

Right to health and access to health services

The right to health is enshrined in the Constitution of the Republic of Croatia (Art. 59), together with relevant rights, including informed consent (Art. 23), rights to life (Art. 21), to dignified life (Art. 63), healthy life (current Art. 70) and the rights to equality and non-discrimination (Art. 14).

The most important legal acts regulating the right to health are the Health Care Act and the Mandatory Health Insurance Act. The former regulates the organization and provision of health care, rights and obligations of users and the responsibilities of health-care institutions at different levels; establishing the principles for their monitoring.

Under the Mandatory Health Insurance Act all Croatian citizens and residents have the right to health and the Croatian Health Insurance Fund provides universal health insurance coverage to the majority of citizens. However, some health-care services under the Mandatory Health Insurance Act are subject to co-payments. In order to avoid co-payments, supplemental/voluntary health insurance is available and is purchased individually and on a voluntary basis. For the poorest pensioners, the state covers the cost of additional health insurance.

However, the right to health is one of the rights related to which the Ombudswoman receives most of complaints, which was exacerbated by the pandemic. During the COVID-19 pandemic, chronically ill older persons, as many others, postponed their treatments due to fear of COVID or because of the overburdened healthcare system. Older persons were also the group that was severely affected by COVID-19, with the highest mortality rates.

There is a shortage of doctors and nurses in the hospital system and unfilled infirmary at primary level of healthcare, in particular in four core activities: family medicine (general practitioners), women's health care, preschool children's health care and dental health care. This is especially true in rural areas and islands, which makes access to health care additionally difficult to older persons living in rural area and on islands.

A specific problem of the health care system are long waiting lists for specialist treatment/check ups. Consequently, the effect of long waiting lists is that citizens seek healthcare from private service providers, which many cannot afford, including older persons with low pensions.

The share of self-reported unmet healthcare needs in Croatia is lower than the EU average. However, self-reported unmet needs, which are result of geographical distance in Croatia, are higher than in any other EU Member State. This information should also be seen in the context of the unavailability of public transport, in particular in rural areas. At the same time, self-reported unmet needs of older people in Croatia are among the highest in the EU. In addition, the National Health Development Plan recognizes that self-reported unmet healthcare needs are significantly higher in people with lower economic status, indicating inequality in access to health rights. All of this shows that the availability of health care depends on the socio-economic status as well as the place of residence of a person and has a particularly strong impact on older people with lower incomes living in rural areas and on islands.

An additional challenge relates to retired older persons who are working part-time. Namely, the provisions of the Mandatory Health Insurance Act stipulates that in the case of employees over the age of 65¹ even though they pay compulsory health insurance like other employees, their sick leave compensation is covered by the employer and not Croatian Health Insurance Fund, what the Ombudswoman deemed to be discriminatory.

In the context of complaints handling generally, including in relation to those by older persons, complaints received by the Ombudswoman show that it is not clear which criteria are used to decide how to deal with complaints by patients or their family members – whether they are sent to Croatian Medical Chamber or the health inspection is performed by appointing the experts who deliver an expert opinion.

¹ Currently there is a legislative procedure in place to move this limit to 70.