



General data

POPULATION, 2023
3,859,686
PHYSICIANS / 1,000 INH, 2021
3.61

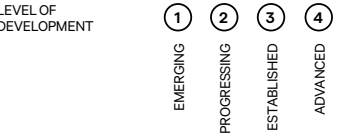
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
21,865.46
HEALTH EXPENDITURE (% GDP), 2021
8.09
UNIVERSAL HEALTH COVERAGE, 2021
80



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ⑥ POLICIES
- ③ RESEARCH
- ⑤ USE OF ESSENTIAL MEDICINES
- ② EDUCATION AND TRAINING
- ① PROVISION OF PC



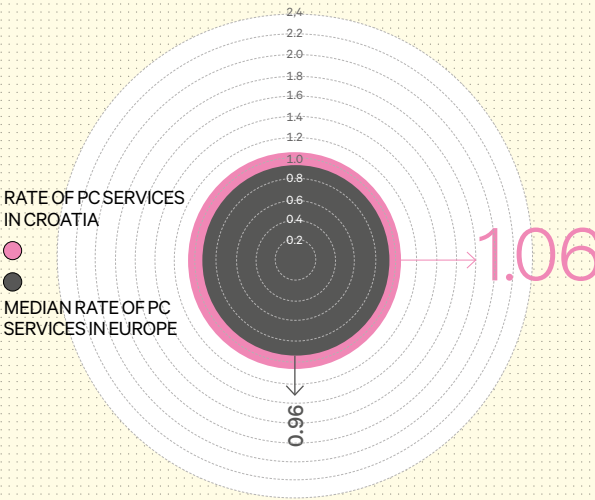
Consultants: Katija Culav; Julijana Franić; Sinisa Franjic; Karmen Lončarek; Vlasta Vučević; and Ela Pejić.
National Association: Croatian Society for Palliative Medicine.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
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Croatia

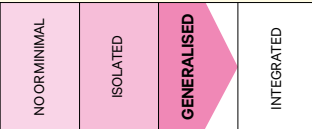
F Provision of PC (Specialised Services)

Total number of Specialised PC services
41
Rate of PC services per 100,000 inhabitants
1.06

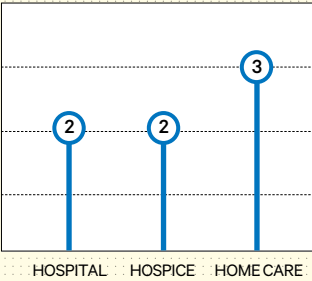
Croatia in the context of European region



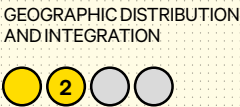
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services



TOTAL NUMBER
2

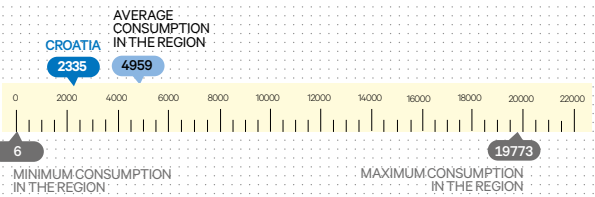


Croatia

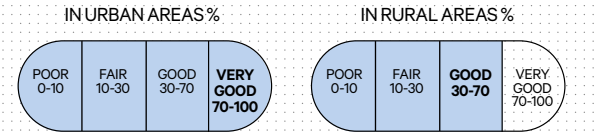
D Use of essential medicines

Opioids consumption (excluding methadone)
2,335
S-DDD/MILL INHABITANTS/DAY

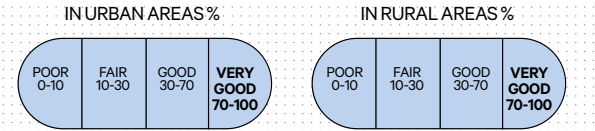
Croatia in the context of European region



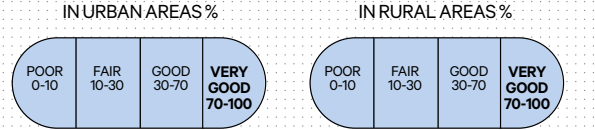
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles
1

Inclusion of PC topics in National Research Calls
3

Existence of PC congresses or scientific meetings
4

E Education & Training

Medical schools with mandatory PC teaching
2/5

Nursing schools with mandatory PC teaching
8/10

PC Full Professors
3

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
2





Inclusion of PC in the basic health package at the primary care level
4

A Empowerment of people and communities





Groups promoting the rights of PC patients
4

Advanced care planning-related policies
1

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 4 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.)	Several societies have a strong presence and promote the rights of patients with palliative care needs in Croatia: 1) the Croatian Society for Palliative Medicine CrSPM (since 1994 named Croatian Society for Hospice and Palliative Care) within the Croatian Medical Association; 2) the Croatian Society of Palliative Care Nurses 3) La Verna- Volunteer palliative care (since 2009), a well-organized association that offers volunteers, a counseling centre, bereavement support, a medical aid lending facility, and public initiatives; 3) The Pula Cancer League, a well-organized volunteer team since 2005 that in 2011 established a regional professional palliative care team before adopting the national programme; and 4) Krijesnica - Association for helping children and families facing malignant diseases. In sum, several associations in Croatia directly or indirectly support patients with palliative care needs or have organized medical aid lending centres.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 1 There is no national policy or guideline on advance care planning.	In the National Programme for the Development of Palliative Care in the Republic of Croatia, 2017 – 2020, there is no information about surrogate decision-makers, living wills, or advanced care planning. A new programme is being developed. Some codes of practice focus on the rights of dying patients, while other laws cover surrogate decision-makers for unconscious patients, children, and individuals who have lost their legal capacity. Ultimately, the responsibility for decisions lies with the physicians who care for the patient. In these situations, the role of the palliative care physician can be challenged. Often, the patient and their family may not be adequately informed and lack clearly defined priorities and wishes.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 2 Developed over 5 years ago.  3 There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	On October 18, 2017, the Government of the Republic of Croatia adopted the National programme for the development of palliative care in the Republic of Croatia 2017-2020. The independent national programme includes some standards and norms for developing palliative care in Croatia, however upgrading is needed for service provision and organisation of palliative care services at all levels. National programme 2020-2025 is not yet adopted. In the National Health Development Plan for the period from 2021 to 2027, there is no special section for palliative care, but it is stated that palliative care will become standard. The term palliative care is mentioned few times. The national strategic framework against cancer until 2030 has a chapter on palliative care in which the issue is well presented. That document was adopted in the Croatian Parliament (national legislative body) in 2020, to date little has been achieved. There are not any articles or in the Health Care Act addressing palliative care.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 2 The indicators to monitor and evaluate progress exist but have not been yet implemented.	The national strategic framework against cancer until 2030 has a chapter on palliative care in which the issue is well presented, and, furthermore, indicators were given in the programme from 2017, but never evaluated (see the indicators in the table from the page 26 on the National programme for the development of palliative care in the Republic of Croatia 2017-2020).
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 4 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	Palliative care is a part of health care in the Republic of Croatia. The list of health services at the primary level, including palliative care can be seen here: https://hzzo.hr/zdravstvena-zastita/zdravstvena-zastita-pokrivena-obveznim-zdravstvenim-osiguranjem/ugovoreni . The Health care Law (Zakon o zdravstvenoj zaštiti) guarantees the free palliative care.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 1 The authority for palliative care is defined but only at the political level (without a coordinating entity defined).  1 Does not have concrete functions or resources (budget, staff, etc.)	Since palliative care is part of primary health care, the person responsible for palliative care in the Ministry of Health would be head of the department (sector) for primary health care. However, this person is not involved in the coordination, monitoring and evaluation and implementation of national strategy. There is Committee for Palliative Care at the Ministry of Health, but it has no authority in making decisions of the Ministry. At the national level, one employee (MD) is responsible for overseeing palliative care, among other duties. Monitoring is conducted based on achieved results, such as the number of teams, coordinators, and palliative care beds available. Evaluation is difficult due to poor data collection such as the number of patients involved in palliative care, the stage at which they are involved, the stakeholders involved in care, the length of care, interventions, etc.



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<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div></div><div></div><div>4</div></div><div>At least one national conference specifically dedicated to palliative care every year.</div></div>	<div>In 2015, an independent Association of Nurses for Hospice and PC was founded. In the same year, a Symposium on PC was held in Slavonski Brod, and another one in Zadar on <i>Specifics of Palliative Care in Dalmatia: Coast, Hinterland and Islands</i>. From 2018 to 2022, three Conferences on PC with international participation were held in Pula and Poreč. In the same period, several symposiums took place in the city of Vukovar. Another conference with International Participation entitled <i>Ten Years of Organized Palliative Care in Croatia-Experiences and Development Perspectives</i> was held in Split from 3 to 5 November 2023 and the 3rd Croatian Congress on Palliative Care with International Participation was held in Osijek from 24 to 26 October 2024.</div>
<div>Ind7.1</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div><div></div><div>2</div><div></div><div></div></div><div>Reflects a limited number of articles published.</div></div>	<div>Some articles were found for the period 2018-2023 as well as a chapter book entitled <i>Palliative and Hospice Care in the Republic of Croatia: An Overview and Personal Experience</i>.</div>
<div>Ind7.2</div> <div>Inclusion of PC topics in national research calls.</div>	<div><div><div></div><div></div><div>3</div><div></div></div><div>They do exist national research calls that do include palliative care topics (either scarce or more frequent).</div></div>	<div>There are initiatives such as 1) the Project Website- University of Zagreb School of Medicine project HRZZ: Val-de-end, researching decision-making in intensive care units; 2) projects funded by the Swiss Confederation; 3) the SELFIE project, an EU project of 2020; and 4) Interreg Slovenia-Croatia EU project PALI- CARE project 2024-2026, to strengthen professionals' capacity and to establish cross-border cooperation.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>		<div><div><div>2,335</div><div>S-DDD PER MILLION INHAB / DAY</div></div><div>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</div><div>COUNTRY VS REGION</div><div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>CROATIA</div><div>2335</div><div>4959</div><div>6</div><div>19773</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div></div>




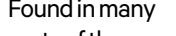


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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div>3</div><div></div></div>	Most of the mentioned medications are available on the basic list of medications that can be prescribed by selected general practitioners. Access to these medications is equal for all patients, regardless of whether they live in urban or rural areas. Pharmacies are also available in all regions of the Republic of Croatia, as are general practitioners.
Ind10.1 10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	Morphine and other supportive therapies are readily available through wholesale drug suppliers at all primary healthcare institutions in Croatia. The procurement of medications is based on individual consumption as prescribed by doctors, with most institutions stocking morphine in various forms (transdermal, injectable, and oral). Medication availability is consistent across urban and rural areas, but access may vary depending on the availability of healthcare services. In less developed parts of Croatia, there are fewer healthcare professionals across all primary healthcare services, including family doctors and specialist palliative care providers. This disparity can affect patients' access to both medications and comprehensive palliative care services.
Ind10.2 10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations. 10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.	<div><div></div><div></div><div></div><div>4</div></div> <div><div></div><div></div><div></div><div>4</div></div>	A wide range of opioids is generally available throughout Croatia in diverse formulations, including transdermal patches, injectable solutions, oral liquids, and both slow-release and immediate-release tablets. The primary factor affecting access to these medications is not their availability but rather the distribution of healthcare services within the public health network.

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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors</p> <p>11.6. Legislation/ regulations concerning PC education</p>	<p>2/5</p> <p>1/5</p> <p>8/10</p> <p>2/10</p> <p>3</p> <p>Yes</p>	<p></p> <p>Mandatory palliative care is taught at two universities: the University of Zagreb, Faculty of Medicine; and the University of Split, Faculty of Medicine. Furthermore, one medical faculty have contents (lectures, seminars, exercises) about palliative care integrated within different subjects (colleges) like Clinical Oncology, Family medicine and Ethical problems in intensive medicine. Regarding nursing education, 8 out of 10 nursing schools have palliative care as a compulsory subject in undergraduate curricula (2/10 as optional subject): the Faculty of Dental Medicine and Healthcare, University Undergraduate Study of Nursing, Osijek - Palliative care, the University of Rijeka, Faculty of Health Studies, the Polytechnic in Bjelovar, the University Sjever, the University of Zadar, the Polytechnic in Zagreb, Part-time Undergraduate Study of Nursing, the University of Dubrovnik, Professional Undergraduate Study of Nursing, and the University of Split, University Department of Health Studies. The University of Pula.</p> <p>Healthcare professionals working in palliative care in Croatia are legally required to complete a first-category continuing medical education course titled <i>Basics of Palliative Care</i>. This postgraduate course is mandatory for healthcare providers seeking to contract palliative care services with the state health insurance fund. Completion of this training ensures that professionals have the necessary foundational knowledge to provide quality palliative care services. Educational programmes are not defined for the basic and advanced levels and clinical practice is not defined; education is possible in Zagreb, Rijeka, Pula and Osijek.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialisation for palliative care physicians.</p>	<p>There is no specialisation in palliative medicine for physicians.</p>

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Generalised provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Found in many parts of the country.</p>	<p>There are 41 specialised palliative care services, representing a ratio of 1,06 per 100000 inhabitants. The Croatian Health Insurance Fund finances 41 specialised mobile palliative care teams, provided by the following parts: 1. Network of Coordinators and MPT at PZZ: 49 coordinators (in nearly all 21 counties) and 46 MPTs were contracted. 2. Bed Network in Stationary Health centres: a total of 130 planned, and 89 contracted with HZZO (Croatian Health Insurance). 3. SH psychiatric ward - contracted 16 beds + Strmac15=31. 4. hospitals for prolonged treatment, added palliative departments including 139 beds. 5. General hospital contracted 117 beds. Together in SH, PH, and GH planned 363 beds, realized 138. 6. At the tertiary level, there is 1 institute in KBC Rijeka, but without beds and 1 palliative unit at the KBC Zagreb Oncology Clinic. 7. Hospice in Rijeka, opened in 2013. 8. Hospice in Split, opened in 2022. 9. Hospice in Pula (in process). 10. Three Specialised hospitals for palliative care: Sveti Rafael, Varaždin Hospital, and the Dr. Ivan Barbot Popovača hospital.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>CROATIA</p> <p>1.06</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>41</p> <p>← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>Not at all.</p> <p></p> <p>PPC TEAMS</p>	<p>Palliative care for children is performed by specialists through day hospitals and individual beds on wards and in cooperation with mobile palliative teams in the primary care. Split was the first city in Croatia to have specialised mobile pediatric palliative care team at the Health Centre of Split- Dalmatia County. Some other non-specialised resources include: Clinical Hospital Centre Rijeka, Rijeka; Pediatric Clinic in Zagreb, Special hospital for chronic childhood diseases - Hospital Bistra.</p>