Contents

State of Health in the EU
Croatia
Country Health Profile 2019

OECD

Health in Croatia

Life expectancy is increasing, but lags behind the EU average

Years

Legend: 2017 (green bar), 2000 (dark dot)

Gender gap:
Croatia: 6.1 years
EU: 5.2 years

Country	2017 value
Spain	83.4
Italy	83.1
France	82.7
Norway	82.7
Iceland	82.6
Sweden	82.5
Malta	82.4
Cyprus	82.2
Ireland	82.2
Luxembourg	82.1
Netherlands	81.8
Austria	81.7
Finland	81.7
Belgium	81.6
Portugal	81.6
Greece	81.4
United Kingdom	81.3
Slovenia	81.2
Germany	81.1
Denmark	81.1
EU	80.9
Czechia	79.1
Estonia	78.4
Croatia	78
Poland	77.8
Slovakia	77.3
Hungary	76
Lithuania	75.8
Romania	75.3
Latvia	74.9
Bulgaria	74.8

Source: Eurostat Database.

Health disparities in life expectancy are more pronounced among men

Lower educated women · Higher educated women · Lower educated men · Higher educated men
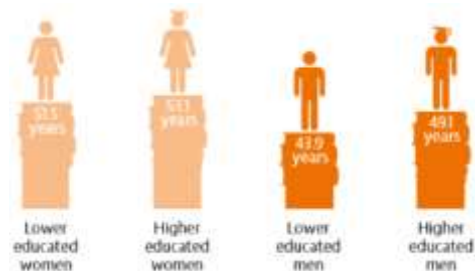
Cardiovascular diseases are the main causes of death

% change 2000-16 (or nearest year)
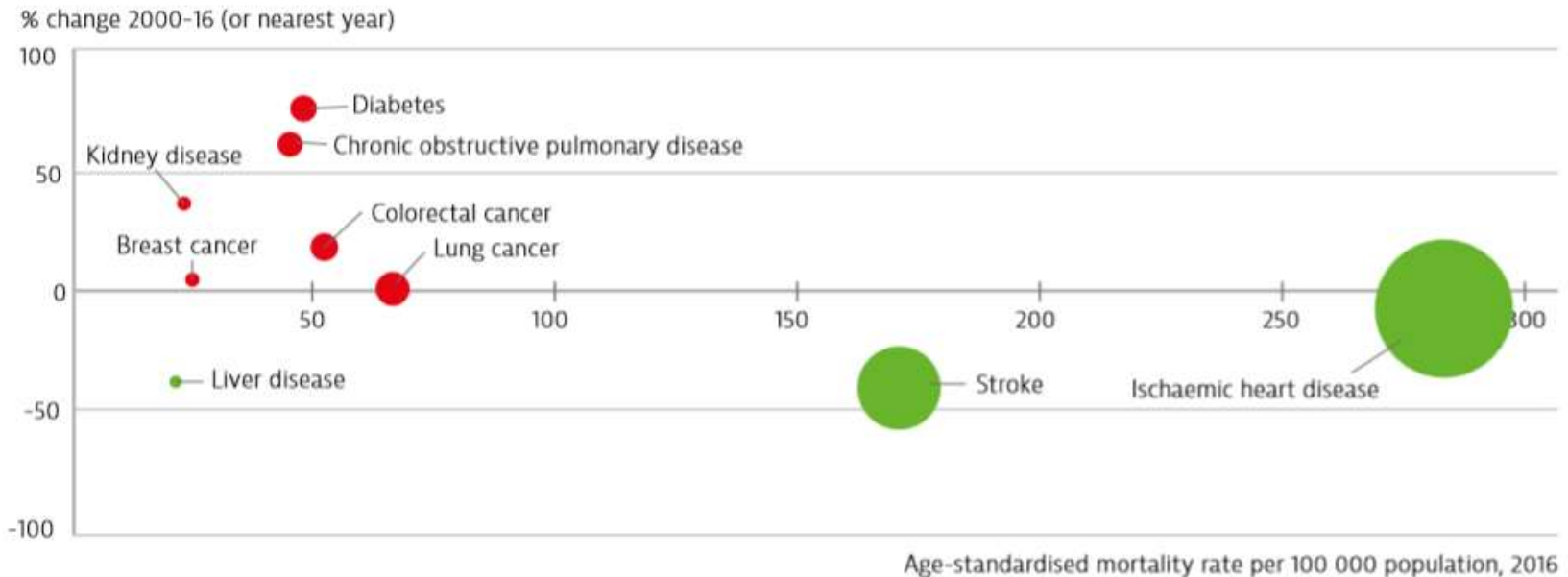
Note: The size of the bubbles is proportional to the mortality rates in 2016.
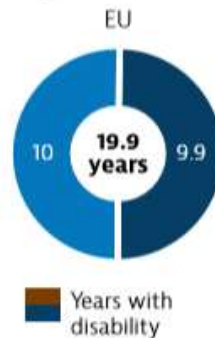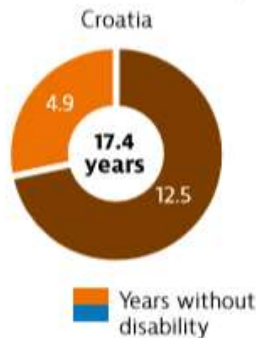Source: Eurostat Database.

Fewer Croatians report to be in good health than on average in the EU.

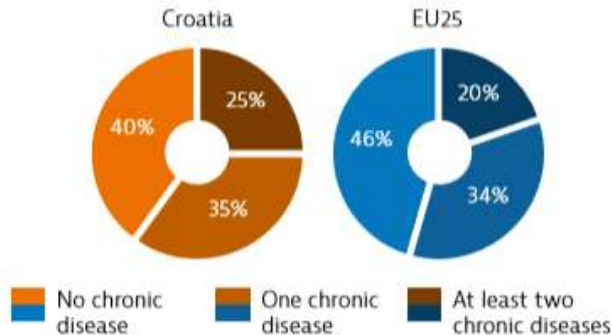There are also wider social disparities in self-reported health.
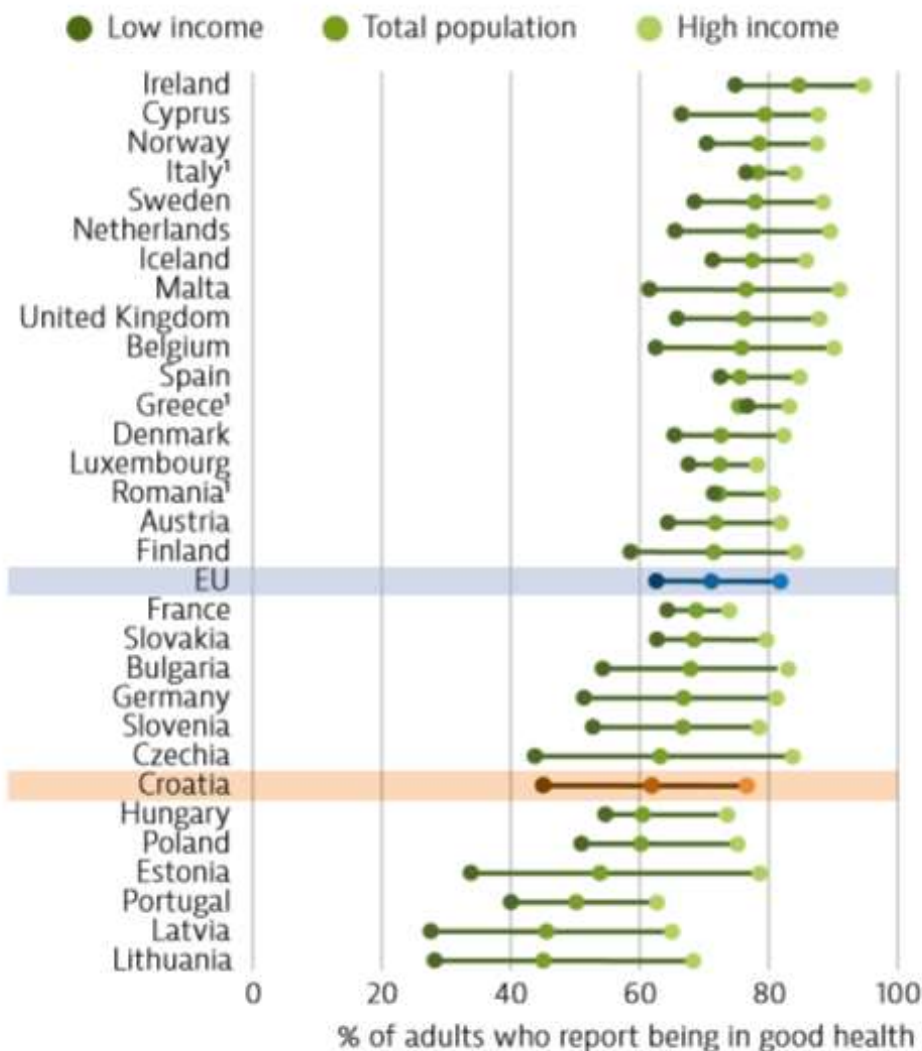
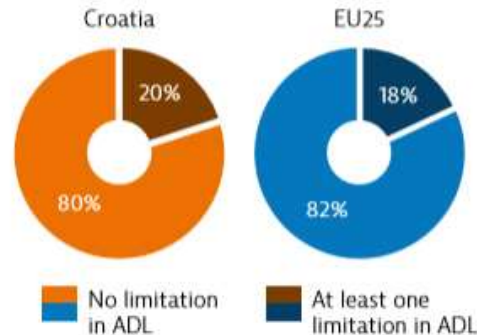Source: Eurostat Database, based on EU-SILC (data refer to 2017).

Life expectancy at age 65

Croatia
4.9
17.4 years
12.5

EU
10
19.9 years
9.9

Years without disability
Years with disability

% of people aged 65+ reporting chronic diseases[1]

Croatia
40%
35%
25%

EU25
46%
34%
20%

No chronic disease
One chronic disease
At least two chronic diseases

% of people aged 65+ reporting limitations in activities of daily living (ADL)[2]

Croatia
80%
20%

EU25
82%
18%

No limitation in ADL
At least one limitation in ADL

Notes: 1. Chronic diseases include heart attack, stroke, diabetes, Parkinson's disease, Alzheimer's disease and rheumatoid arthritis or osteoarthritis.
2. Basic activities of daily living include dressing, walking across a room, bathing or showering, eating, getting in or out of bed and using the toilet.
Sources: Eurostat Database for life expectancy and healthy life years (data refer to 2017); SHARE survey for other indicators (data refer to 2017).

More than 70% of life after 65 is lived with disability or chronic diseases

Risk factors

Behavioural risk factors account for more than half of all deaths

Dietary risks
Croatia: 26%
EU: 18%

Tobacco
Croatia: 20%
EU: 17%

Alcohol
Croatia: 7%
EU: 6%

Low physical activity
Croatia: 3%
EU: 3%
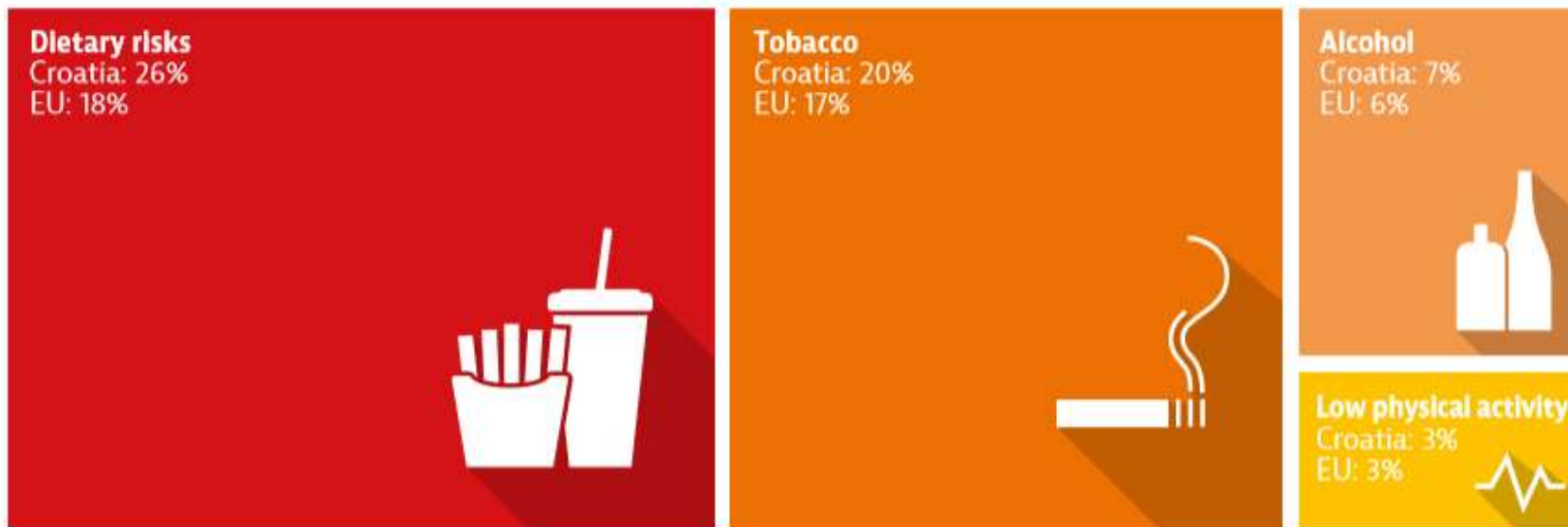
Note: The overall number of deaths related to these risk factors (24 281) is lower than the sum of each one taken individually (28 899) because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetable consumption and high sugar-sweetened beverage consumption.
Source: IHME (2018), Global Health Data Exchange (estimates refer to 2017).

Many risk factors are greater than in most EU countries

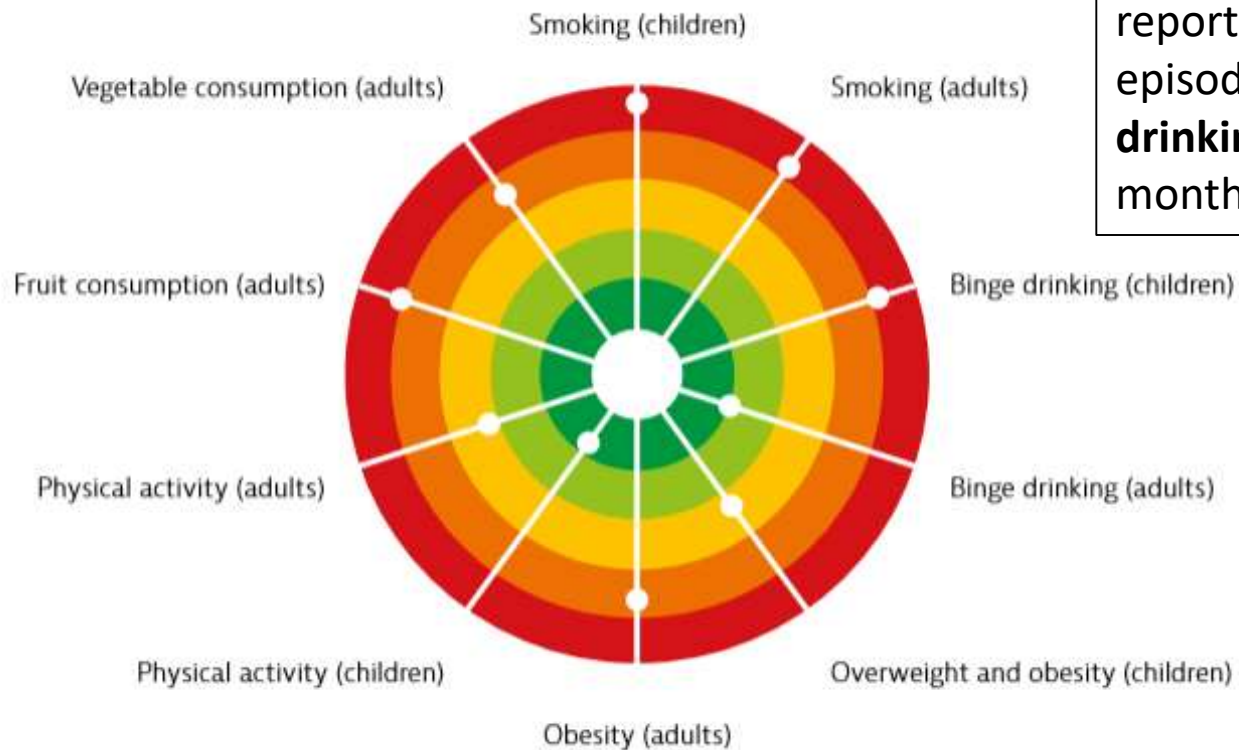Croatia has the third highest rate of **teenage smoking** in the EU

More than half of 15- to 16-year-old boys reported at least one episode of **binge drinking** during the past month

Smoking (children)

Vegetable consumption (adults)

Smoking (adults)

Fruit consumption (adults)

Binge drinking (children)

Physical activity (adults)

Binge drinking (adults)

Physical activity (children)

Overweight and obesity (children)

Obesity (adults)

Note: 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 ESPAD survey 2015 and HBSC survey 2013–14 for children indicators; and EU-SILC 2017, EHIS 2014 and OECD Health Statistics 2019 for adults indicators.
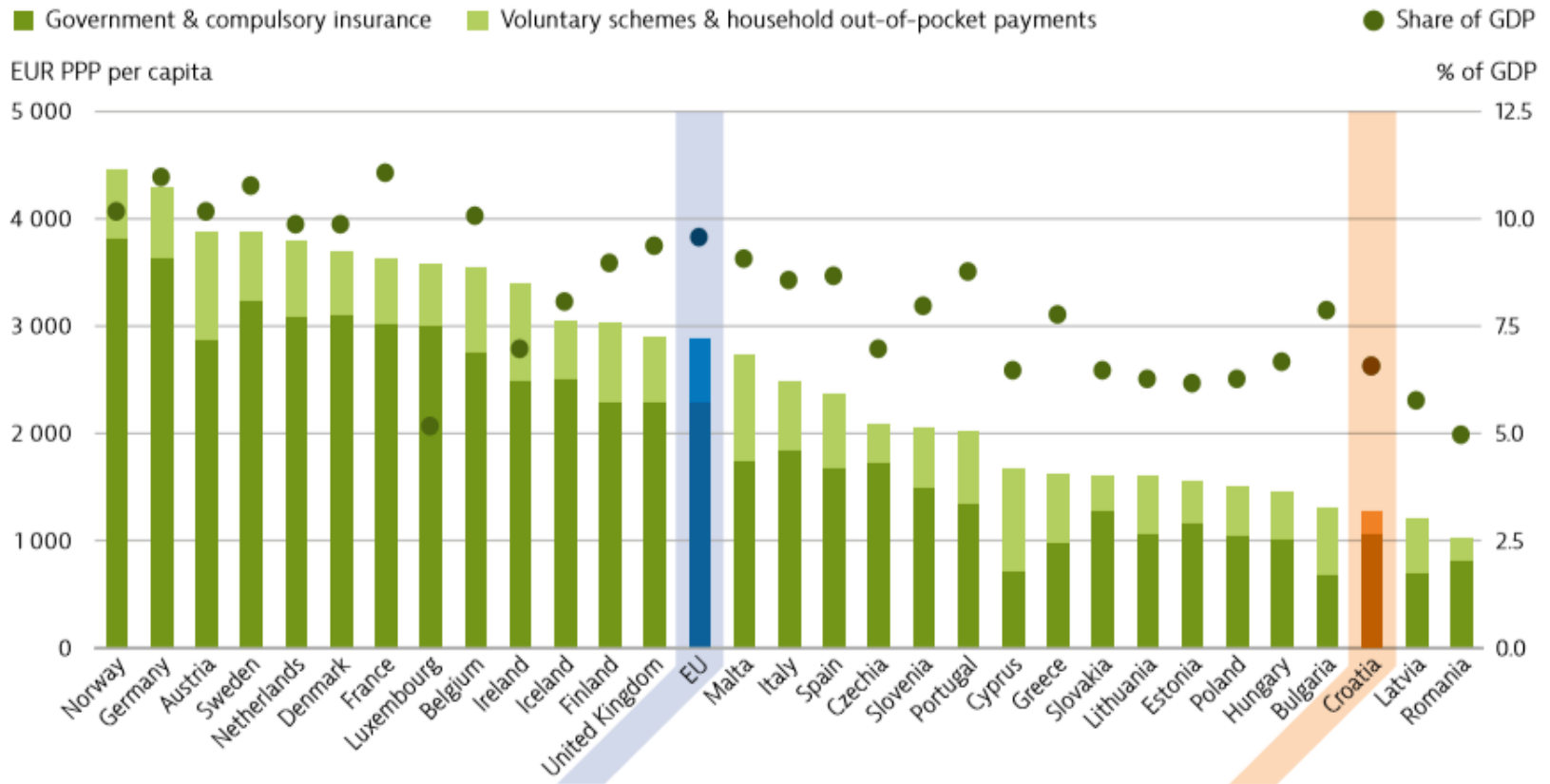
The health system

Croatia spends less than half the EU average on health per capita

Source: OECD Health Statistics 2019 (data refer to 2017).

Croatia has fewer doctors and nurses than many other EU countries

Practicing nurses per 1 000 population

Doctors Low Nurses High

Doctors High Nurses High

NO

IS

FI

DE

IE

LU

BE

NL

SE

SI

FR

DK

EU

EU average: 8.5

UK

HU

HR

MT

LT

CZ

EE

ES

PT

AT

PL

LV

SK

IT

CY

BG

EL

Doctors Low Nurses Low

EU average: 3.6

Doctors High Nurses Low

Practicing doctors per 1 000 population
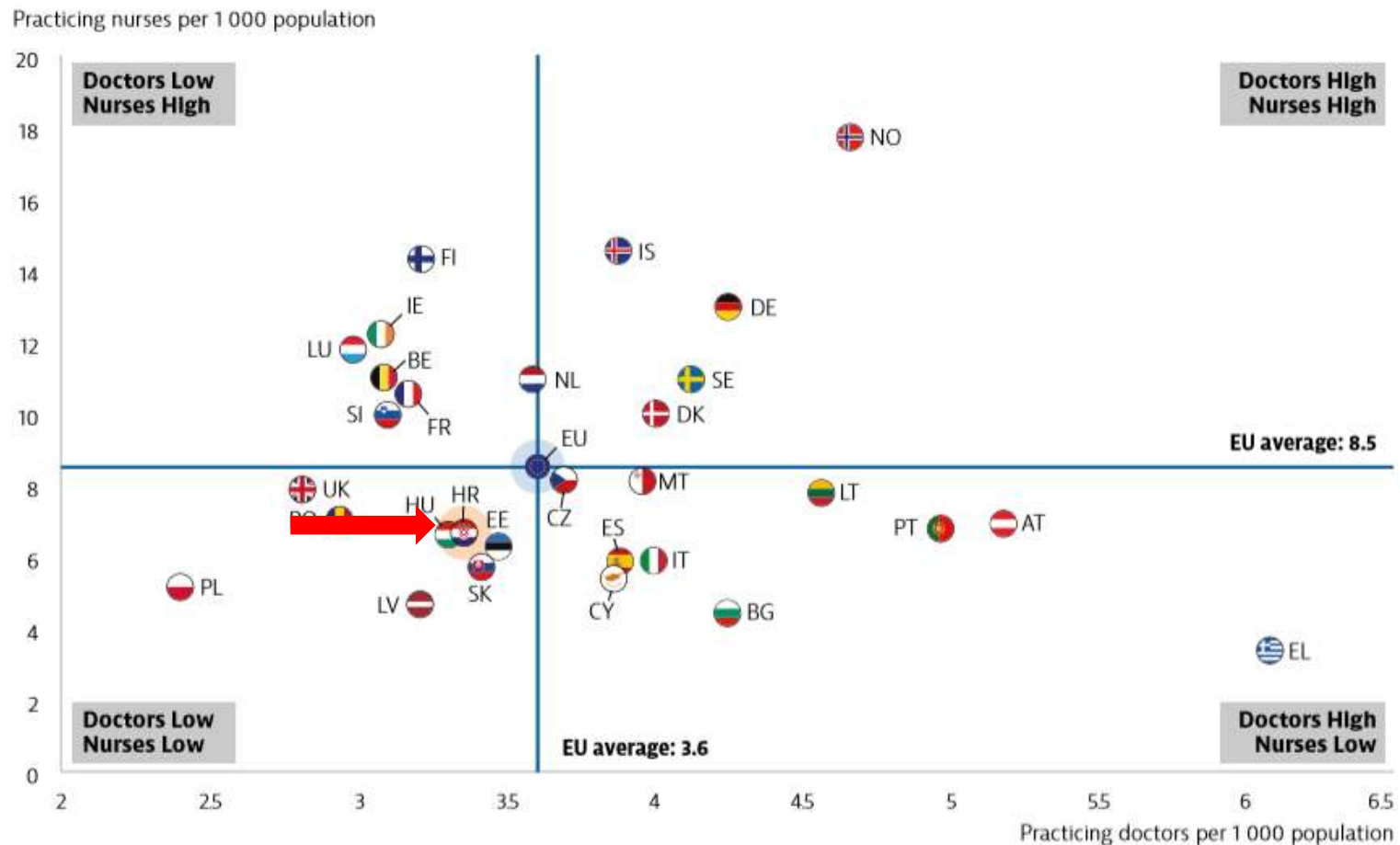
Note: In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation (e.g. of around 30 % in Portugal). In Austria and Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Source: Eurostat Database (data refer to 2017 or the nearest year).

Health system performance: effectiveness

Mortality from preventable and treatable causes is high compared to most other EU countries
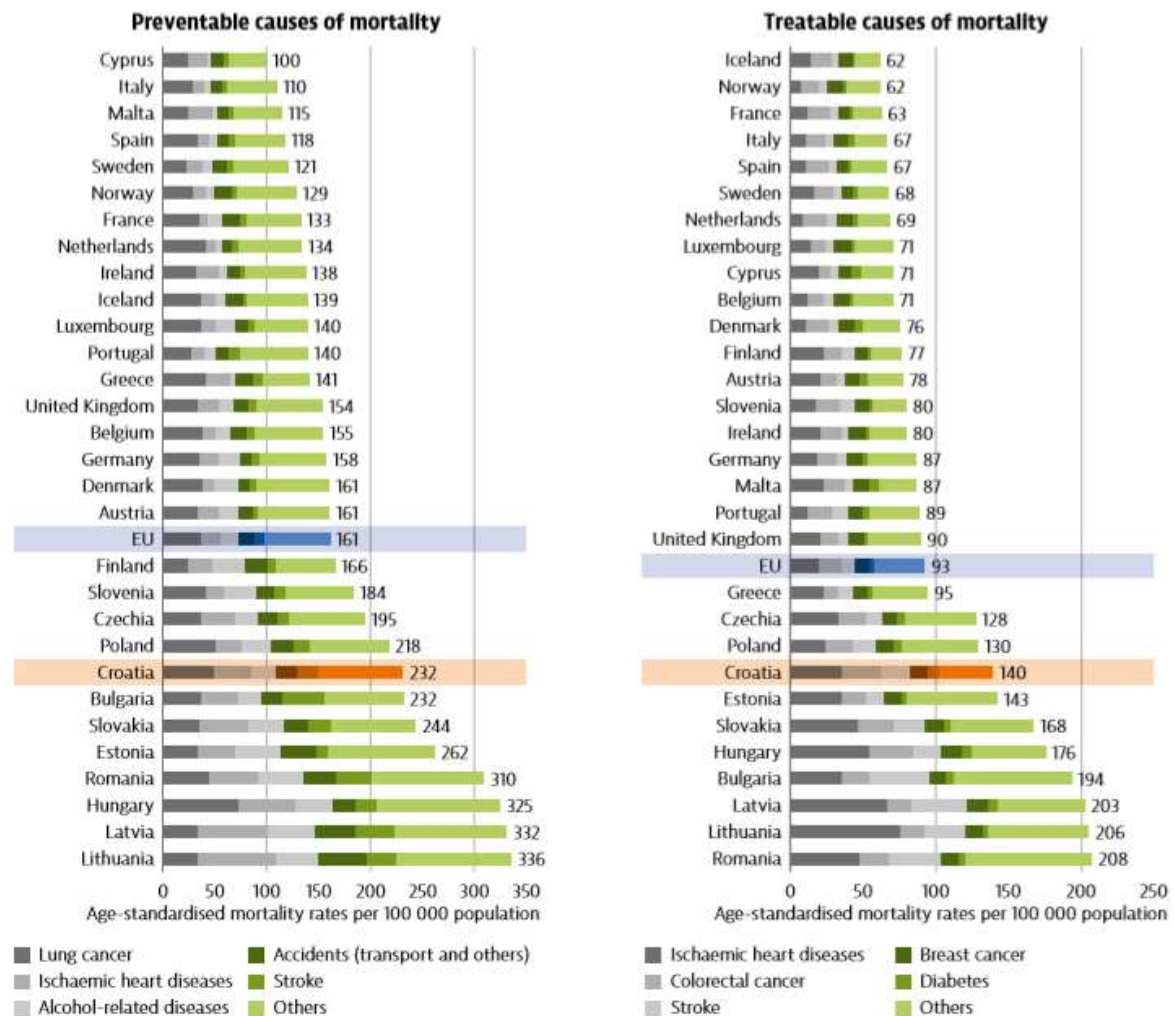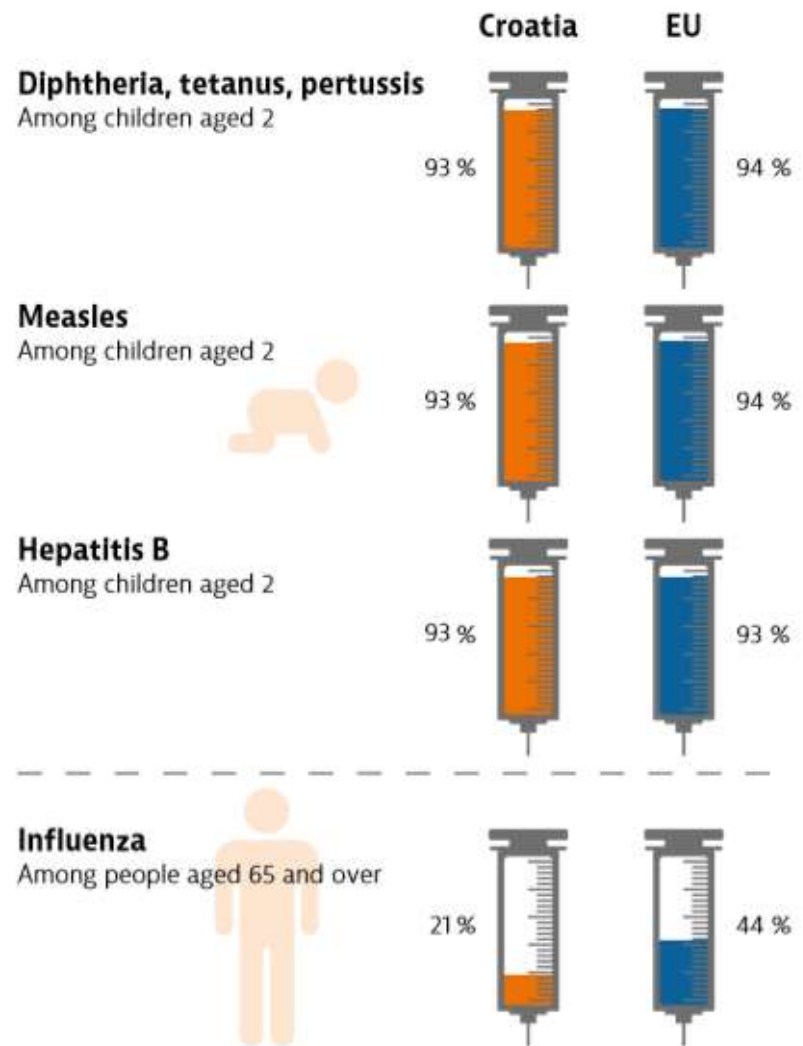
Preventable mortality from **lung cancer** is the third highest in the EU

Preventable mortality rates from **ischaemic heart disease and stroke** are double the EU average

Preventable causes of mortality

Country	Rate
Cyprus	100
Italy	110
Malta	115
Spain	118
Sweden	121
Norway	129
France	133
Netherlands	134
Ireland	138
Iceland	139
Luxembourg	140
Portugal	140
Greece	141
United Kingdom	154
Belgium	155
Germany	158
Denmark	161
Austria	161
EU	161
Finland	166
Slovenia	184
Czechia	195
Poland	218
Croatia	232
Bulgaria	232
Slovakia	244
Estonia	262
Romania	310
Hungary	325
Latvia	332
Lithuania	336

Age-standardised mortality rates per 100 000 population

Legend:
- Lung cancer
- Ischaemic heart diseases
- Alcohol-related diseases
- Accidents (transport and others)
- Stroke
- Others

Treatable causes of mortality

Country	Rate
Iceland	62
Norway	62
France	63
Italy	67
Spain	67
Sweden	68
Netherlands	69
Luxembourg	71
Cyprus	71
Belgium	71
Denmark	76
Finland	77
Austria	78
Slovenia	80
Ireland	80
Germany	87
Malta	87
Portugal	89
United Kingdom	90
EU	93
Greece	95
Czechia	128
Poland	130
Croatia	140
Estonia	143
Slovakia	168
Hungary	176
Bulgaria	194
Latvia	203
Lithuania	206
Romania	208

Age-standardised mortality rates per 100 000 population

Legend:
- Ischaemic heart diseases
- Colorectal cancer
- Stroke
- Breast cancer
- Diabetes
- Others

Note: Preventable mortality is defined as death that can be mainly avoided through public health and primary preventive interventions. Mortality from treatable (or amenable) causes is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The data are based on the revised OECD/Eurostat lists.
Source: Eurostat Database (data refer to 2016).

Vaccination rates are low for older people and declining for children

Croatia **EU**

Diphtheria, tetanus, pertussis
Among children aged 2

93 %   94 %

Measles
Among children aged 2

93 %   94 %

Hepatitis B
Among children aged 2

93 %   93 %

Influenza
Among people aged 65 and over

21 %   44 %

Note: Data refer to the third dose for diphtheria, tetanus, pertussis and hepatitis B, and the first dose for measles.
Sources: WHO/UNICEF Global Health Observatory Data Repository for children (data refer to 2018); OECD Health Statistics 2019 and Eurostat Database for people aged 65 and over (data refer to 2017 or the nearest year).

Five-year cancer survival rates are below the EU average

Prostate cancer
Croatia: 81 %
EU26: 87 %

Breast cancer
Croatia: 79 %
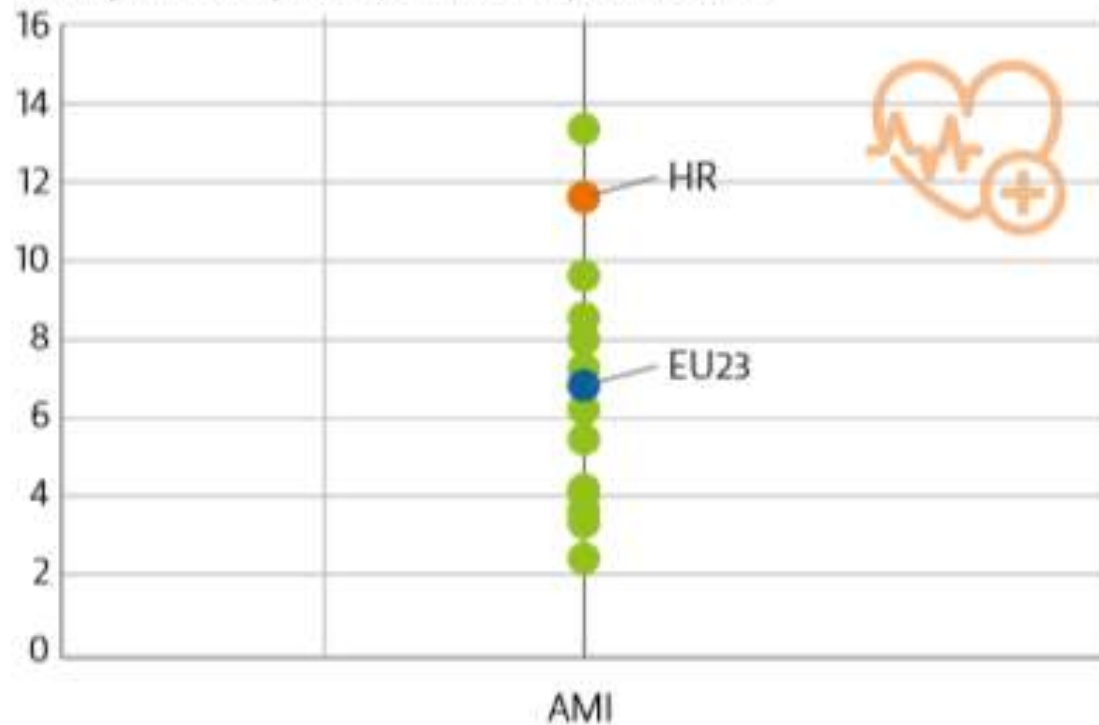EU26: 83 %

Colon cancer
Croatia: 51 %
EU26: 60 %

Lung cancer
Croatia: 10 %
EU26: 15 %

Note: Data refer to people diagnosed between 2010 and 2014.
Source: CONCORD Programme, London School of Hygiene & Tropical Medicine.

30-day mortality rate per 100 hospitalisations

AMI

HR

EU23

Note: Figure is based on admission data and has been age–sex standardised to the 2010 OECD population aged 45+ admitted to hospital for AMI.
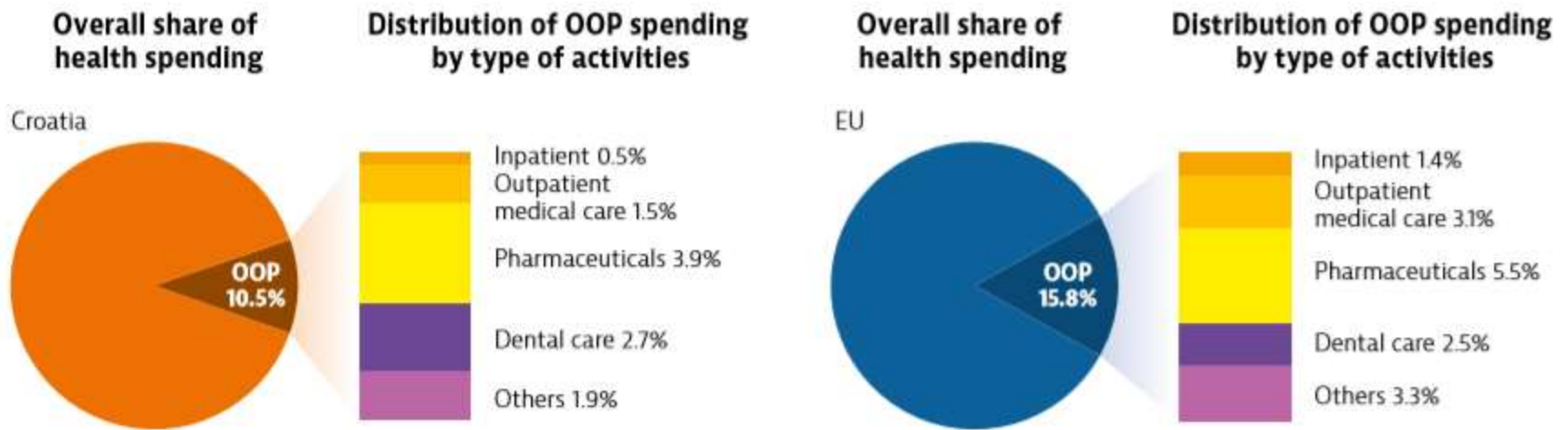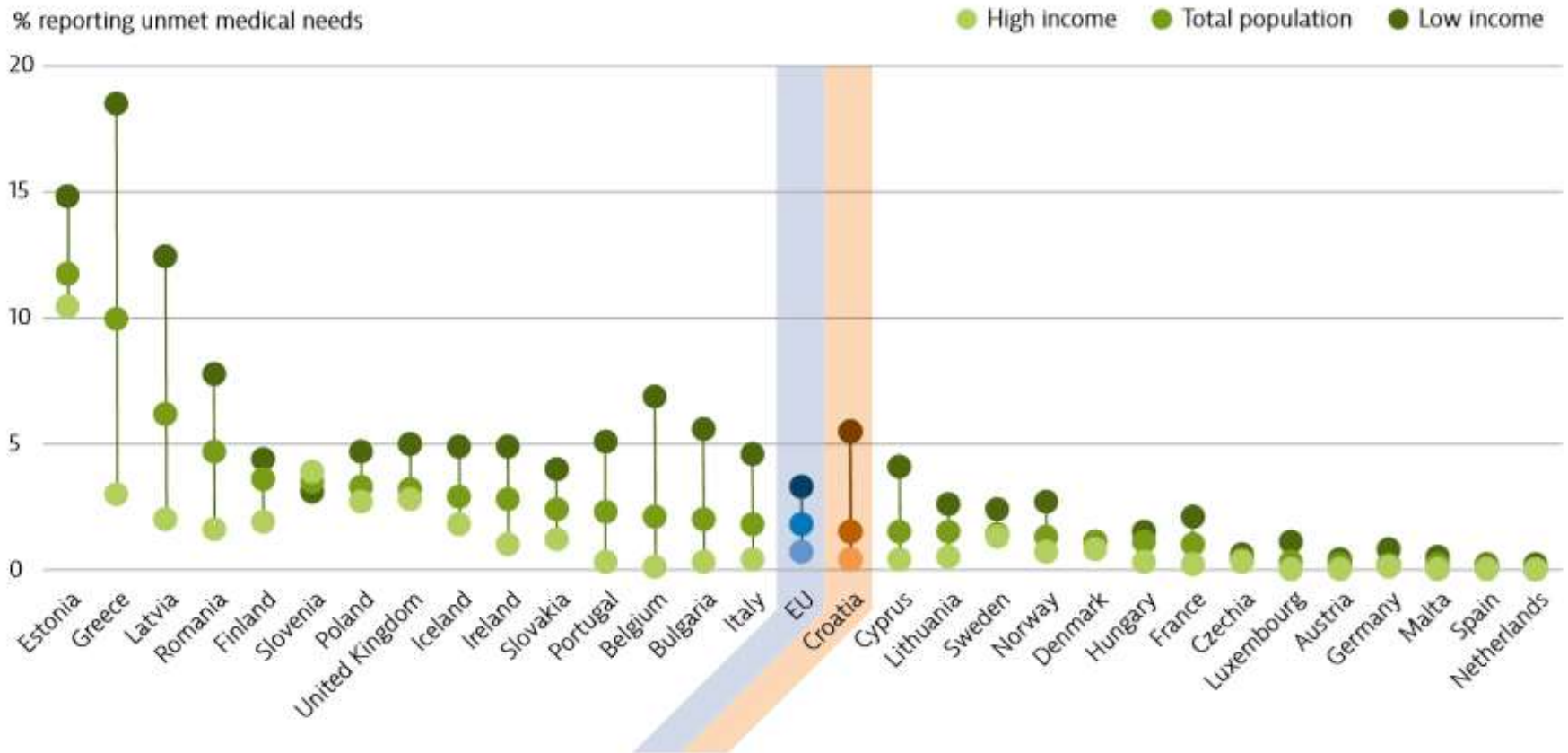Source: OECD Health Statistics 2019 (data refer to 2017 or nearest year).

The 30-day mortality rate following hospital admission for **heart attack** is high

Health system performance: accessibility

OOP spending in Croatia is lower than the EU average

Overall share of health spending

Distribution of OOP spending by type of activities

Croatia

OOP 10.5%

Inpatient 0.5%
Outpatient medical care 1.5%

Pharmaceuticals 3.9%

Dental care 2.7%

Others 1.9%

Overall share of health spending

Distribution of OOP spending by type of activities

EU

OOP 15.8%

Inpatient 1.4%
Outpatient medical care 3.1%

Pharmaceuticals 5.5%

Dental care 2.5%

Others 3.3%

Sources: OECD Health Statistics 2019 (data refer to 2017).

Unmet needs for medical care are lower than the EU average

% reporting unmet medical needs

● High income ● Total population ● Low income

Countries (left to right): Estonia, Greece, Latvia, Romania, Finland, Slovenia, Poland, United Kingdom, Iceland, Ireland, Slovakia, Portugal, Belgium, Bulgaria, Italy, EU, Croatia, Cyprus, Lithuania, Sweden, Norway, Denmark, Hungary, France, Czechia, Luxembourg, Austria, Germany, Malta, Spain, Netherlands

Note: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.
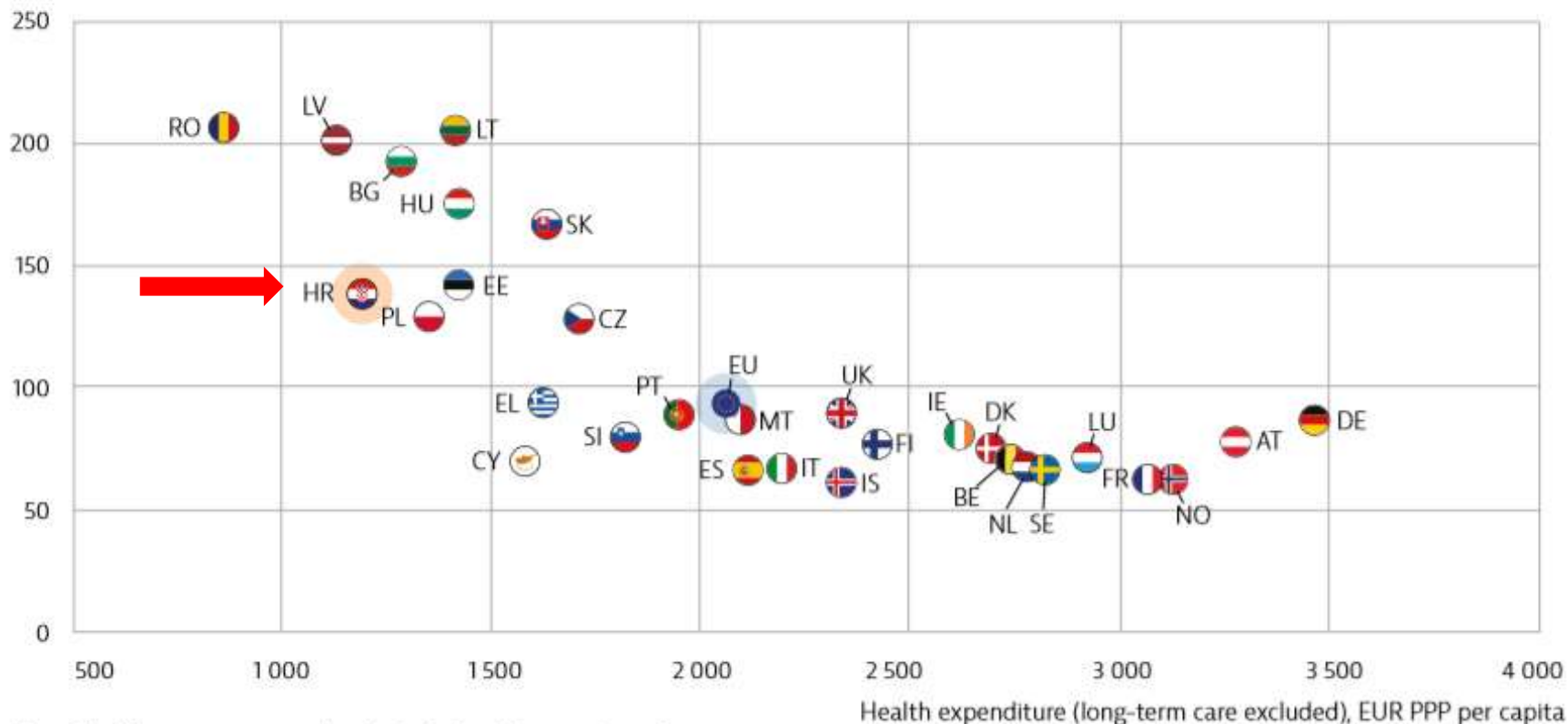Source: Eurostat Database, based on EU-SILC (data refer to 2017).

Health system performance: resilience

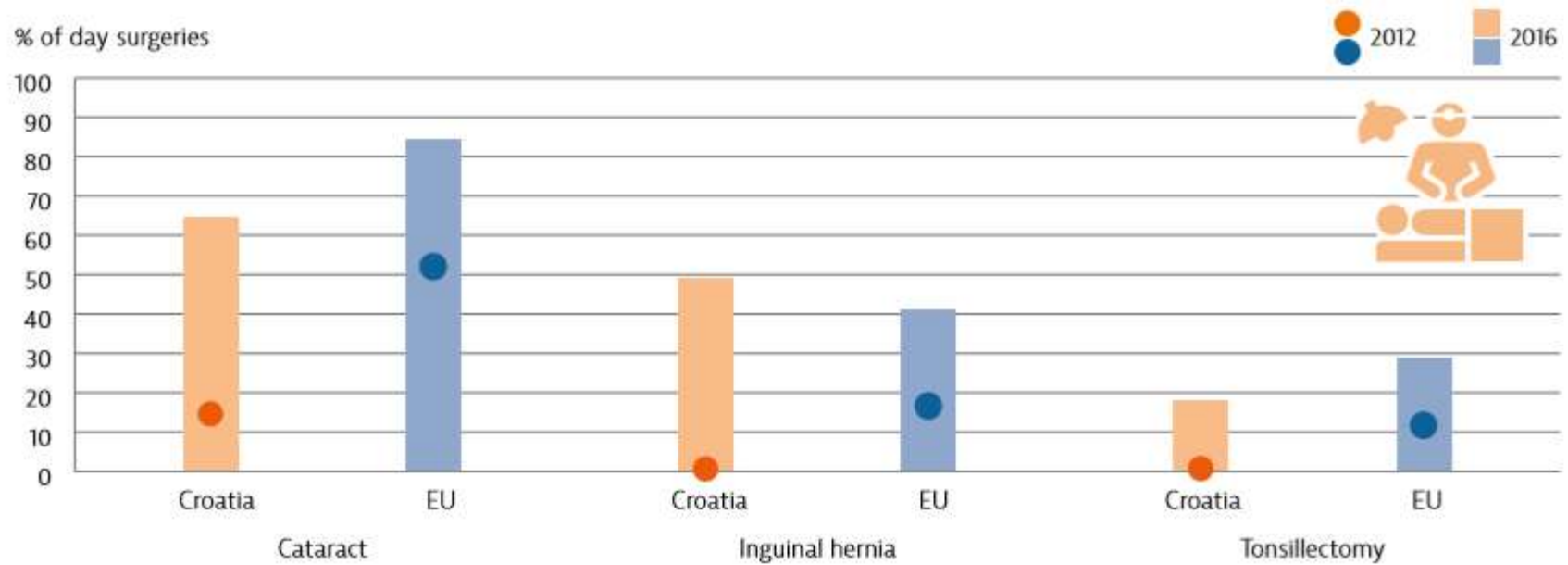# Croatia does reasonably well with its level of expenditure

Treatable mortality per 100 000 population

Note: The EU average is unweighted only for health expenditure data.
Source: Eurostat Database; OECD Health Statistics 2019.

Day surgery has risen rapidly

Note: Data refer to 2012 and 2016 or the nearest year.
Sources: OECD Health Statistics 2018; Eurostat Database.

ec.europa.eu/health/state
oecd.org/health/health-systems/country-health-profiles-EU.htm
euro.who.int/en/about-us/partners/observatory/publications/country-health-profiles