



Key background information: country health system

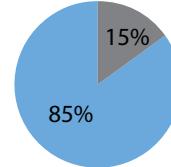
From the survey

- The very low number of respondents who are not treated with insulin made it difficult to assess access for these people.
- [Diabetes education](#) and information about treatment was universal among the people with diabetes surveyed but far less common among their relatives.
- Based on collected responses and discussions with the Croatian Diabetes Association, it appears that the main obstacle to access to medicines and devices is the rationing of diabetes products subsidised by the health insurance scheme.

Healthcare expenditure profile (2011)²

Total health expenditure per capita: **USD 1,137.30**

Proportion of government expenditure on health: **17.7%**



■ Public expenditure
■ Private expenditure

[Out-of-pocket expenditure](#) represents 96% of private spending on health

Health System Overview

- Croatia's [mandatory health insurance](#) scheme, administered by the Croatian Health Insurance Institute³ covers all citizens.³ Croatians are encouraged to purchase complementary health insurance to cover [co-payments](#) necessary for most health services.^{3,6}
- The package of benefits covered is defined by law.³
- Most medicines and medical devices are supplied by private actors,⁵ according to the Ministry of Health and Social Welfare regulations – in line with [EU regulations](#). The Ministry and a specialised agency share responsibility for the application of these regulations.^{7,8}
- A [quality issues reporting system](#) is in place.^{5,6}

Diabetes prevalence¹

IDF Atlas	National Data
6.6% of 20-79 year-olds (2011)	Official records: 9.2% of 20-79 years 6.1% of people of working age (2010)

Diabetes care procedure

- Prescriptions provided by GPs (or paediatricians), according to a treatment regimen defined by a diabetologist.⁶
- These healthcare professionals are also the main points of diabetes information and advice.⁶
- Diabetes products dispensed mostly at pharmacies, except pumps, which are dispensed at hospitals.⁶

Key diabetes data

Availability

Presence of products at national level

- At least one product from each of the categories surveyed appeared to be authorised for sale and present in the country.⁵

Guidelines and specific prescription criteria

- Croatia has guidelines for diabetes care.¹
- It seems that, apart from insulin pumps, the prescription of most diabetes products is left to the judgement of the prescriber.⁵
 - o The few insulin pumps available (see below) are primarily given to children and pregnant women.⁶
- The use and prescription of diabetes medicines and devices is closely related to reimbursement (see Affordability).⁶

Use

- Based on collected responses, it would appear that most of the people on insulin are using insulin analogues and insulin pens.⁵
 - o The use of insulin pumps remains limited. No part of the national budget is allocated to pumps, so their financing is dependent on the budget of each individual healthcare facility.⁶
 - o Because of these budget constraints, pumps are more widely offered in the capital city than in other areas.⁶
- The main treatment for other people with diabetes could not be determined.

Accessibility

The available evidence suggests that for people living with diabetes accessibility is not the main barrier to obtaining diabetes supplies; no particular difficulties were reported in this regard.^{5,6}

Affordability

- It appears that a significant proportion of people with diabetes receive their diabetes products free of charge.
 - However, this requires most people to pay for an additional insurance package of about EUR 10 (around USD 13) per month. Without this, most diabetes products are subject to [co-payments](#).⁶
 - The information collected suggests that some people with diabetes may pay for certain medical devices, such as additional test strips, out-of-pocket in order to supplement those provided free of charge.⁵
- According to the survey responses, a small number of [non-branded](#) products are available on the market, although most people with diabetes seem to be using branded products.⁵
 - The brand to be used is determined by the prescriber.^{5,6}
- It appears that the price of reimbursed medicines is regulated by the Croatian Health Insurance Institute.^{4,5} A maximum price is set using external [reference pricing](#). Maximum mark-ups are applied to wholesalers. Pharmacists cannot add margins on reimbursed medicines; they are paid through a dispensation fee.^{4,8}

Financial coverage

The Croatian Health Insurance Institute has overall responsibility for reimbursement.⁸ For medicines, criteria include clinical effectiveness and budget impact analyses. Professional associations are consulted.^{4,8} Reimbursements are then calculated based on a reference price – [internal reference pricing](#).⁸ Certain groups, including elderly people,⁶ are exempt from having to make [co-payments](#).³ Others have to purchase supplementary insurance.⁶

Insulin	Free ^{1,5,6}
Anti-diabetes medication	Depending on the medicine, free or partially covered ⁵
Medication for hypoglycaemia	Free ⁵
Pens and related supplies	Free ^{1,5} but the quantity is limited according to the person's treatment regimen ⁶
Syringes and needles	Free ⁵
Pumps and related supplies	Free for the first pump (see availability for criteria) ^{1,6} but the quantity of supplies is limited ⁶ The replacement of this first pump is paid by the person with diabetes, at a subsidised price ⁶
Blood glucose test strips and meters	Free but the number of strips is limited according to age, treatment regimen and type of diabetes (from 50 to 1,000 per 6 months) ⁶
Ketone test strips	Free ⁵

Please note that the information provided above only present a summary of the reimbursement system and may not apply to individual cases.

Looking ahead

The financial situation of the Croatian Health Insurance Institute has led to fears of the Croatian Diabetes Association that further rationing may be applied to reimbursed diabetes supplies, starting with consumables (such as test strips and sharps). However, good relations and regular exchanges between diabetes organisations and the Croatian Health Insurance Institute enable these associations to express and discuss these concerns before changes come into effect.⁶

References

- 1 EURADIA, FEND, IDF, & PCDE. (2011)
- 2 Global health observatory data repository. (2013)
- 3 Vencina, L et al. (2006)
- 4 PPRI & WHO (2011)
- 5 IDF-Europe Access survey (2013)
- 6 Croatian Diabetes association (personal communication) (2013)
- 7 Golem, A. (2011).
- 8 Vogler, S., Habl, C., Bogut, M., & Vencina, L. (2011)