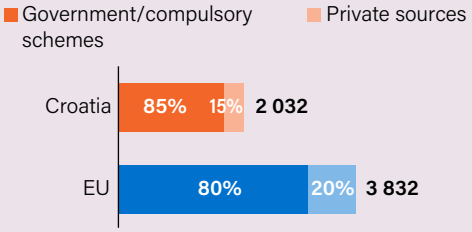
Life expectancy in Croatia had increased until 2019 but then declined by two years during the pandemic. In 2024, it surpassed its pre-pandemic level, reaching 79.1 years, which was 2.6 years below the EU average. The gender gap in life expectancy, favouring women, was 5.9 years. Cardiovascular diseases and cancer together accounted for three in five deaths in 2023.




*Adults, 2022 (or nearest year)*

## Risk Factors

Tobacco consumption in Croatia is among the highest in the EU, with 22 % of adults smoking daily in 2019. Alcohol consumption in Croatia is also comparatively high, reaching 10.8 litres per person in 2022. Another risk factor is physical inactivity: 86 % of adults in Croatia did not undertake regular exercise in 2022, compared to a 69 % average across the EU.



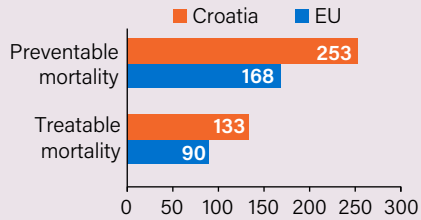

*Health spending per capita (EUR PPP), 2023*

## The Health System

Croatia's health spending per capita in 2023 (EUR 2 032) was just over half the EU average (EUR 3 832), but public spending accounted for a larger share in Croatia (85 %) than across the EU (80 %). Consequently, the share of private spending was smaller, with out-of-pocket spending among the lowest in the EU.

## Health System Performance

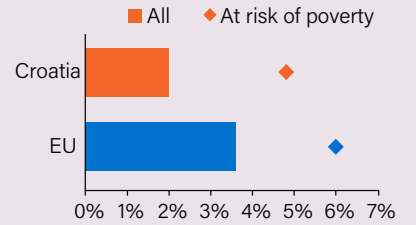
### Effectiveness




*Age-standardised rate per 100 000 population, 2022*

Preventable and treatable mortality remained much higher in Croatia than across the EU in 2022. Alcohol consumption, smoking, poor nutrition, insufficient physical activity and high levels of obesity contributed to preventable deaths from ischaemic heart disease, which was also the leading cause of deaths due to treatable causes.

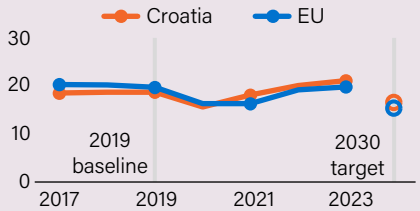
### Accessibility




*% reporting unmet medical care needs, 2024*

Croatia had comparatively low rates of self-reported unmet needs due to cost, distance to travel and waiting times among those with medical needs, reaching 2.0 % in 2024 (when the EU average was 3.6 %). The rate was also lower in Croatia among people at risk of poverty (4.8 %, compared to 6.0 % across the EU).

### Resilience




*Antibiotic consumption, defined daily doses per 1 000 pop. per day*

Controlling antibiotic use and tackling antimicrobial resistance supports health system resilience. Antibiotic consumption in Croatia had declined during the COVID-19 pandemic in 2020, but increased again afterwards, surpassing the pre-pandemic level of 18.8 defined daily doses in 2019. It is now well above the 2030 reduction target pathway.

## Spotlight: pharmaceuticals

Croatia spent EUR 391 per capita on retail pharmaceuticals in 2023, which was one of the lowest figures in the EU and over 20 % below the EU average of EUR 510. However, public coverage is good, financing three quarters of retail pharmaceutical expenditure in 2023 – among the highest shares in the EU. Pharmaceutical industry investment in research and development in Croatia is comparatively small, and this is also reflected in limited numbers of international pharmaceutical patent applications and clinical trials.

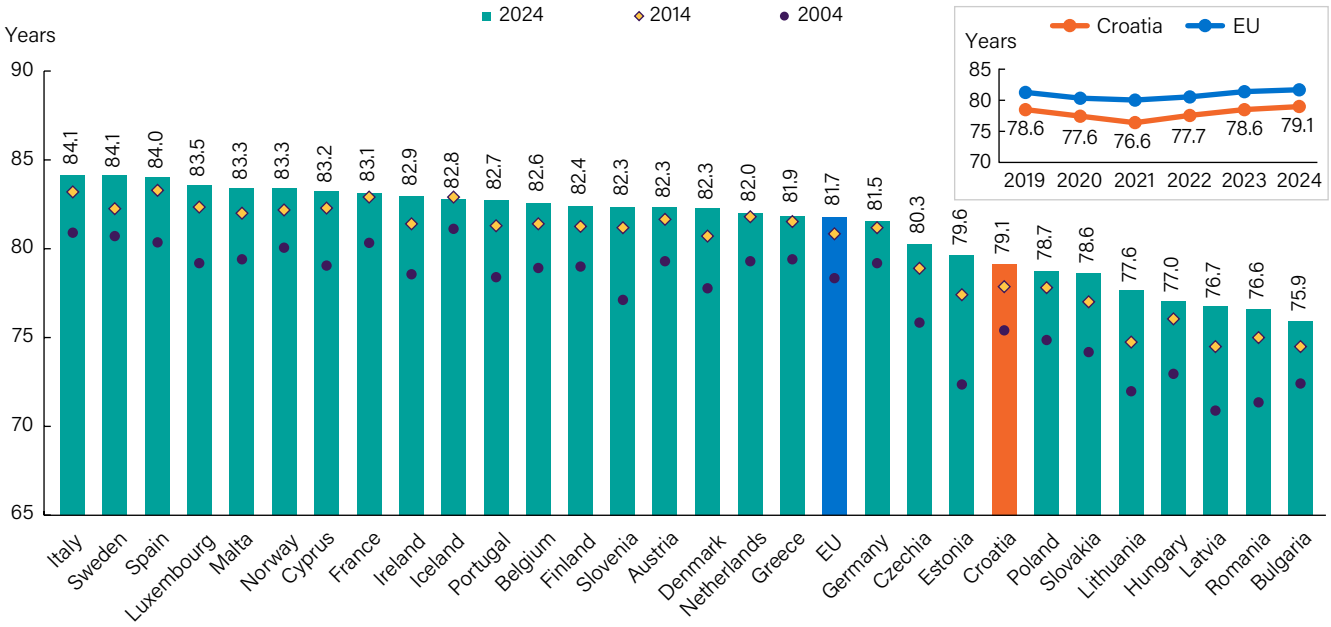
# 2 Health in Croatia

## Life expectancy in Croatia remained below the EU average in 2024

Life expectancy at birth in Croatia was 79.1 years in 2024, which was 2.6 years below the EU average (Figure 1). Before the pandemic, life expectancy had increased rapidly – by 4 years in the preceding two decades. Following the reduction of 2 years during the pandemic, life expectancy bounced back and surpassed its pre-pandemic level in 2024.

The gender gap in life expectancy in Croatia is large. In 2024, Croatian women could expect to live to 82.0 years compared to 76.1 years for men. This gender gap of 5.8 years was higher than the EU average gap of 5.2 years. This was due at least in part to greater exposure of Croatian men to major risk factors, such as heavy alcohol consumption and smoking.

*Figure 1. Life expectancy in Croatia has surpassed its pre-pandemic levels*




*Notes:* The EU average is weighted. Data for Ireland pertains to 2023.
*Source:* Eurostat (demo_mlexpec).

## Cardiovascular diseases and cancers are the main causes of death in Croatia

Cardiovascular diseases were the leading cause of death in 2023, accounting for 38.8 % of all deaths, followed by cancer, which was responsible for 25.4 % (Figure 2). Diabetes was another important cause of death, accounting for 7.7 % of all deaths – a much higher proportion than in most EU countries. The number and share of deaths attributed to COVID-19 has fallen substantially since the pandemic, to 1.5 % of all deaths in 2023.

## Most Croatians report being in good health, but there are large inequalities by income group

In 2024, two thirds (67 %) of Croatians reported being in good or very good health – a slightly lower proportion than the EU average (68 %). However, there are large socioeconomic disparities in how people rated their health: people in the highest income quintile were almost twice as likely to report being in good or very good health (84 %) as those in the lowest quintile (43 %), which was the second largest gap among EU countries. The income gap was particularly large among women: only 41 % of those in the lowest income quintile reported being in good or very good health – half of the proportion (82 %) of those in the highest quintile (Figure 3).

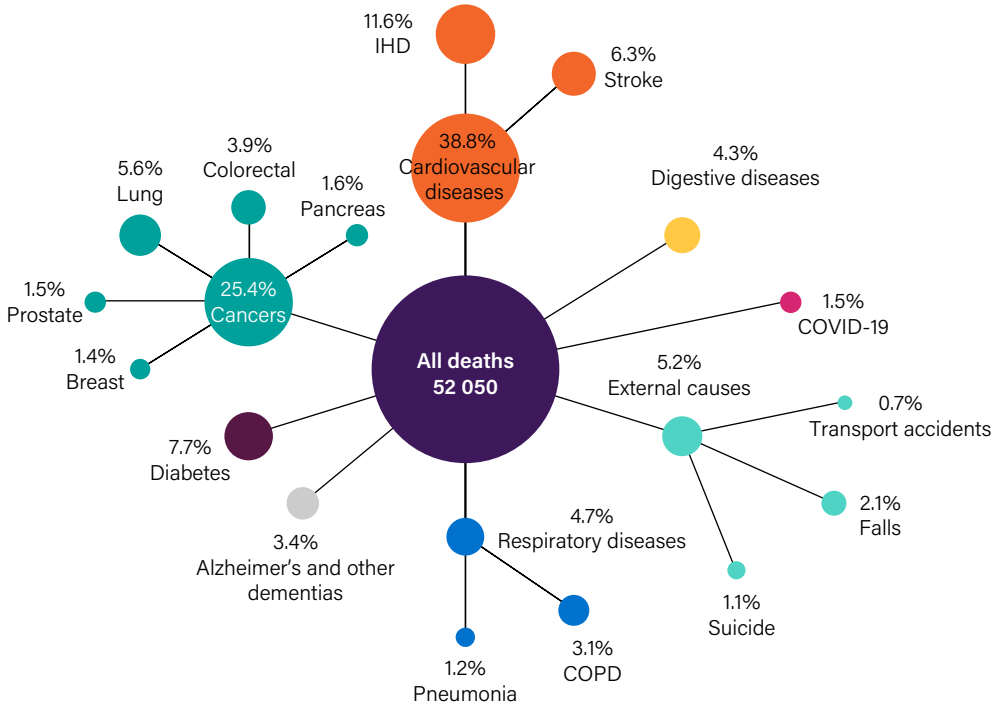
## Only about one third of life expectancy at age 65 is likely to be in good health

As in other EU countries, the Croatian population is ageing because of low birth rates and increases in life expectancy. The share of Croatians aged 65 and over increased from 17 % in 2004 to 23 % in 2024. This share is projected to rise further to 30 % by 2050.

In 2022, a 65-year-old woman in Croatia could expect to live another 18.6 years, while a 65-year-old man could expect to live another 15.2 years – both figures are 2.5 years below the EU averages (Figure 4). However, there is almost no gender gap in healthy life years (5.6 years for women and 5.2 years for men aged 65 in 2022), as women can expect to live a greater proportion of their lives after age 65 with some activity limitations (disabilities).

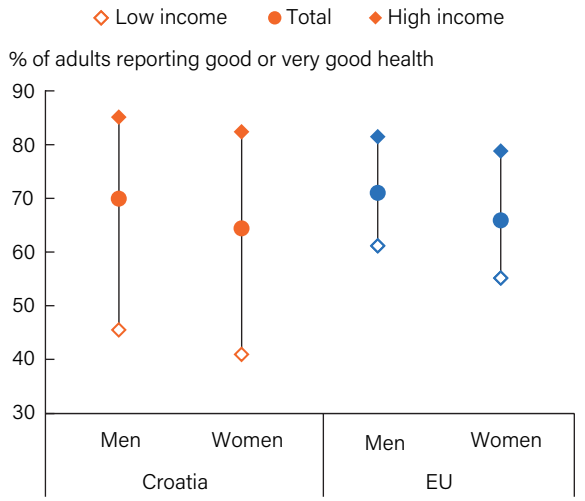
More than half (54 %) of women aged over 65 in Croatia had multiple chronic conditions in 2022, compared to 43 % of

*Figure 2. Cardiovascular diseases and cancers together accounted for over three in five deaths*




*Notes:* IHD = ischaemic heart disease; COPD = chronic obstructive pulmonary disease.
*Source:* Eurostat (hlth_cd_aro); data refer to 2023.

*Figure 3. There are large inequalities in self-reported health by income level in Croatia*




*Note:* Low income refers to adults in the bottom 20 % (lowest quintile) of the national equivalised disposable income distribution, while high income refers to adults in the top 20 % (highest quintile).
*Source:* Eurostat based on EU-SILC (hlth_silc_10); data refer to 2024.

men. There was also a large gender gap in limitations in daily activities: 33 % of Croatian women aged over 65 reported such limitations, which was 13 percentage points higher than the rate among men.

## About half a million people in Croatia are estimated to live with a cardiovascular disease

Cardiovascular diseases (CVDs) and cancer are not only the leading causes of death in Croatia but also leading causes of morbidity and disability, as in other EU countries. According to Institute of Health Metrics and Evaluation (IHME) estimates, about half a million people in Croatia were living with CVDs in 2021, and more than 50 000 new cases were expected in 2021 (Figure 5). The country had a lower prevalence rate than the EU average (11 149 compared to 12 965 per 100 000 population), but the incidence rate was slightly higher.

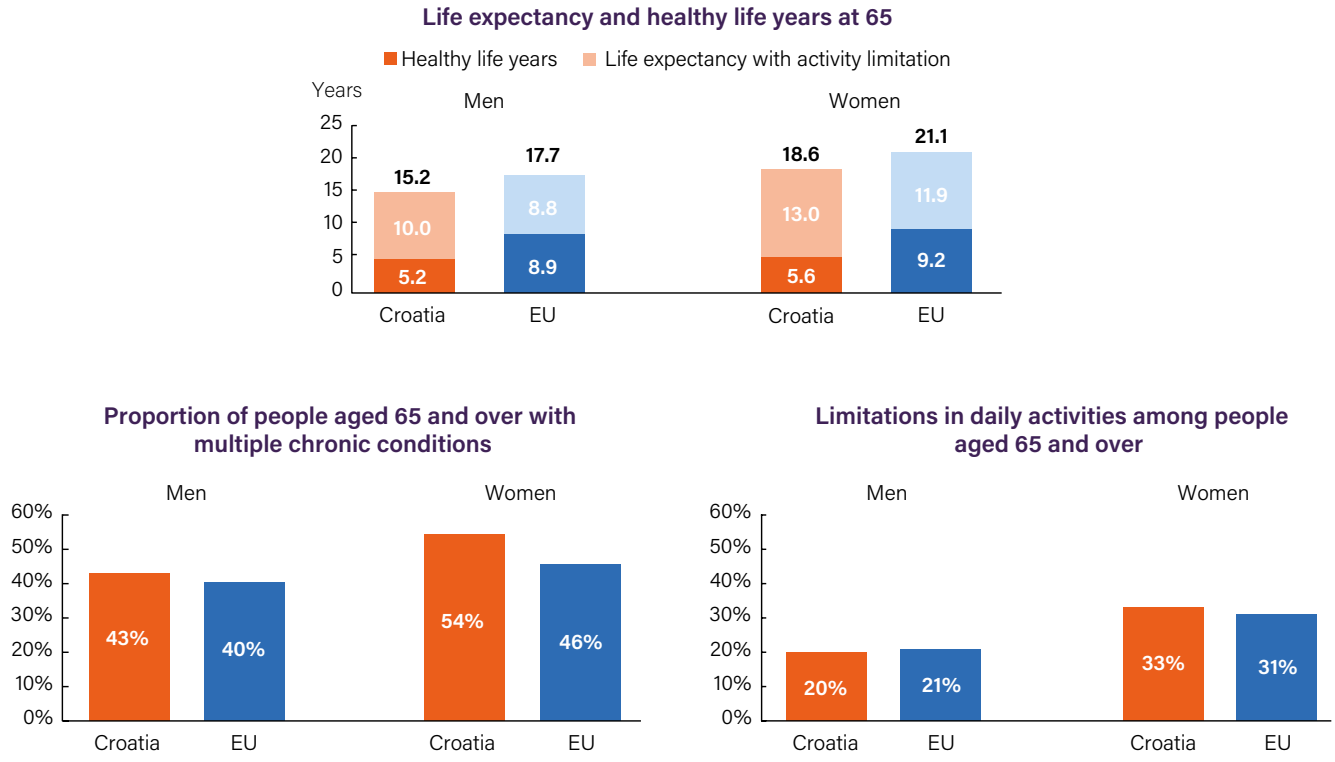
As in other EU countries, incidence and prevalence of CVDs in Croatia were greater among men than women (6 % greater in new cases and 17 % greater in prevalence in 2021). Ischaemic heart disease remains the most frequent CVD, with an estimated 21 700 new cases each year in Croatia, representing 41 % of all CVDs.

## There are more new cases of cancer in Croatia per population than in the EU overall

According to European Cancer Information System (ECIS) estimates, around 27 500 new cancer cases occurred in Croatia in 2022, and more than 186 000 people were living with cancer in 2020 (Figure 6). The 2022 age-standardised incidence rate was about 12 % higher than the EU average, but cancer prevalence in 2020 was considerably lower than the EU average. This contrast between higher incidence and lower prevalence reflects lower five-year survival rates for some cancers and higher overall cancer mortality in Croatia compared to other EU countries (OECD/European Commission, 2025).

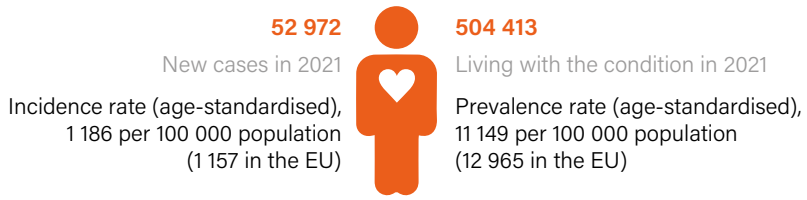
The leading cancer site among newly diagnosed cases estimated for 2022 was breast in women and prostate in men, followed by colorectum and lung in both genders. Croatia's National Plan Against Cancer for 2020-30 was adopted in December 2020 to address the high incidence and mortality from cancer.

*Figure 4. Croatians at age 65 have fewer healthy life years and more chronic conditions than the EU averages*



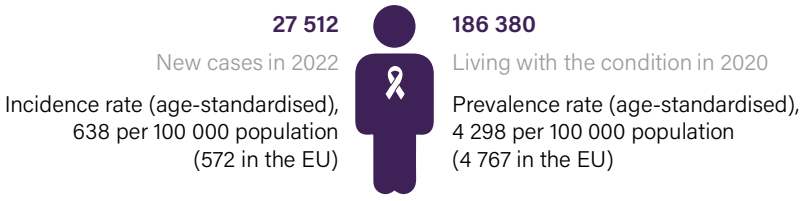

*Sources:* Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic conditions and limitations in daily activities); data refer to 2022 and 2021-22, respectively.

*Figure 5. One in nine Croatians were estimated to be living with a cardiovascular disease in 2021*




*Source:* IHME, Global Health Data Exchange; estimates refer to 2021.

*Figure 6. One in twenty-two people in Croatia have been estimated to be living as cancer survivors in 2020*




*Notes:* These are estimates that may differ from national data. Cancer incidence includes all cancer sites except non-melanoma skin cancer.
*Source:* European Cancer Information System; estimates refer to 2022 for incidence data and 2020 for prevalence.

# 3 Risk factors

## Around two in five deaths can be attributed to behavioural and environmental risk factors

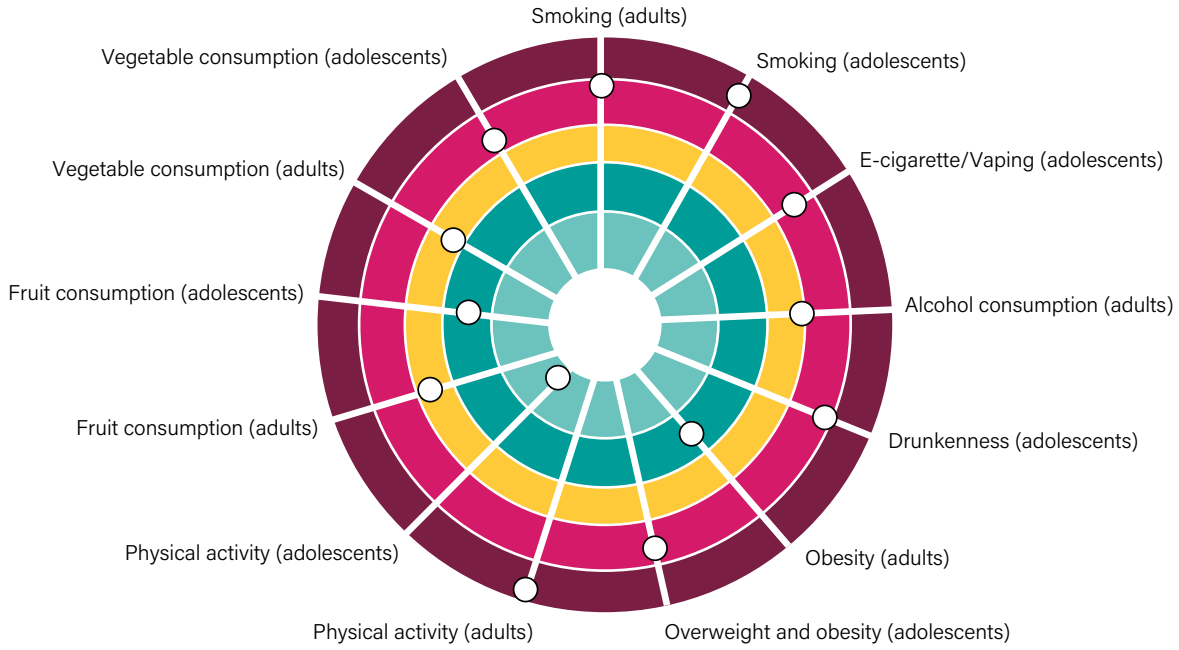
According to estimates from the Institute for Health Metrics and Evaluation (IHME), about one third (32 %) of all deaths in Croatia in 2021 can be attributed to behavioural risk factors, such as tobacco smoking, inadequate diets, alcohol consumption and low physical activity. Another 6 % of all deaths can be attributed to air pollution in the form of fine

particulate matter ($PM_{2.5}$) and ozone exposure alone. Together, these behavioural and environmental risk factors accounted for 38 % of all deaths in Croatia in 2021 – a higher share than the EU average of 29 %. This was mainly because the share of deaths related to dietary risks, tobacco smoking and air pollution was higher than the EU average.

## Smoking is widespread among adults and adolescents

Tobacco consumption among Croatian adults was among the highest in the EU in 2019, with 22 % of adults smoking daily – well above the EU average of 19 % (Figure 7). Over one quarter (26 %) of Croatian men are daily smokers, while women (20 %) have the fourth highest daily smoking rate in the EU. Smoking and vaping among adolescents are also a serious concern. While tobacco products and e-cigarettes can legally only be sold to people aged 18 and over, around one quarter of 15-year-olds reported smoking (26 %) or vaping (25 %) in the past month in 2022 – among the highest shares in EU countries. Although both adult and adolescent smoking rates have decreased over time, tobacco consumption remains a significant threat for population health due to lenient tobacco control policies (see Section 5.1).

*Figure 7. Croatia faces public health challenges on many behavioural risk factors*




*Notes:* The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.
*Sources:* OECD calculations based on HBSC survey 2022 for adolescents indicators; Eurostat based on EU-SILC 2022 and OECD Data Explorer for adult indicators (2022 or nearest available year).

## Alcohol consumption is higher in Croatia than the EU average, and heavy alcohol consumption is high among adolescents

Alcohol consumption among those aged 15 and over has stagnated in Croatia over the last two decades, reaching 10.8 litres per person in 2022, above the EU average of 9.8 litres. Heavy alcohol consumption among adolescents is also a concern. The proportion of Croatian 15-year-olds reporting that they had been drunk more than once in their life increased from 25 % in 2018 to 27 % in 2022, and was above the EU average of 23 %. In 2023, a national strategy to tackle substance abuse was introduced; however, it offers limited focus on alcohol misuse among young people (see Section 5.1).

## Overweight and obesity among adolescents and adults is concerning

One in six (17 %) Croatians were obese in 2022 – a slightly higher proportion than the EU average of 15 %. There was a notable gender difference in adult obesity rates: 21 % of men were obese compared to 13 % of women. Additionally, overweight and obesity rates among 15-year-olds have been increasing steadily in Croatia, rising from 17 % in 2014 to 24 % in 2022 – exceeding the EU average of 21 % in 2022. The country recently announced an Action Plan for Obesity Prevention 2024-27, including specific measures for children and adolescents, such as promoting physical activity and good nutrition in schools (Banadinović, Vocanec & Džakula, 2024).

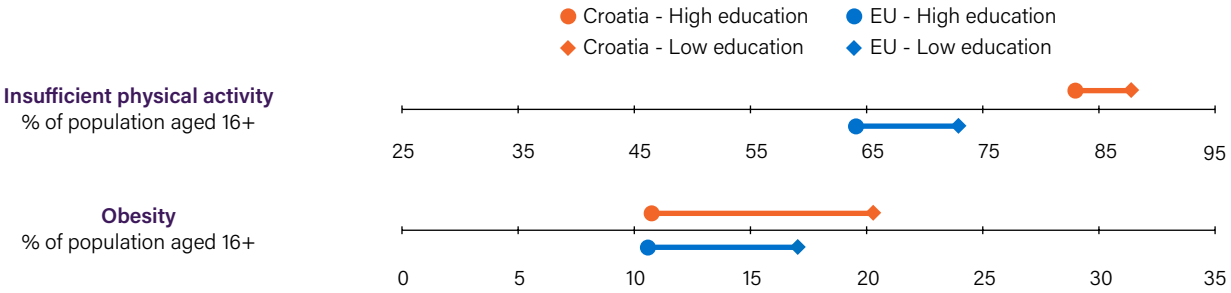
Croatian adults generally engage in physical activity less often than those in other EU countries. In 2022, only about 14 % of adults reported exercising more than three times per week, compared to the EU average of 31 %. On a more positive note, 15-year-olds in Croatia are more physically active than their peers in other EU countries, although there is a lot of room for improvement. Only one fifth of adolescents reported exercising at least an hour per day in 2022.

Many adults in Croatia do not consume any fruit or vegetables on a daily basis. In 2022, nearly half (47 %) of Croatian adults reported that they did not eat fruit daily, while 43 % did not consume at least one portion of vegetables every day. These proportions were higher than the EU averages. The situation was worse among adolescents: only one third of Croatian 15-year-olds consumed at least one portion of fruit daily in 2022 and only 30 % consumed one portion of vegetables daily.

### People with a lower level of education are more likely to be obese and physically inactive

As in other countries, people with lower levels of education in Croatia are more likely to be exposed to risk factors than those with higher education levels. There was an almost two-fold gap in obesity rates between those with the lowest (20 %) and highest education level (11 %) in 2022 (Figure 8). The disparity was less pronounced for physical activity, as most people with both lower and higher education levels reported not doing much physical activity each week.

*Figure 8. Obesity and physical inactivity are more common among the least educated*




*Notes:* Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8). Low physical activity is defined as people doing physical activity three times or fewer per week.
*Sources:* Eurostat based on EU-SILC 2022 (ilc_hch07b, ilc_hch10).

# 4 The health system

### Croatia has a mandatory social health insurance system that covers nearly the entire population

Croatia's mandatory social health insurance system confers near-universal coverage, with about 99 % of the population insured. The Croatian Health Insurance Fund (CHIF) is the sole statutory insurer and the main purchaser of health services. It also offers complementary voluntary health insurance (VHI) for covering copayments, with private insurers providing a smaller share of this market. The Ministry of Health is responsible for the stewardship of the system – including development, planning and evaluation of health policy, establishment of regulatory standards, and training of health professionals.

Social health insurance contributions for economically inactive groups – such as pensioners and unemployed people – are covered by state budget transfers, ensuring that vulnerable populations, including those on low incomes or living with disabilities, maintain access to the benefits package. Dependents are covered through contributions paid by working family members. The statutory benefits package covers a broad range of preventive and curative health services, and coverage is designed to limit out-of-pocket (OOP) payments.

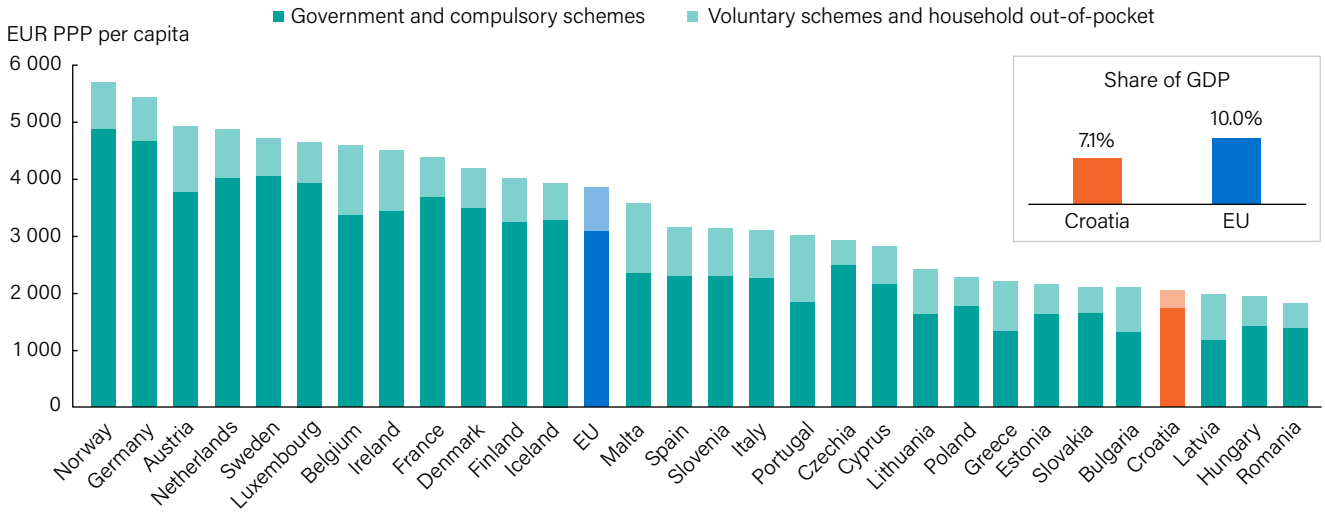
### Primary care doctors tend to be the first point of contact with the health system

Most secondary and tertiary healthcare providers remain in public ownership, and most specialised outpatient care was provided in hospital outpatient departments. In contrast, primary care has largely been privatised, although most providers are contracted by the CHIF to offer publicly paid services (Džakula et al., 2021). Primary care doctors – including family physicians, paediatricians and gynaecologists – often serve as the first point of contact for patients, and coordinate referrals to specialist or hospital care as needed.

### Health spending as a share of GDP remains above pre-pandemic levels

Health spending as a share of GDP decreased in Croatia from 8.1 % in 2021 to 7.1 % in 2023, but remained above the pre-pandemic level of 6.8 % in 2019 – a pattern observable in many EU countries. Health spending in real terms surged during the pandemic by 18.0 % in 2020-21, but then declined by 4.4 % in 2021-22, increasing again by 3.9 % in 2022-23. Health expenditure in Croatia remained far below the EU average of 10.0 % of GDP in 2023, and in per capita terms the country spent just over half the EU average on health, at EUR 2 032 in 2023, compared to an EU average of EUR 3 832 (Figure 9).

*Figure 9. Croatia's health spending per capita is comparatively low, but the public share is high*




*Notes:* The EU average is weighted (calculated by the OECD).
*Sources:* OECD Data Explorer (DF_SHA); Eurostat (demo_gind); data refer to 2023.

What sets Croatia apart, given its low absolute level of health spending per capita, is its high proportion of funding from public sources. Public funding made up 84.9 % of current health expenditure in 2023 – well above the EU average of 80.3 %. OOP payments accounted for only 9.4 % of current health spending in 2023, which was far below the EU average of 15.5 %. VHI represented 5.7 % of spending – slightly above the EU average of 4.5 %.

## Two thirds of health spending goes on outpatient and inpatient care

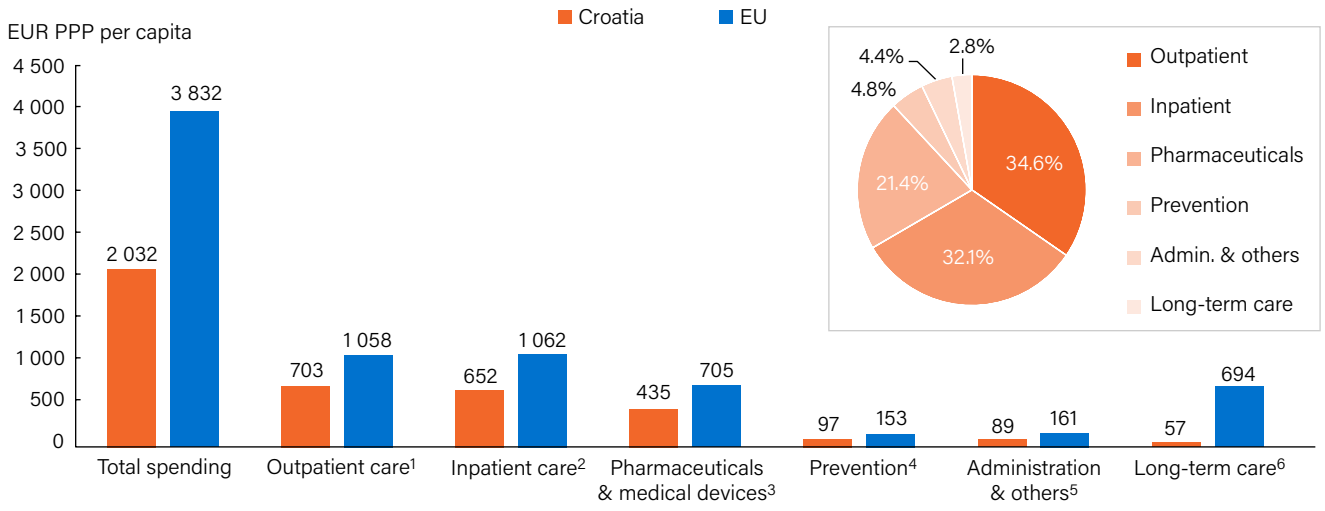
Expenditure patterns reflect the prominence of ambulatory settings in Croatia's health system. The proportion of current health expenditure directed to outpatient care was 35 % in 2023 (Figure 10), although this includes both primary and specialised services (often delivered at hospital outpatient departments). Inpatient care accounted for 32 % of health spending in 2023.

Pharmaceuticals and medical devices represent a sizeable component of healthcare costs. In 2023, 21 % of health spending went on outpatient pharmaceuticals and medical devices – a share higher than the EU average of 18 %. However, in absolute terms, pharmaceutical spending per person in Croatia remains considerably lower than in wealthier EU Member States. Long-term care is still comparatively underdeveloped in Croatia, receiving only 3 % of health expenditure in 2023, which was far below the EU average of 18 %. Spending on preventive care (5 % of health expenditure) was above the EU average of 4 %, and much higher than the share prior to the pandemic (3 % in 2019).

## Moderate reductions in hospital capacity challenge policy goals for more community-based care

Croatia's hospital capacity has changed little over the past two decades. In 2023, the country had 5.7 hospital beds per 1 000 population – a marginal decrease compared

*Figure 10. Outpatient care receives the largest share of Croatia's health spending*




*Notes:* 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes curative-rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only spending for organised prevention programmes; 5. Includes health system governance and administration and other spending; 6. Includes only the health component. The EU average is weighted (calculated by the OECD).
*Source:* OECD Data Explorer (DF_SHA); data refer to 2023.

to 5.9 in 2000, and above the EU average of 5.1 beds per 1 000 population in 2023. The transition towards more community-based services is a longstanding ambition supported by EU funding, with the aims of reducing potentially avoidable hospital admissions, and ensuring that older people and patients with chronic conditions receive appropriate care outside inpatient settings.

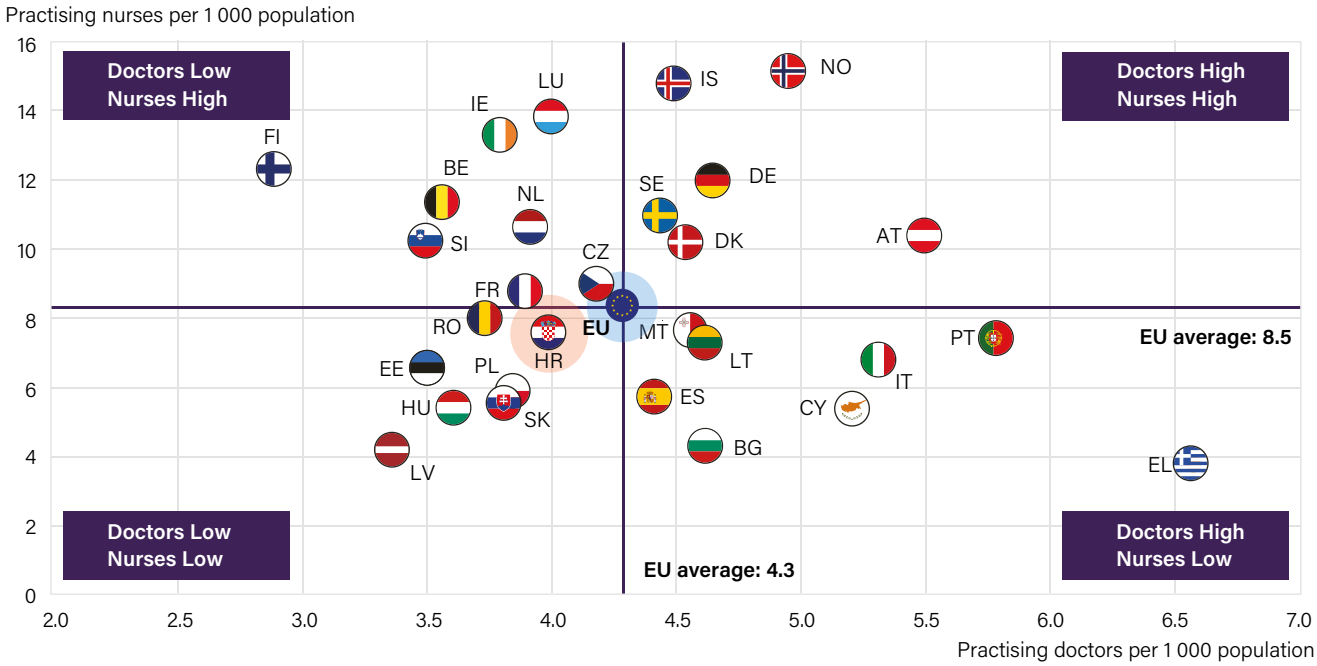
### Croatia has seen steadily increasing numbers of doctors and nurses

Croatia had 4.0 physicians per 1 000 population in 2023, compared to an EU average of 4.3. The corresponding figure for nurses, which includes all categories of nurses in Croatia (7.7 per 1 000 population), was also below the EU average of 8.5 (Figure 11). Both ratios have increased over time, reflecting targeted measures to expand training for health professionals and improve retention. However, there are still challenges related to the distribution of health professionals – particularly to cover needs in rural and remote areas.

### The proportion of general practitioners has declined in the last decade

The share of general practitioners (GPs – known as specialised family physicians in Croatia) among physicians declined from 18.1 % in 2010 to 15.6 % in 2023 – well below the average of 19.4 % among the 24 EU countries with available data. While the absolute number of GPs in Croatia increased from 2 228 in 2010 to 2 421 in 2023, there was a greater increase in the total number of physicians during this period, so the relative proportion of GPs decreased.

*Figure 11. Croatia has almost as many doctors and nurses per population as the EU overall*




*Notes:* The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
*Source:* OECD Data Explorer (DF_PHYS, DF_NURSE); data refer to 2023 or nearest available year.

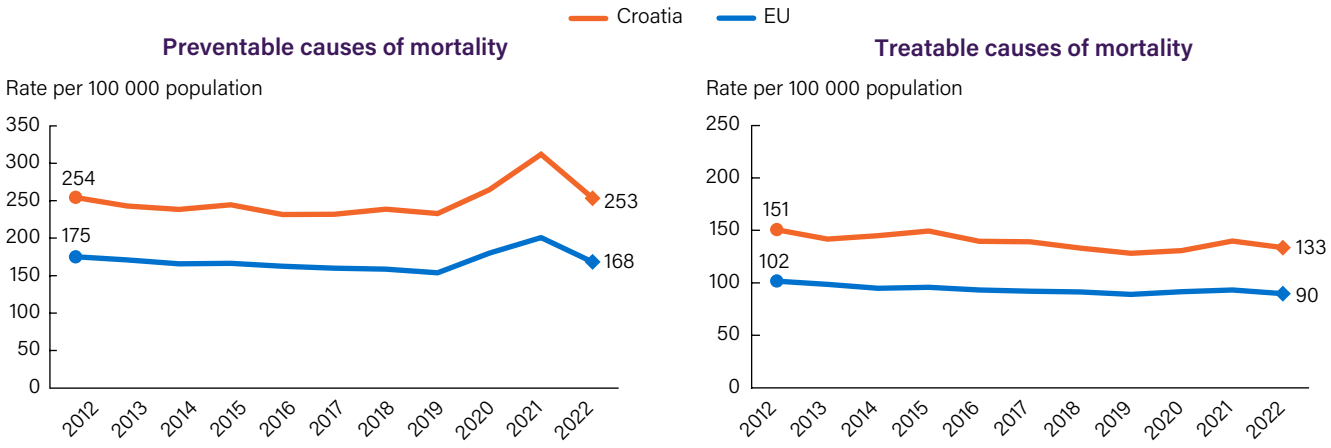
# 5 Performance of the health system

## 5.1 Effectiveness

### The preventable mortality rate peaked in 2021 and remains above pre-pandemic levels

Avoidable mortality (due to both preventable and treatable causes) is much higher in Croatia than in most other EU countries (Figure 12). Preventable mortality (deaths that can be mainly avoided through public health and primary prevention interventions) in Croatia increased in 2020-22, peaking in 2021, which was mainly the result of the COVID-19 pandemic.

*Figure 12. Treatable and preventable mortality rates in Croatia have not yet returned to pre-pandemic levels*




*Note:* Preventable causes of mortality increased during the pandemic because COVID-19 deaths were classified as preventable.
*Source:* Eurostat (hlth_cd_apr).

## Tobacco, alcohol and ischaemic heart disease are drivers of preventable mortality

COVID-19 remained an important cause of preventable deaths in 2022, accounting for 10 % of mortality from preventable causes, but only ranked fourth after lung cancer (18 %), alcohol-related diseases (11 %) and ischaemic heart disease (10 %) (Figure 13). The substantial role of lung cancer in Croatia's mortality patterns can be linked to decades of high smoking prevalence rates, which remain among the highest in the EU among both adults and adolescents (see Section 3). Tobacco control policies in Croatia have been adopted but are still underdeveloped in terms of smoking in public places and taxation of tobacco products.

Alcohol-related deaths are the second leading preventable cause of death in Croatia. Although alcohol use has declined over the past two decades, it remains a concern, especially among adolescents. A national substance abuse plan was introduced in 2023, but few measures target young people specifically (see Section 3). Behavioural risks including alcohol, smoking, poor diet, inactivity and obesity contribute to preventable deaths, notably from ischaemic heart disease. While national health promotion programmes exist, more preventive action is needed. In March 2024, Croatia adopted the Obesity Prevention Action Plan 2024-27 (Box 1).

## Mortality from treatable causes remains high

Mortality from treatable causes (deaths that should not have occurred in the presence of timely and effective healthcare) is higher in Croatia than in most other EU countries, reaching 133 per 100 000 population in 2022 – almost 50 % higher than the EU average of 90 per 100 000. While not as pronounced as for preventable mortality, there was an increase in deaths from treatable causes during the pandemic in 2020 and 2021, and the rate in 2022 still exceeded the pre-pandemic level in 2019. This trend reversal is most likely due to the sustained impact of the COVID-19 pandemic on comorbidities and access to services. CVDs (in particular, ischaemic heart disease, stroke and hypertension) are key drivers of treatable mortality, accounting for 37 % of these premature deaths in 2022. Colorectal cancer also contributes substantially, making up 18 % of deaths from treatable causes, followed by diabetes at 11 %, which is one of the highest levels among EU countries.

## Vaccination coverage rates have not yet all returned to pre-pandemic levels

Vaccination rates in Croatia declined during the pandemic and have yet to recover fully (Figure 14). Measles coverage among children aged under 1 fell from 93.2 % in 2018 to 90.1 % in 2024, below both the EU average (91.1 %) and the WHO target of 95 %. Influenza vaccination among those aged 65+ dropped from 39 % in the 2019/20 winter season to 28 % in the winter 2022/23, far below the 75 % WHO target. In contrast, human papillomavirus (HPV) vaccination for 15-year-old girls rose to 53 % in 2024 after a brief dip in 2021.

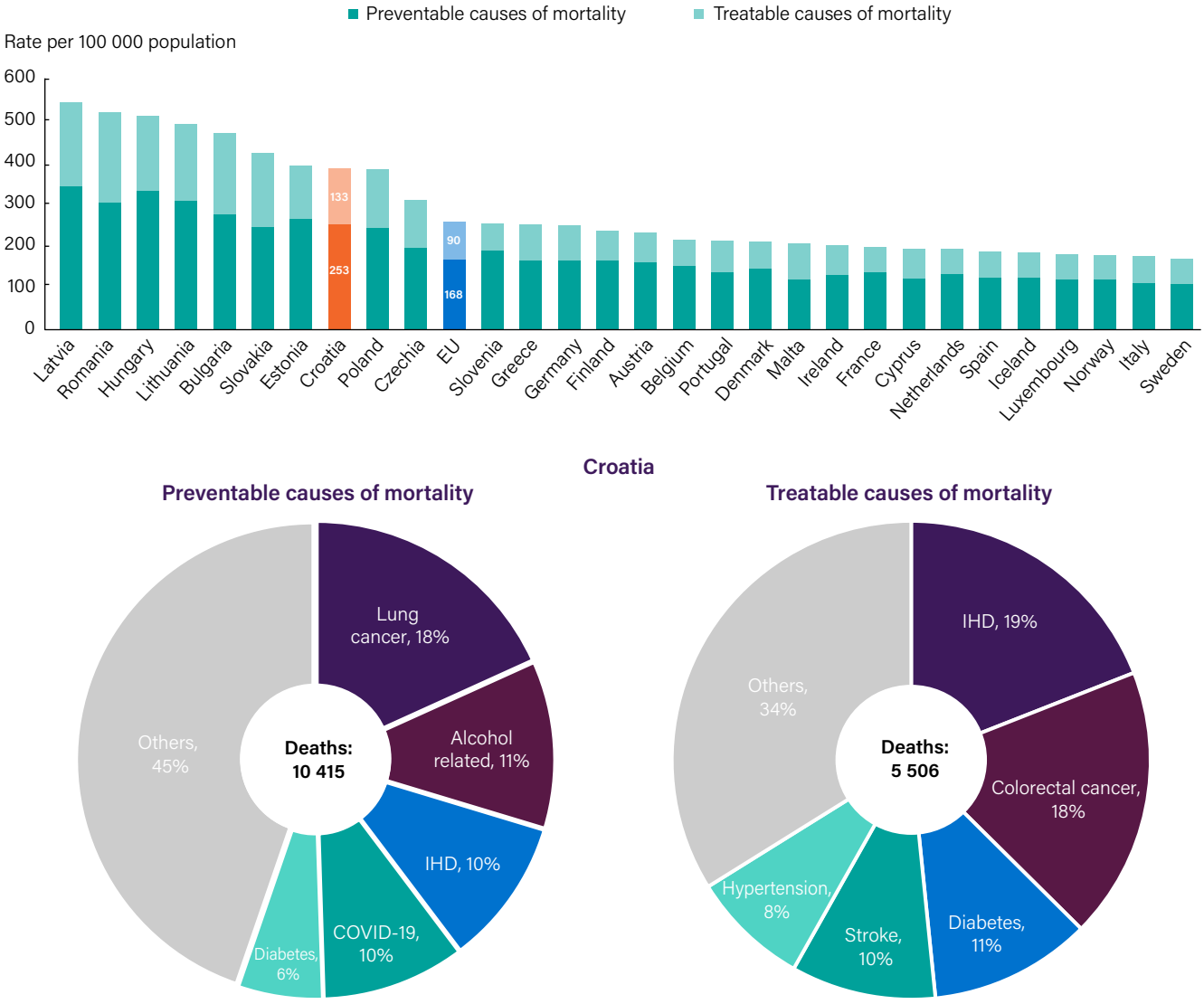
## Cancer screening rates vary substantially by cancer site

Cancer mortality in Croatia is among the highest in the EU. The National Plan Against Cancer 2020-30 and screening programmes aim to reduce this burden. Breast cancer screening rates declined from 64 % in 2018 to 56 % in 2020-21 but rose to 62 % in 2023, above the EU average (58 %). Colorectal screening remained stable but low at 26 % in 2023, well below the EU average (48 %). Screening for cervical cancer is opportunistic, but self-reported coverage rates are high, reaching 78 % of eligible women in 2019, compared to an EU average of 58 % in 2023.

## Avoidable hospital admission rates are low but may indicate barriers to accessing hospital care

Evidence on the quality of health services in Croatia is growing, and now includes key indicators on the effectiveness of primary care – such as avoidable hospital admissions for asthma and chronic obstructive pulmonary disease (COPD), diabetes and congestive heart failure. Age-standardised rates

*Figure 13. Avoidable mortality in Croatia is higher than in many other EU countries*




*Notes:* Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease (IHD), stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death.
*Source:* Eurostat (hlth_cd_apr); data refer to 2022.

## Box 1. Croatia has started to address the obesity epidemic

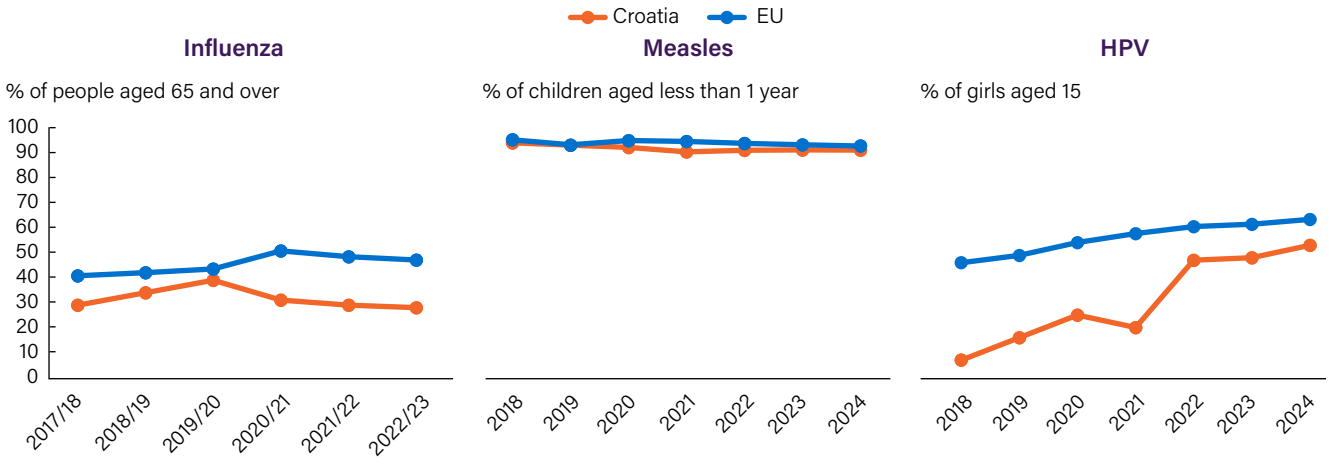
Obesity is a major public health challenge in Croatia. In 2019, 64.8 % of adults were overweight or obese, among the highest rates in the EU. In response to this, the government adopted the Obesity Prevention Action Plan 2024-27 in March 2024, targeting both adults and children. It recognises obesity as a complex issue and a key risk factor for conditions like type 2 diabetes, cardiovascular disease and cancer. The plan aims to keep adult (64 %) and child (35 %) overweight and obesity rates stable through 2027.

of avoidable hospital admissions for these conditions have declined in recent years across the EU, and rates in Croatia are very low for asthma and COPD and for congestive heart failure (Figure 15). However, as treatable mortality rates for diabetes and ischaemic heart disease are very high in Croatia, this may suggest there are important barriers in access to hospital care (see Section 5.2).

### Other quality-of-care indicators are still missing

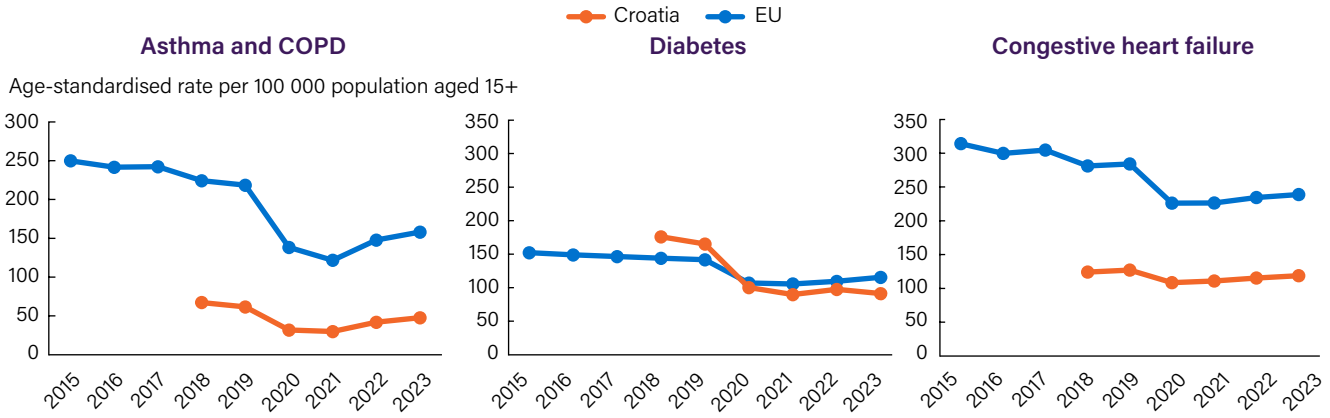
Data on the quality of hospital care are still not routinely collected and reported. This includes information on trends in 30-day mortality rates following hospital admission for heart attack and stroke, which is available for many other EU countries. Croatia's National Health Development

*Figure 14. Vaccination coverage for influenza and measles has decreased in Croatia since the pandemic, but the HPV vaccination rate has increased*




*Note:* The EU average is weighted for influenza (calculated by Eurostat) and unweighted for measles and HPV.
*Sources:* Eurostat (hlth_ps_immu) and WHO/UNICEF Joint Reporting Form on Immunization (JRF).

*Figure 15. Avoidable hospital admissions in Croatia are comparatively low*




*Note:* Admission rates are not adjusted for differences in disease prevalence across countries.
*Source:* OECD Data Explorer (DF_HCQO).

Plan 2021-27 includes among its priority measures the establishment of a comprehensive national health quality and safety system. This initiative might help to improve the collection, reporting and use of quality-of-care indicators.

## 5.2 Accessibility

### Croatia has comparatively low levels of self-reported unmet needs for medical care

According to the EU-SILC survey, Croatia's rate of self-reported unmet needs for medical examination due to financial reasons, long waiting times or distance to travel among those who reported having medical care needs was 2.0 % in 2024 – below the EU average of 3.6 %. People at risk of poverty reported a higher share of unmet needs, reaching 4.8 % in Croatia, compared to 6.0 % across the EU (Figure 16).

The EU-SILC survey also found very low levels of unmet needs for dental care in Croatia, with 1.1 % of survey respondents reporting having dental care unmet needs in 2024. This was the third lowest level in the EU and far below the EU average of 6.3 %. This low level can be attributed to the depth of the benefits package for dental care.

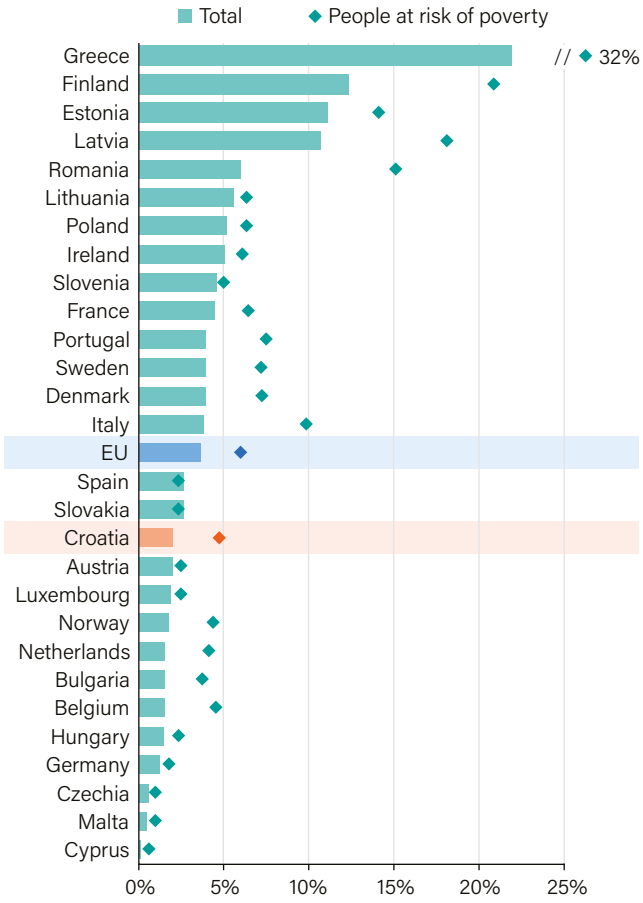
Using a different methodology,[1] the Eurofound e-survey found comparatively low levels of unmet needs among adults specifically for primary healthcare (1 %) and mental healthcare (5 %) in Croatia in 2024, compared to EU averages of 3 % for primary healthcare and 7 % for mental healthcare.

### The benefits package covers a wide range of services and copayments are limited

The comparatively low rates of unmet needs are partly attributable to a high level of population coverage and a generous benefits package. Population coverage by the mandatory social health insurance system is nearly universal,

[1] The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

*Figure 16. Self-reported unmet needs for medical examination are lower in Croatia than in the EU overall, including among people at risk of poverty*




*Notes:* The EU average is weighted. Data refer only to individuals who reported having medical care needs. People at risk of poverty are defined as those with an equivalised disposable income below 60 % of the national median disposable income.
*Source:* Eurostat (hlth_silc_08b); data refer to 2024.

reaching an estimated 99 % of the population in 2021 (see Section 4). The publicly funded benefits package covers a wide range of health services, and the public share of spending is relatively high in all areas of care compared to averages across EU countries (Figure 17).

## User charges are required for most types of services, but they are low, and exemptions apply

Croatia uses a negative list to exclude services like cosmetic surgery and a positive list to define which medicines are covered or require copayments. Medicines not on the positive list must be paid in full by patients. Copayments apply to hospital stays and primary care visits, capped at EUR 531 per illness episode in secondary/tertiary care. Hospital medicines are free of charge, and the copayment for primary care visits was EUR 1.32 in 2024. About 20 % of the population – including children, students, low-income groups and those with certain conditions – are exempt from user charges.

## Croatia's low levels of out-of-pocket spending are dominated by spending on retail pharmaceuticals

OOP expenditure in Croatia accounts for a much smaller share of health spending than in many other EU countries, at only 9 % in 2023, which was far below the EU average of 16 % (Figure 18; see also Section 4). Retail pharmaceuticals made up almost half (49 %) of OOP spending in Croatia, compared to 26 % in the EU overall, and dental care accounted for 20 % – much higher than the EU average of 12 %.

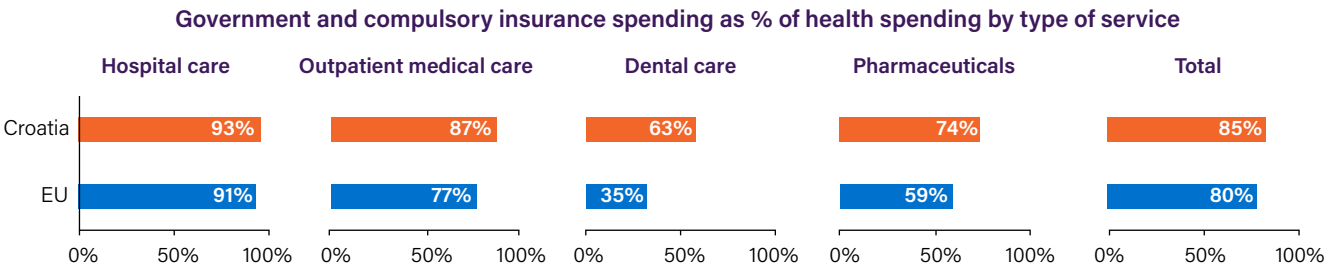
## Catastrophic and impoverishing health spending are comparatively low, indicating strong financial protection mechanisms

Croatia's strong financial protection mechanisms – near-universal population coverage, high public spending, low copayments, exemptions for vulnerable groups and widespread VHI – help keep catastrophic and impoverishing health spending low.[2] In 2019, 3.6 % of households faced catastrophic spending and 1.9 % experienced impoverishment, both below EU averages. The poorest quintile was most affected (2.8 %), but still below the EU average of 4.0 %.

## The distribution of health workers is uneven, leading to geographical challenges in access

The ratio of health facilities and health workers to population is much higher in Central Croatia (mainly the capital city of

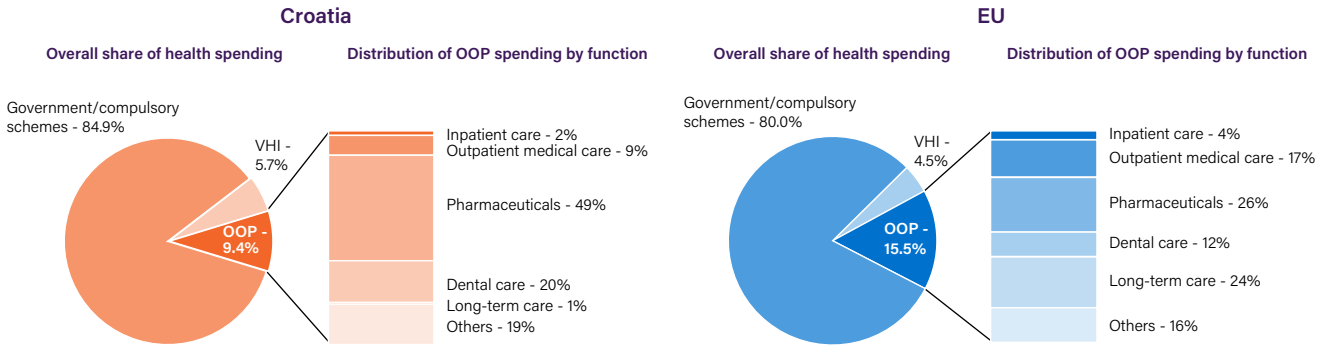
*Figure 17. Croatia has a comparatively high depth of public coverage for all areas of care*




*Notes:* Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines and medical non-durables. The EU average is weighted.
*Source:* OECD Data Explorer (DF_SHA); data refer to 2023.

[2] Catastrophic expenditure is defined as household OOP spending exceeding 40 % of total household spending net of subsistence needs (i.e. food, housing and utilities).

*Figure 18. The share of out-of-pocket spending in Croatia is much lower than in the EU overall*




*Notes:* VHI also includes other voluntary prepayment schemes. The EU average is weighted.
*Sources:* OECD Data Explorer (DF_SHA); data refer to 2023.

Zagreb) than in more remote areas, such as the islands of the Adriatic coast and rural areas in central and eastern Croatia. This distribution results in a shortage of physicians and nurses in some parts of the country – in particular, in rural areas and on the islands. Furthermore, the average distance to travel to healthcare facilities in rural areas is greater than in the EU overall (21.8 km compared to 14.4 km). These challenges result in more people in Croatia (0.7 %) reporting unmet medical needs due to distance to travel in 2024 than in any other EU Member State. Measures to improve staff recruitment and retention have been adopted to address some of these imbalances, including financial incentives and housing benefits, but there is scope to improve the planning of human resources for health further (see Section 5.3). Meanwhile, the use of telemedicine is one means of enhancing access to services, with the number of teleconsultations per capita in Croatia outstripping the EU average beyond the pandemic years (Figure 19).

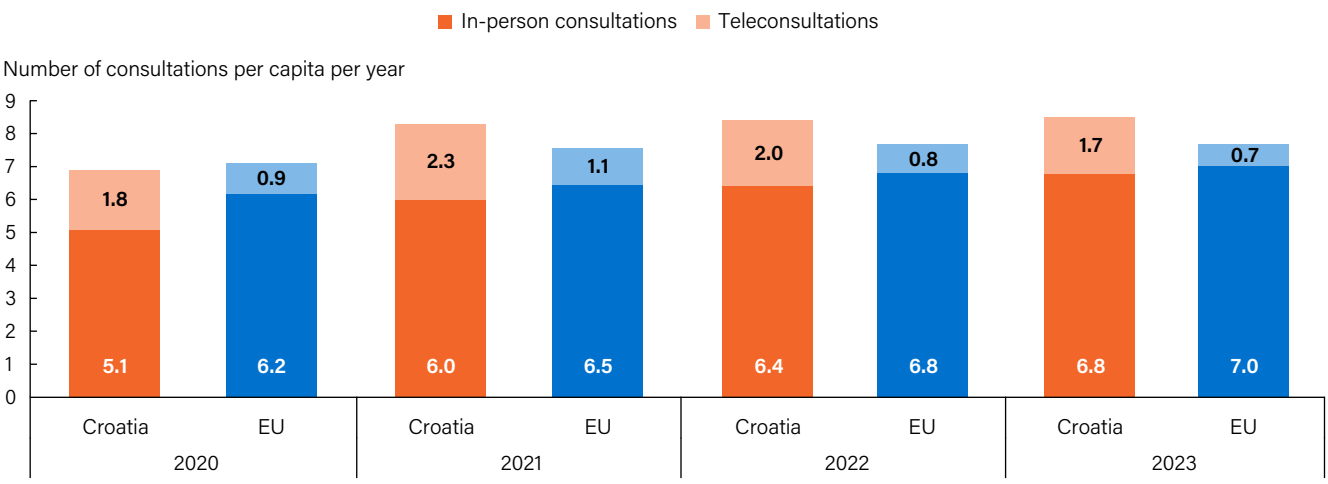
## 5.3 Resilience

Health system resilience – the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes – has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

### Although hospital discharge and occupancy rates are below pre-pandemic levels, elective surgery rates have recovered

The total number of hospital beds in Croatia has remained stable over the past decade, and was 5.7 in 2023 per 1 000 population. This contrasts with a decline in the EU overall from 5.7 in 2010 to 5.1 per 1 000 population in 2023, continuing a long-term trend despite the COVID-19 pandemic. One of the consequences of the pandemic in many countries was a substantial drop in hospital discharges in 2020, with rates remaining below pre-pandemic levels by 2023. This trend also occurred in Croatia, with a decline from 16 325 per 100 000 population in 2019 to 13 049 in 2020, although the rate increased again to 15 557 per 100 000 population in 2023. Hospital occupancy rates also declined in Croatia from 70.9 % in 2019 to 56.5 % in 2020, increasing again to 64.0 % in 2023, slightly below the EU average of 68.0 %.

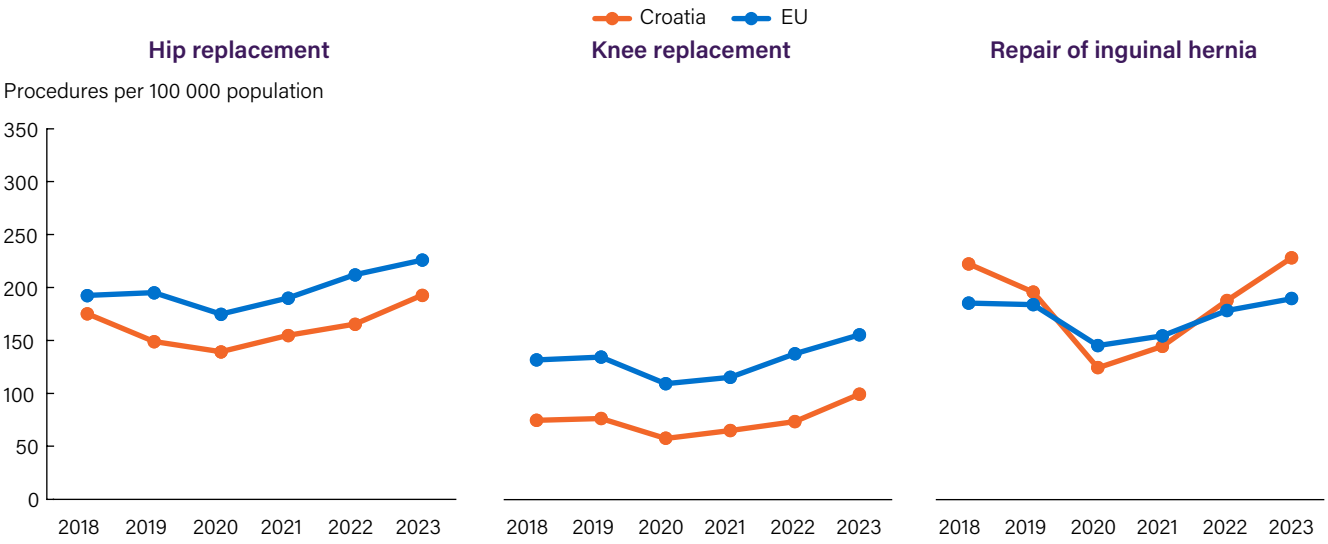
*Figure 19. The number of teleconsultations per capita in Croatia has been consistently higher than the EU average*




*Note:* The EU19 average is weighted (calculated by the OECD).
*Source:* OECD Data Explorer (DF_CONSULT).

While the overall number of hospital discharges remained below pre-pandemic levels, elective surgical procedures exceeded their pre-COVID-19 rates in 2023, mirroring developments in other EU countries (Figure 20). The number of hip replacements in Croatia, for example, declined from 175 per 100 000 population in 2018 to 139 in 2020, but increased to 193 per 100 000 population in 2023. Repairs of inguinal hernia reached 229 procedures per 100 000 population in 2023 – above the level of 196 per 100 000 population in 2019.

### *Figure 20. The number of elective surgical procedures in Croatia exceeds pre-pandemic levels*




*Note:* The EU average is unweighted.
*Sources:* Eurostat (hlth_co_proc3), OECD Data Explorer (DF_SURG_PROC).

## Waiting times have been a longstanding concern

No internationally comparable data on waiting times and waiting lists are available for Croatia, and it is difficult to assess how they were affected by the COVID-19 pandemic and whether they have improved since then. Even before the pandemic, the issue of waiting times was on the political agenda, in view of long waiting lists for specialised and inpatient care. The Ministry of Health has used several measures to address this issue. In 2017, it introduced a priority waiting list that allowed patients with suspected serious illnesses (such as cancer) to receive accelerated access to specialist care, while in 2024 it introduced cancer referrals, an IT solution giving priority to patients with suspected cancer. During the pandemic, a call centre for patients waiting for cancer treatment was set up to reschedule diagnostic procedures and treatment. It is, however, unclear how successful these initiatives were, as comprehensive publicly available data on waiting lists for specific procedures and health conditions are lacking.

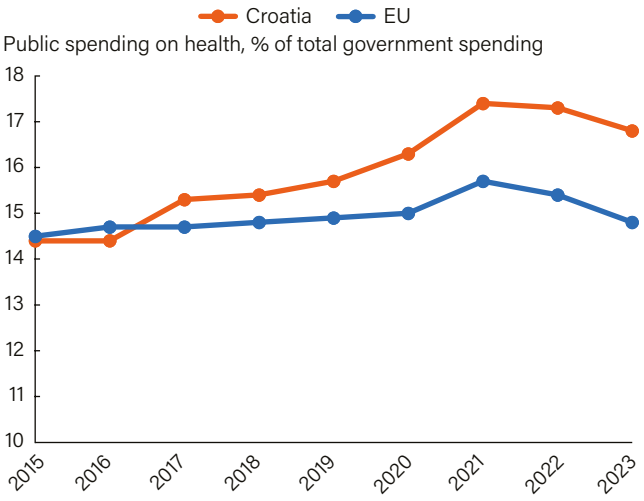
## Croatia has seen a large increase in public spending on health per capita

Croatia has one of the highest shares of public funding for health among EU Member States, reaching 84.9 % of health spending in 2023 (see Section 4). Public spending on health per capita increased by 68 % between 2015 and 2023 (when adjusted for inflation), compared to a 24 % increase across the EU. The priority given to health is also apparent in the high share of government spending devoted to health, increasing from 14.4 % in 2015 to 17.4 % in 2021 (Figure 21). This decreased to 16.8 % in 2023, but was still above the pre-pandemic level of 15.7 % in 2019. Investment in the health system is also derived from EU-level funding instruments (Box 2).

## Workforce sustainability is helped by increasing numbers of medical and nursing graduates

Croatia has high numbers of medical and nursing graduates, which should help to ensure the sustainability of the health workforce, although migration to western European

### *Figure 21. Croatia continues to devote a substantial share of government spending to health*




*Notes:* The EU average is weighted.
*Source:* Eurostat (gov_10a_exp).

## Box 2. The EU's Recovery and Resilience Facility supports a number of investments in Croatia's health system

Public investment in the health sector is supported by Croatia's EU-funded Recovery and Resilience Plan, which encompasses EUR 354 million for Croatia's health system – equivalent to 3.5 % of the total funding for Croatia.[3] The Croatian plan includes several reforms and investments that aim to improve the efficiency, quality and accessibility of the health system. Reforms include establishment of new care models (particularly for cancer patients), integration of hospitals and strengthening of day care, an increase in family medicine specialists as a share of the total number of doctors contracted in general and family medicine by the CHIF, improvements to the digitalised system of joint procurement, and a consolidation of the national health information system.

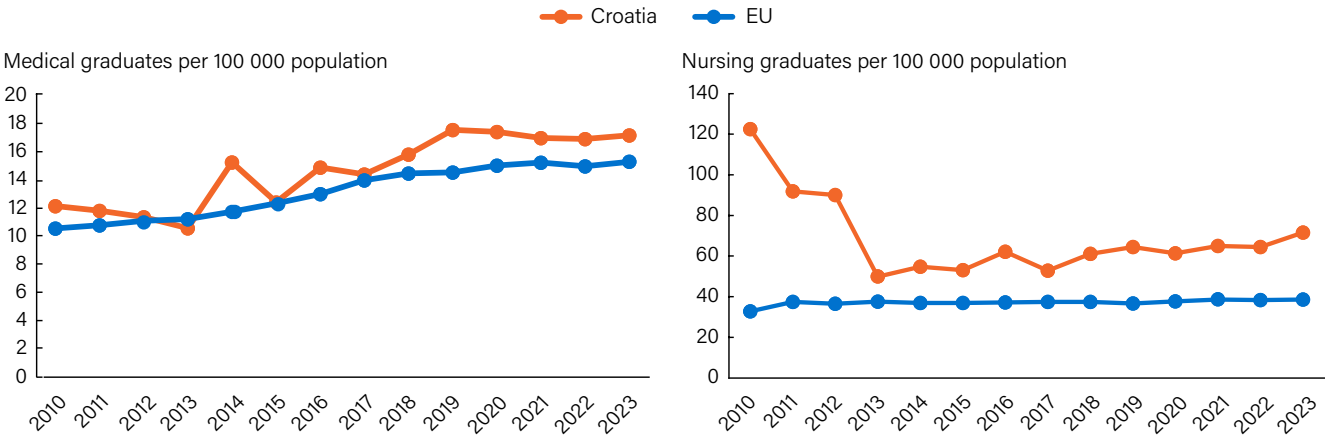
Complementing the Recovery and Resilience Plan, the EU Cohesion Policy (2021-27) dedicates EUR 155 million (EU co-financed share) to healthcare in Croatia. to provide support for infrastructure, equipment, workforce development and service accessibility, including long-term care. Additionally, under the EU4Health work programmes (2021-25), Croatian beneficiaries received funding via joint actions and direct grants amounting to EUR 18 million. It was primarily dedicated to crisis preparedness (44 %), cancer initiatives (21 %) and digitalisation (21 %).

countries is a challenge. The number of medical graduates has increased in recent years; this is similar to the trend in many other EU countries (Figure 22). After a steep fall between 2010 and 2013, the number of nursing graduates in Croatia stabilised and remains comparatively high, reaching 72 graduates per 100 000 population in 2023 – almost twice the EU average of 39 per 100 000 population. Despite the overall high number of graduates, however, the uneven distribution of health workers has been a challenge for the Croatian health system. Governance of the health workforce has been underdeveloped, and a system for the strategic management of human resources in health is one of five health reforms linked to the national Recovery and Resilience Plan for 2021-26. It is hoped that this will lead to a more even geographical distribution of health workers, improving their supply in rural and less populated areas, and emphasising primary care.

### Croatia is investing heavily in the health system's digital transformation

The digital transformation of Croatia's health system is one of the elements of the national Recovery and Resilience Plan for 2021-26 and the cohesion policy investments for 2021-27. It is linked to the health reform area of digital health, which aims to improve management capacities through more effective use of data and innovative solutions in healthcare. Before the pandemic, Croatia had already established a national health information system, with real-time data inputs from almost all healthcare providers. In March 2023, electronic health records were introduced in all hospitals, which was a major step forward in making patients' information available to healthcare providers. In 2024, an electronic management system for medicines was introduced that captures all medications in the country's health system, aiming to improve patient safety and identify any potential shortages.

*Figure 22. Croatia has a higher number of nursing graduates than many other EU countries*



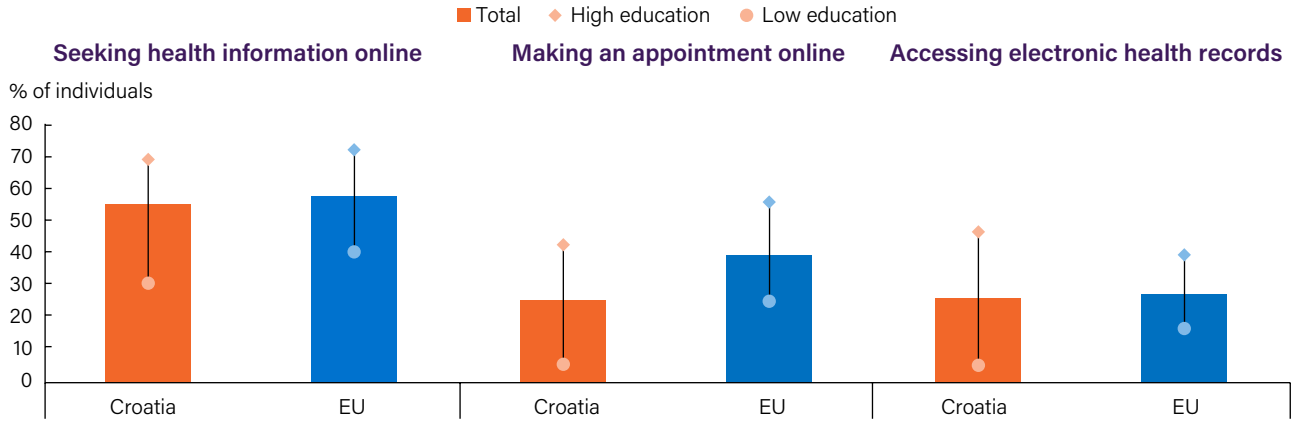

*Notes:* The EU average is weighted (calculated by the OECD). Data on nursing graduates include graduates from all nursing programmes, not limited to those meeting the EU Directive for general nurses.
*Source:* OECD Data Explorer (DF_GRAD).

[3] Recovery and Resilience Fund data are based on the information available as of 20 September 2025; potential future amendments may affect these figures.

Croatia has stepped up its investment in health information and communication technology in recent years. Between 2015 and 2023, this type of investment more than tripled – from EUR 0.15 million per 100 000 population to EUR 0.69 million (adjusted for inflation). However, this was still far below the EU average of EUR 2.29 million per 100 000 population in 2023.

Many Croatians use the internet for health-related tasks, but digital use varies widely by education. In 2024, only 5.9 % of people with lower education booked appointments online, compared to 42.9 % with higher education. The gap was even larger for accessing health records (5.8 % compared to 47.0 %), exceeding the EU average (Figure 23).

***Figure 23. The use of the Internet for health-related activities varies substantially in Croatia by educational level***




*Note:* Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8).
*Source:* Eurostat (isoc_ci_ac_i); data refer to 2024.

## Croatia's health sector contributes to the country's carbon emissions

According to the *Lancet* countdown on health and climate change (Romanello et al., 2024), the number of annual heat-related deaths among people aged over 65 in Croatia had increased by 167 % in 2014-23 compared to 1990-99 – a larger increase than in any other EU country, while the EU average increase was 70 %.

The health system in Croatia will have to respond to the impact of climate change, but the health sector is also itself a contributing factor – notably via greenhouse gas emissions (albeit the majority of healthcare emissions are indirect, arising from supply chain activities rather than direct operations). In 2018, its per capita health sector emissions were 0.26 tonnes of $CO_2$, below the EU average of 0.50, and accounted for 3.6 % of national emissions (EU average: 4.7 %) (Figure 24). While no specific greening policies exist, healthcare projects under the Recovery and Resilience Plan and cohesion policy are aligned with environmental and green transition goals.

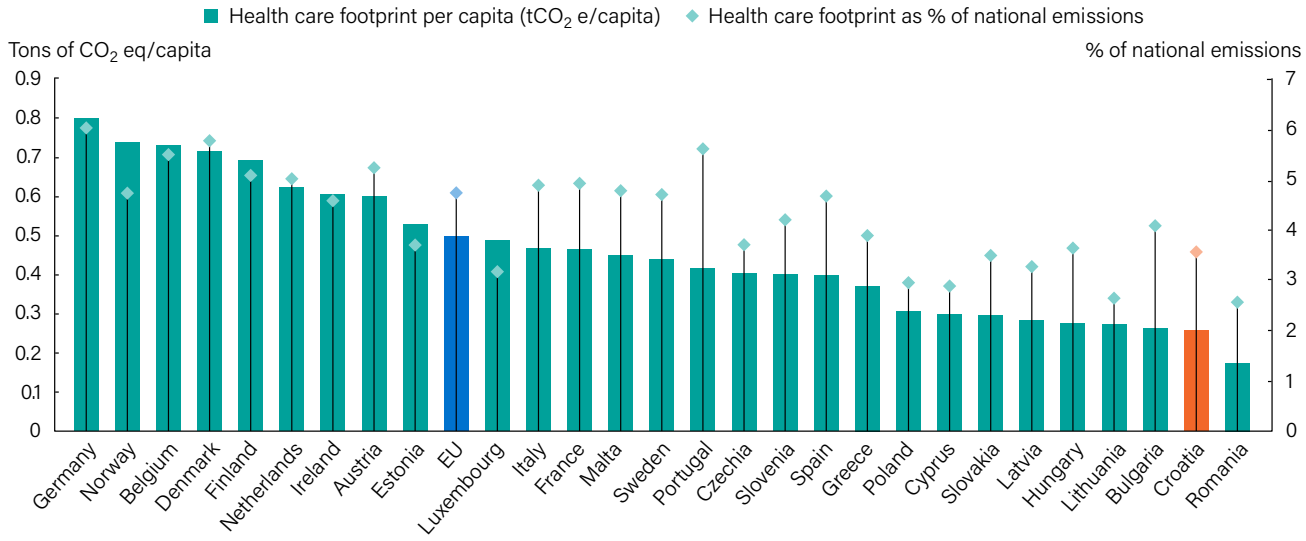
## Antimicrobial resistance continues to be a concern in view of antibiotic consumption levels

Curbing excessive antibiotic use is critical to addressing antimicrobial resistance (AMR), a priority reinforced by the EU Council's 2030 targets for reducing consumption that were adopted in 2023.[4] In Croatia, the total consumption of antibiotics in 2023, at 21.2 defined daily doses (DDDs) per 1 000 population per day, exceeded the EU average of 19.9 per 1 000. Antibiotic consumption declined during the COVID-19 pandemic in 2020, but has increased since then, exceeding the pre-pandemic level of 18.8 DDDs per 1 000 population in 2019 – far above the policy target pathway for Croatia (Figure 25). This suggests that prescribing patterns have not changed and may need to be reviewed for the reduction target to be met.

Croatia's most recent National Programme for the Control of Antibiotic-Resistant Bacteria 2017-21 identifies six areas for action, including improved monitoring of resistance and consumption, promoting responsible use, preventing and controlling the spread of infection, and raising awareness. Croatia is also participating in the EU-JAMRAI 2 Project, which began in 2024, with the aim of implementing concrete measures for the monitoring, prevention and effective management of AMR in the areas of human, animal and environmental health, as well as strengthening the national action plans of participating countries. The share of antimicrobial consumption from the WHO Access category (first- and second-choice antibiotics that should be widely available) only just met the WHO monitoring target of 60 % in 2023, indicating scope for stronger antimicrobial stewardship.

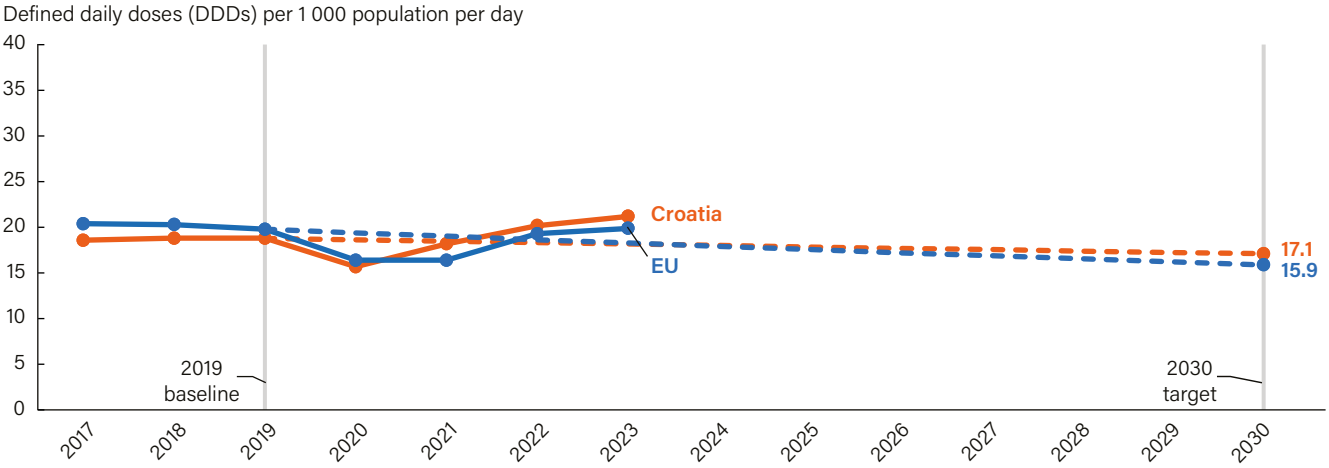
[4] Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

*Figure 24. The environmental impact of Croatia's health sector per capita was comparatively small in 2018*




*Note:* The chart reflects 2018 data.
*Source:* OECD (2025), Decarbonising Health Systems Across OECD Countries, https://doi.org/10.1787/5ac2b24b-en.

*Figure 25. Antibiotic consumption in Croatia exceeds pre-pandemic levels, putting reduction targets at risk*




*Notes:* The EU average is weighted. The chart shows antibiotic consumption in hospitals and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.
*Source:* ECDC ESAC-Net.

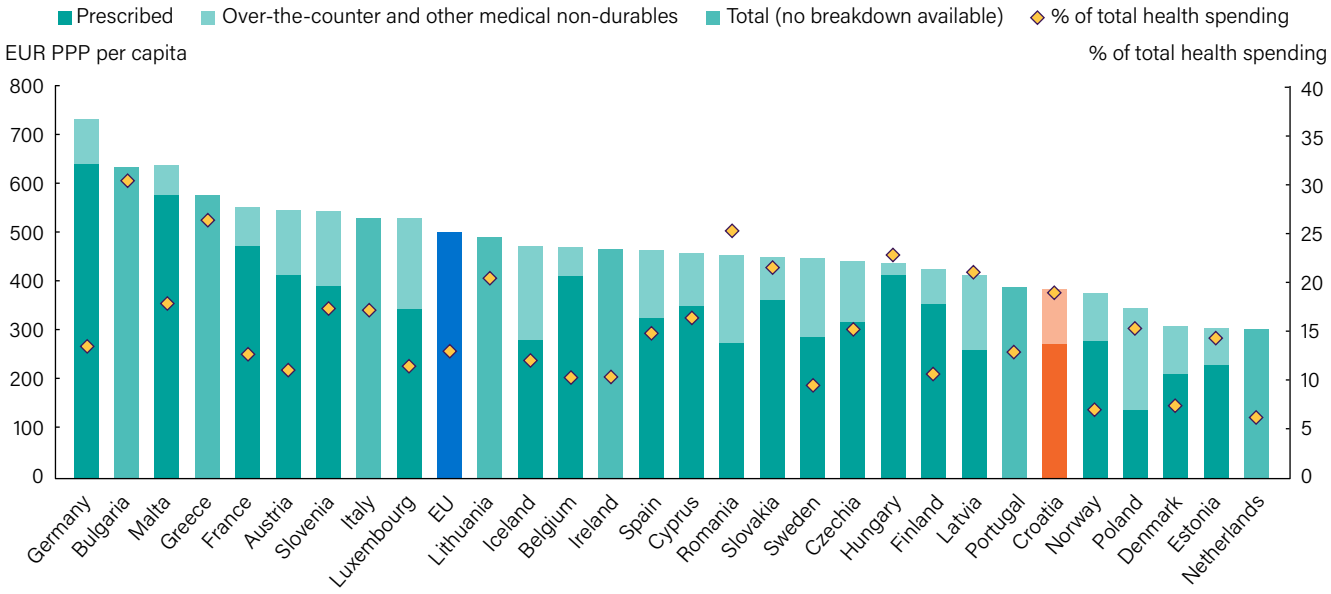
# 6 Spotlight on pharmaceuticals

## Croatia spends less on retail pharmaceuticals per capita than most other EU countries

Croatia spent EUR 391 per capita on retail pharmaceuticals in 2023, which was one of the lowest amounts across the EU and over 20 % less than the EU average of EUR 510 (adjusted for differences in purchasing power). However, in the context of overall health expenditure, spending on retail pharmaceuticals amounted to a sizeable 19 % of health expenditure in Croatia in 2023 – a much larger share than the EU average of 13 % (Figure 26).

Social health insurance in Croatia provides comprehensive coverage for pharmaceuticals, which are provided free of charge (pharmaceuticals on the basic list), require copayments (pharmaceuticals on the complementary list) or have to be paid in full (pharmaceuticals not on the positive list). There is also a prescription fee for all reimbursable medicines of EUR 1.32 per prescription for people not covered by complementary health insurance. Complementary health insurance – contracted from the CHIF, private insurance companies or covered from the state budget – is held by a

### *Figure 26. Expenditure on retail pharmaceuticals in Croatia accounts for a sizeable portion of health spending*

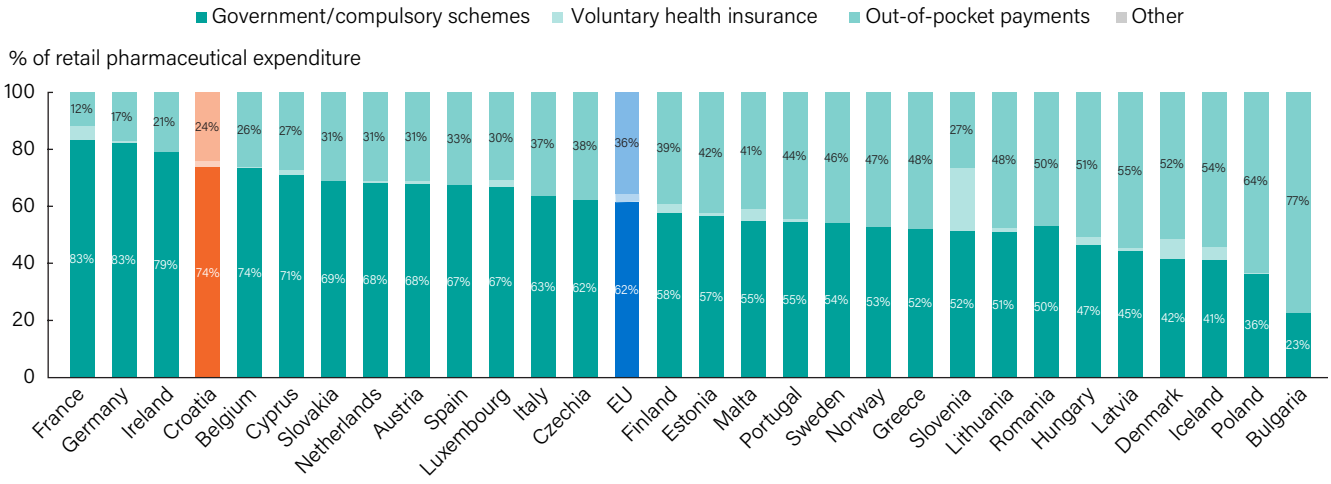



*Note:* This figure represents expenditure on pharmaceuticals dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.
*Source:* OECD Data Explorer (DF_SHA); data refer to 2023, except for Norway (2022).

large proportion of the Croatian population, and mainly covers user charges in the mandatory social health insurance system (see Section 4).

Social health insurance covered 74 % of retail pharmaceutical expenditure in Croatia in 2023, VHI accounted for 2 %, and patients directly contributed 24 %. With this, Croatia's social health insurance coverage for pharmaceuticals ranked among the highest in the EU, exceeding the EU average of 62 % (Figure 27). At the same time, pharmaceuticals constituted 49 % of households' OOP payments in 2023 – much higher than the EU average of 36 %, and pharmaceuticals made up 33 % of catastrophic health spending in Croatia in 2019, pointing to potential gaps in public coverage, particularly for poorer households.

### *Figure 27. Nearly three quarters of expenditure on retail pharmaceuticals in Croatia is covered by social health insurance*




*Note:* The EU average is unweighted.
*Source:* OECD Data Explorer (DF_SHA); data refer to 2023, except for Norway and Malta (2022).

## The state covers pharmaceutical spending for especially expensive medicines

Two of the indicators most commonly used to assess the timelines and breadth of access to new medicines are the average time elapsed between EU marketing authorisation and public reimbursement, and the proportion of centrally-approved medicines available nationally. Both metrics are reported in the European Federation of Pharmaceutical Industries and Associations' Patients WAIT Indicator Survey (Newton et al., 2025). While neither indicator comprehensively

measures meaningful patient access to effective treatments, they provide a basis for discussion. According to the patient WAIT indicator, for medicines approved by the EU between 2020 and 2023, Croatia recorded an average time-to-reimbursement of 549 days, below the EU average of 578 days. As of January 2025, 27 % of these medicines had coverage in Croatia, below the EU average of 46 %.[5]

The availability of medicines in Croatia is better reflected in initiatives to secure timely access to therapies for diseases – particularly those with high unmet needs. Since 2010, Croatia has had a list of especially expensive medicines – such as those for the treatment of cancer or rare diseases. Such treatments are carried out in hospitals following approval from the Medicines Commission of the hospital in which the insured person is treated. The CHIF determines whether the administration of a particular medicine is in accordance with CHIF guidelines on the use of especially expensive medicines. In 2024, a data collection system was established to monitor treatment outcomes with especially expensive medicines. This measure aims to improve both the rational use of pharmaceuticals and the availability of new therapeutic options.

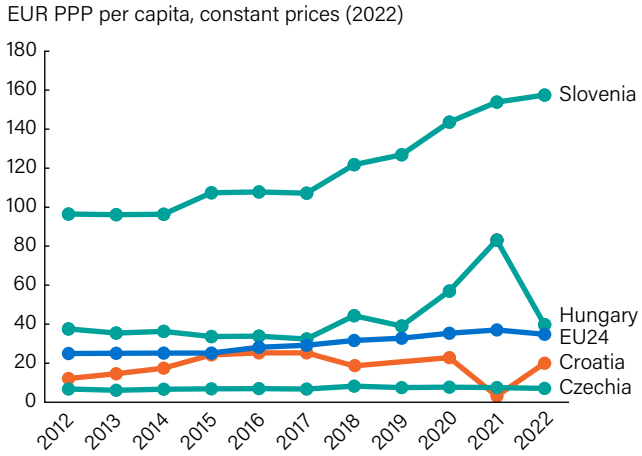
## Croatia has some policies promoting the use of generics, but internationally comparable data are missing

Croatia encourages the use of generics to contain pharmaceutical spending, and includes generic pharmaceuticals in the CHIF's basic list wherever possible. Substitution of generic equivalents that have the same or a lower price at the point of dispensing than that paid by the CHIF is allowed in pharmacies, but it is not mandatory. Incentives for generic promotion are not considered as important for cost containment purposes in Croatia as in other countries, since the CHIF pays on the basis of reference prices; consequently, most manufacturers lower their medicine prices to avoid copayments for patients (Vogler et al., 2011). Internationally comparable data on the use of generics in the pharmaceutical market, such as those given for a number of countries in OECD Health Statistics, are currently unavailable for Croatia. There is also a lack of national data on this topic.

## Croatia's pharmaceutical industry investment in research and development is comparatively small

In 2022, Croatia's pharmaceutical industry invested an estimated EUR 77 million (current prices) in research and development (R&D), accounting for under 1 % of total EU pharmaceutical R&D expenditure. Per capita spending of Croatia's pharmaceutical industry on R&D is comparatively small compared to the EU average, and has increased only modestly in real terms since 2012. When adjusted to constant 2022 prices, Croatia's per capita R&D investment reached EUR 20 in 2022, which was below the EU average of EUR 35, and lower than the rates in neighbouring Slovenia and Hungary (Figure 28). This was an increase from Croatia's investment of EUR 14 per capita in 2012, but lower than the investment in 2015-17.

### *Figure 28. Per capita spending on research and development in Croatia's pharmaceutical industry is lower than in the EU overall*




*Notes:* The EU average is weighted (calculated by the OECD). Croatia's 2021 pharmaceutical R&D figure reflects missing company responses. The sector's trend remains stable, as confirmed by consistent 2020 and 2022 values.
*Source:* OECD Data Explorer (DF_ANBERDi4).

Pharmaceutical patent applications serve as a crucial metric for gauging innovation potential within the pharmaceuticals sector. Pharmaceutical patent activity in Croatia remains low. In 2022, only two international patent applications were filed by applicants based in Croatia, representing just 0.1 % of EU submissions, equating to 0.5 per million people, well below the EU average of 4.1 per million. Although new clinical trials per million population increased in Croatia from 11.6 per million in 2010 to 15.3 per million in 2024, this was lower than the EU average of 18.3 per million, potentially reflecting limited innovation capacity and weaker research infrastructure. Only 33 % of these were early-phase trials, compared to 44 % across the EU.

[5] Croatia did not complete the full dataset in the EFPIA survey, and so available results may be not fully representative.

# 7 Key findings

- Life expectancy in Croatia surpassed its pre-pandemic level, reaching 79.1 years in 2023, which was 2.6 years below the EU average. A significant gender gap persists: women live 5.8 years longer than men, which is larger than the EU average gap (5.2 years), largely due to higher rates of unhealthy behaviours among men. At age 65, life expectancy also lags behind the EU average and shows a similar gender gap.
- In 2021, an estimated half a million Croatians lived with a cardiovascular disease, with over 50 000 new cases estimated for that year. Croatia's cancer incidence rate in 2020 was approximately 12 % higher than the EU average, but prevalence was lower, reflecting lower survival rates for some cancers and higher overall mortality in Croatia compared to other EU countries.
- Behavioural risk factors were estimated to account for 32 % of deaths in Croatia in 2021, with air pollution contributing another 6 %. Daily smoking rates remain high (22 % in 2019 compared to an EU average of 19 %), and about 25 % of 15-year-olds reported smoking or vaping in 2022 – among the highest in the EU. Despite tobacco control policies, enforcement remains weak. Obesity affected 17 % of adults in 2022, which is above the EU average (15 %), and obesity is nearly twice as common among those with lower education levels. To address this, Croatia has adopted the Obesity Prevention Action Plan 2024-27.
- Croatia's rates for mortality from preventable and treatable causes remain well above EU levels. Risk factors such as alcohol use, smoking, poor diet, physical inactivity and obesity contribute significantly to preventable deaths – especially from ischaemic heart disease, which is the leading cause of both preventable and treatable deaths. In 2022, COVID-19 accounted for 10 % of preventable deaths, ranking behind lung cancer (18 %), alcohol-related diseases (11 %) and ischaemic heart disease (10 %).
- Croatia's mandatory social health insurance system covers about 99 % of the population, and public funding accounts for a large share of health expenditure. Although Croatia's per capita health spending in 2023 was low (just over half the EU average), public sources funded 85 % of this amount, exceeding the EU average (80 %).
- Croatia offers a generous public benefits package that protects citizens from high out-of-pocket costs and catastrophic health spending. Overall, rates of self-reported unmet needs for medical care are lower than the EU average, even among those at risk of poverty.
- The resilience of Croatia's health system is bolstered by growing human and healthcare resources. The main challenges are in geographical distribution and sufficient supply in rural and less populated areas. Waiting times remain a political issue, and while policies such as priority waiting lists have been implemented, their effectiveness requires evaluation.
- Investment in health infrastructure is supported by EU funding – particularly through the Recovery and Resilience Facility and Cohesion Policy. Croatia has intensified its investment in health information and communication technology in recent years, supporting the digitalisation of health services.
- Pharmaceutical policy is a national focus. In 2023, 19 % of Croatia's health spending went on retail pharmaceuticals, compared to an EU average of 13 %. However, per capita spending on retail pharmaceuticals in Croatia (EUR 391) was among the lowest in the EU, and far below the average of EUR 510. Public coverage was strong, with 74 % of retail pharmaceutical costs covered – one of the highest rates in the EU, and above the EU average of 62 %.

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**Country abbreviations**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Austria | AT | Czechia | CZ | Germany | DE | Italy | IT | Netherlands | NL | Slovakia | SK |
| Belgium | BE | Denmark | DK | Greece | EL | Latvia | LV | Norway | NO | Slovenia | SI |
| Bulgaria | BG | Estonia | EE | Hungary | HU | Lithuania | LT | Poland | PL | Spain | ES |
| Croatia | HR | Finland | FI | Iceland | IS | Luxembourg | LU | Portugal | PT | Sweden | SE |
| Cyprus | CY | France | FR | Ireland | IE | Malta | MT | Romania | RO | | |

# State of Health in the EU
## Country Health Profiles 2025

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2025 edition of the *Country Health Profiles* provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- an account of the pharmaceutical sector and policies within the country.

Complementing the key findings of the Country Health Profiles is the *Synthesis Report*.

For more information, please refer to: https://health.ec.europa.eu/state-health-eu_en

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