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UVODNA RIJEČ UZ TEMATSKI BROJ ČASOPISA: IZAZOVI HRVATSKOG ZDRAVSTVENOG SUSTAVA U DOBA KRIZE

Zdravstveni sustavi, zbog važnosti posla kojim se bave i svoje rastuće robusnosti, često se drže izdvojenima od ostalih sustava socijalne države. Važne promjene u zdravstvenim sustavima u europskim zemljama nastaju početkom 1990-ih godina i povezane su s uvođenjem tržišta u zdravstvo. To je bilo popraćeno promjenom diskursa s naglaskom na terminima kao što su »osobna odgovornost«, »izbor« i »potrošači«. Time je zamijenjena stara politička retorika koja se fokusirala na univerzalno, javno i pružanje zdravstvene skrbi temeljeno na solidarnosti (Tritter i sur., 2009.).

U novije vrijeme zdravstveni sustavi u zapadnoeuropskim zemljama suočeni su sve više s iskustvima eksperimenata novog javnog menadžmenata i drugim tržišno orijentiranim zdravstvenim reformama (Immergut i sur., 2021.).

U postkomunističkim zemljama u 1990-im aktualan je prijelaz s modela porezima i iz državnog proračuna financiranog sustava (sovjetski model), na sustav financiran doprinosima (Bismarckov model). Kuitto (2016.) ističe kako se zdravstveni sustav u tranzicijskim zemljama znatno sporije mijenjao od drugih sustava socijalne sigurnosti.

Novije komparativno istraživanje ističe kako su razlike u socijalističkom naslijeđu važne, ali ne mogu objasniti različite putove zdravstvenih reformi tijekom tri postkomunistička desetljeća (Popić, 2023.). Tako se ističe da je slovenski zdravstveni sustav uveo tržišne elemente, participaciju i dobrovoljno osiguranje, a ostalo je uvelike nepromijenjeno. Češki

INTRODUCTION TO THE THEMATIC ISSUE OF THE JOURNAL: CHALLENGES OF THE CROATIAN HEALTHCARE SYSTEM IN THE TIMES OF CRISIS

Healthcare systems, due to their importance and their growing robustness, are often kept separate from other welfare state systems. Important changes in the healthcare systems in European countries occurred at the beginning of the 1990s and are connected with the introduction of market in healthcare. This was accompanied by a change in discourse with an emphasis on terms such as ‚personal responsibility', ‚choice' and ‚consumers'. This replaced the old political rhetoric that focused on universal, public and solidarity-based healthcare provision (Tritter et al., 2009).

In recent times, healthcare systems in Western European countries have increasingly been confronted with the experiences of experiments in new public management and other market-oriented health reforms (Immergut et al., 2021).

In the post-communist countries in the 1990s, the transition from a system financed by taxes and from the state budget (the Soviet model) to a system financed by contributions (Bismarck's model) took place. Kuitto (2016) points out that the healthcare system in countries in transition had changed significantly more slowly than other social security systems.

Recent comparative research points out that the differences in the socialist legacy are important, but cannot explain the different paths of healthcare reforms during the three post-communist decades (Popić, 2023). It is emphasized that the Slovenian healthcare system has introduced market elements, participation and voluntary insurance, while the rest has remained large-

sustav bio je izložen čestim promjenama politike, a poljska zdravstvena politika napravila je radikalan zaokret, što je dovelo do recentralizacije i otpora kasnijim pokušajima marketizacije. Razlike između češke i poljske zdravstvene politike su najupečatljivije. U obje su zemlje početne tržišne reforme bile suočene s neuspjehom provedbe. Međutim, u Češkoj je vlada regulirala upravljanje konkurencijom i uvođenje drugih tržišnih elemenata. U Poljskoj su prisutne daljnje inicijative za uvođenje tržišta iako su se privatna zdravstvena osiguranja i privatizacija bolnica pokazale uzaludnima (Popić, 2023.). COVID-19 pandemija dodatno je uzdrmala zdravstvene sustave u ovim zemljama što je rezultiralo i prosvjedima zdravstvenog osoblja.

Međutim, istraživanja postkomunističkog javnog mnijenja pokazuju dosljednu i snažnu potporu za ulogu države u zdravstvu i solidarnost u pružanju zdravstvene zaštite. Tako je u Češkoj udio građana koji podržavaju ulogu države u zdravstvu čak i veći nego u europskim zemljama sa snažno državno orijentiranim sustavima socijalne skrbi i zdravstvene zaštite, poput Švedske i Danske (Popić, 2023.).

Zdravstveni sustavi u članicama EU-a imaju i svoju europsku dimenziju. Tako je nedavni sindikalni prosvjed povodom sastanka ministara zdravstva u Brusselsu tražio odgovarajuće i održivo javno financiranje i zapošljavanje osoblja temeljeno na potrebama, te je osudio komercijalizaciju zdravstvenih sustava (Bell i Goudriaan, 2022.).

U razdoblju 2021.−2027. EU u okviru Europskog socijalnog fonda plus provodi Europski stup socijalnih prava koji u načelu 16 glede zdravstvene skrbi zagovara: »Svi imaju pravo pravovremenog pristupa priuštivoj i kvalitetnoj preventivnoj i kurativnoj zdravstvenoj skrbi.« (Bežovan i Baturina, 2019.: 122). Akcijski plan Europly unchanged. The Czech system has gone through frequent policy changes, and Polish health policy took a radical turn, leading to recentralization and resistance to subsequent attempts at marketization. The differences between the Czech and Polish health policies are the most striking. In both countries, initial market reforms were followed by implementation failure. However, in the Czech Republic the government has regulated the management of competition and the introduction of other market elements. In Poland, there are further initiatives for the introduction of the market, although private health insurance and privatization of hospitals have proven futile (Popić, 2023). The COVID-19 pandemic has further shaken the healthcare systems in these countries, resulting in protests by healthcare staff.

However, post-communist public opinion surveys show consistent and strong support for the role of the state in health care and solidarity in the provision of healthcare. In the Czech Republic, the share of citizens who support the role of the state in healthcare is even higher than in European countries with strongly state-oriented systems of social care and healthcare, such as Sweden and Denmark (Popić, 2023).

Healthcare systems in EU member states also have their European dimension. A recent trade union protest at the meeting of health ministers in Brussels called for an adequate and sustainable public financing and needs-based staffing, denouncing the commercialisation of health and care systems (Bell and Goudriaan, 2022).

In the period 2021-2027 within the framework of the European Social Fund +, the EU implements the European Pillar of Social Rights, the principle 16 of which regarding health care states: „Everyone has the right to timely access to affordable, preventive and curative health care of good quality.“ (Bežovan and Baturina,

skog stupa socijalnih prava predvidio je u 2022. godini donošenje »Novih alata i pokazatelja za pristup zdravstvenoj skrbi«.[1] Komparativna analiza relevantnijih zdravstvenih indikatora na EU razini može pružiti uvide u izazove pred kojima se nalaze nacionalne zdravstvene politike.[2]

Reforma hrvatskog zdravstvenog sustava krajem 2022. i početkom 2023. dana u Prijedlogu zakona o izmjenama i dopunama Zakona o zdravstvenoj zaštiti (Vlada RH, 2022.) te Prijedlogu zakona o izmjenama i dopunama Zakona o obveznom zdravstvenom osiguranju (Vlada RH, 2022.a) zapravo je iznuđena od Europske unije. Reforma nije u dovoljnoj mjeri utemeljena na relevantnim analizama i raspravama, već je postavljena odozgo. Rijetke rasprave upozoravale su na daljnju privatizaciju u sustavu s monopolističkom pozicijom nekih privatnih zdravstvenih ustanova (Chudy, 2022.). Chudy, kao predsjednik Nacionalnog zdravstvenog vijeća, upozorava na lobističke aktivnosti farmaceutskih kuća i drugih koji svoje interese ostvaruju preko Hrvatskog zavoda za zdravstveno osiguranje (HZZO), liste tzv. posebno skupih lijekova kao i na druge probleme s kojima je opterećen ovaj složeni sustav.

Koncept zdravstvene vladavine (Hurrelmann, Shaikh i Wendt, 2019.) koji podrazumijeva sve radnje i sredstva koja društvo koristi za postizanje kolektivnih rješenja za održavanje i promicanje zdravlja kao općeg dobra, a uključuje aktere u politici, znanosti, gospodarstvu i civilnom društvu, uz zdravstveno osoblje i pacijente, u Hrvatskoj nije na dnevnom redu. Naprosto, vlada je ključni akter, ne uvažava u potpunosti so-

[1] Više vidjeti: https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/hr/index.html, posjećeno 27. prosinca 2022.

[2] Više vidjeti: https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/indicators, posjećeno 27. prosinca 2022.

2019: 122). The European Pillar of Social Rights Action Plan foresaw in 2022 the adoption of „New Tools and Indicators on Access to Healthcare.“[1] A comparative analysis of relevant healthcare indicators at the EU level provides insights into the challenges facing national health policies.[2]

The reform of the Croatian healthcare system at the end of 2022 and at the beginning of 2023 in the Proposal of the Act on Amendments to the Act on Health Care (Government of the Republic of Croatia, 2022) and the Proposal of the Act on Amendments to the Act on Compulsory Health Insurance (Government of the Republic of Croatia, 2022a) was actually forced by the European Union. The reform was not sufficiently based on relevant analyses and discussions, but was set top-down. Rare discussions warned of further privatization in a system with a monopolistic position of some private healthcare institutions (Chudy, 2022). Chudy, as the president of the National Health Council, warns against the lobbying activities of pharmaceutical companies and others who pursue their interests through the Croatian Health Insurance Fund (HZZO), the list of so-called especially expensive medicines, as well as other problems this complex system is burdened with.

The concept of health governance (Hurrelmann, Shaikh and Wendt, 2019), which includes all actions and means that society uses to achieve collective solutions for maintaining and promoting health as a common good, including actors in politics, science, economy and civil society, along with health personnel and patients, is not on the agenda in Croatia. Quite simply, the government is the key actor which

[1] See more: https://op.europa.eu/webpub/empl/european-pillar-of-social-rights/hr/index.html, accessed 27. December 2022.

[2] See more: https://ec.europa.eu/eurostat/web/european-pillar-of-social-rights/indicators, accessed 27. December 2022.

cijalne partnere, te nije pripravna polagati račune.

Održivosti zdravstvenog sustava u Hrvatskoj očito nije doprinio izlazak HZZO-a iz državne riznice kao ni povećanje doprinosa na 16,5%. Razmjeri solidarnosti u sustavu su netransparentni i to često nagriza povjerenje u sustav što rezultira i izbjegavanjem i utajom zdravstvenog doprinosa.

Suprotno načelima odgovornosti građana za vlastito zdravlje, vlada zbog kupovanja mira već godinama ne povećava iznos premije dopunskog zdravstvenog osiguranja. Pored toga, Vlada za ispunjavanje uvjeta plaćanja polica dopunskog osiguranja na teret državnog proračuna provjerava samo dohodak, ali ne i imovinu građana, poput nekretnina. Tako i bogati građani imaju povlastice koje im ne pripadaju. Paradoks hrvatskog zdravstvenog osiguranja je mjera dodatnog doprinosa za zdravstveno osiguranje, uvedena 2009. godine, kao izvjesni »krizni porez« koji se obračunava po stopi 3% za isplaćene mirovine koje su veće od prosječne mjesečne neto plaće, u 2022. godini to se odnosi na mirovine veće od 7 086 kuna (€ 940,47). Inače, ovi su umirovljenici tijekom radne karijere plaćali najveće doprinose, a sada trebaju plaćati i dopunsko zdravstveno osiguranje.

Ovaj tematski broj od sedam tekstova doprinos je sustavnim i interdisciplinarnim istraživanjima zdravstvenog sustava u Hrvatskoj.

U prvom članku, *Analiza uspješnosti hrvatskog zdravstvenog sustava: odnos izdataka za zdravstvo i zdravstvenih ishoda,* Antonija Buljan i Hrvoje Šimović podastiru empirijsku evidenciju o financijskoj neodrživosti hrvatskog zdravstvenog sustava. Zaključuje se kako je pored brojnih sanacija, dinamika kreiranja novih dugova veća od uplate sanacijskih sredstava pa će u budućnosti dug bolnica nasta-

does not fully respect social partners and is not ready to be held accountable.

The exit of HZZO from the state treasury did not contribute to the sustainability of the healthcare system in Croatia, nor did the increase in contributions to 16.5%. The levels of solidarity in the system are not transparent and this often erodes trust in the system, which results in evasion of the healthcare contribution.

Contrary to the principles of citizens' responsibility for their own health, the government, in order to buy peace, has not increased the amount of supplementary health insurance premiums for years. In addition, the government checks only the income, but not the assets of citizens, like real estate, in order to meet the conditions for payment of supplementary insurance policies at the expense of the state budget. Better-off citizens also have privileges that do not belong to them. The paradox of the Croatian health insurance is a measure of additional contribution for health insurance, introduced in 2009, as a certain „crisis tax" that is calculated at the rate of 3% for paid pensions that are higher than the average monthly net salary. In 2022 it refers to pensions of more than HRK 7,086 (€ 940.47). By the way, these pensioners paid the highest contributions during their working career, and now they have to pay supplementary health insurance as well.

This thematic issue of seven articles is a contribution to a systematic and interdisciplinary research on the health system in Croatia.

In the first article, *Analysis of the success of the Croatian health system: The relationship between health expenditures and health outcomes*, Antonija Buljan and Hrvoje Šimović provide empirical evidence on the financial unsustainability of the Croatian healthcare system. It is concluded that, in addition to numerous rehabilitations, the dynamics of new debt

viti rasti. Njihova analiza pokazuje da bi se oko petine utrošenih resursa hrvatskog zdravstvenog sustava moglo upotrijebiti na učinkovitiji način, a da se ne ugroze zdravstveni ishodi. Preporuča se provedba reforme na prihodnoj i rashodnoj strani radi povećanja učinkovitosti zdravstvenog sustava i boljih ishoda liječenja.

U drugom članku, *Disparities in healthcare financing: a comparative analysis of Croatia and selected Central and Eastern European countries,* Uršule Kaštelan i Milene Konatar, prikazuje se trenutno stanje i trendovi u financiranju zdravstva u zemljama srednje i istočne Europe uz analizu pokazatelja izdataka povezanih s obrascima potrošnje za zdravstvo u svakoj od ovih zemalja. Rezultati istraživanja pokazali su da je javna potrošnja glavni izvor financiranja zdravstva, a doprinosi za obvezno zdravstveno osiguranje glavni financijski stup. S druge strane, najveći dio privatnih sredstava, čija potrošnja raste čak i više od prosjeka EU-a, čine plaćanja iz vlastitog džepa. Zaključno, veći udio potrošnje iz vlastitog džepa upućuje da bi prebacivanje dijela aktivnosti zdravstvenog osiguranja iz fondova socijalnog u dobrovoljno zdravstveno osiguranje trebala biti ključna komponenta reformi financiranja zdravstva u ovim zemljama.

U trećem članku *Koncept socijalnih investicija u zdravstvenom sustavu* Gordana Šimunković i Zdenko Babić uvode i raspravljaju jedan od prominentnijih koncepata u socijalnoj politici na primjeru zdravstvenog sustava. Razmatra se usklađenost hrvatske zdravstvene politike s paradigmom socijalnih investicija i relevantnim EU javnopolitičkim okvirom, prije svega, dokumentom *Investing in Health.* Pored toga, rad sadrži komparativnu analizu ulaganja u zdravstveni sustav, s posebnim fokusom na one komponente u funkciji socijalnih investicija, kao i analizu nejednakosti u pristupu zdravstvenim

creation is greater than the payment of rehabilitation funds, so the debt of hospitals will continue to grow in the future. Their analysis shows that around a fifth of the resources used in the Croatian health system could be used in a more efficient way, without jeopardizing health outcomes. It is recommended to implement the reform on the income and expenditure side in order to increase the efficiency of the health system and better treatment outcomes.

In the second article, *Disparities in healthcare financing: A comparative analysis of Croatia and selected Central and Eastern European countries*, by Uršula Kaštelan and Milena Konatar, the current state and trends in healthcare financing in the countries of Central and Eastern Europe are presented, along with an analysis of expenditure indicators related to consumption patterns for health in each of these countries. The results of the research showed that public spending is the main source of healthcare financing, and the contribution for mandatory health insurance is the main financial pillar. On the other hand, the majority of private expenditures, whose consumption is growing even more than the EU average, make payments out-of-pocket. In conclusion, the higher share of out-of-pocket spending suggests that a shifting part of health insurance activities from public funds to voluntary health insurance should be a key component of health financing reforms in these countries.

In the third article by Gordana Šimunković and Zdenko Babić, *The concept of social investments in the health system,* the authors introduce and discuss one of the more prominent concepts in social policy using the example of the healthcare system. The compliance of Croatian health policy with the paradigm of social investments and the relevant EU public policy framework, primarily the *Investing in Health* document, is considered. In addition, the article contains a comparative

uslugama u Hrvatskoj i u EU. Zaključuje se kako hrvatski dokumenti zdravstvene politike pokazuju deklaratornu usklađenost s paradigmom socijalnih investicija, dok analizirani zdravstveni pokazatelji upućuju na potrebu većeg naglaska na preventivne učinke zdravstvenih programa, smanjivanje nejednakosti u pristupu zdravstvenim uslugama te suočavanja s izazovima nedostatne radne snage u zdravstvenom sustavu.

Četvrti rad, Managerial aspect of private health care institutions in the Republic of Croatia at the time of COVID-19 pandemic, Martine Sopta Ćorić, Ivanke Trstenjak-Rajković i Uršule Kaštelan, pruža uvid u neka obilježja menadžmenta u privatnim zdravstvenim ustanovama u Hrvatskoj, u vremenima neizvjesnosti tijekom COVID-19 pandemije. Podaci za razdoblje neposredno prije i nakon izbijanja pandemije pokazuju porast broja privatnih zdravstvenih ustanova. U radu se analizira poslovanje najvećih privatnih zdravstvenih ustanova u RH, kroz pokazatelje prihoda i broja zaposlenih, pri čemu najveći broj analiziranih ustanova bilježi rast prihoda u promatranom razdoblju. Pokazuje se kako su ove ustanove odgovorile na povećane zdravstvene potrebe povezane s COVID-19 pandemijom, a uslijed nedostatnih kapaciteta javnih zdravstvenih ustanova. Autorice hrvatski zdravstveni sustav opisuju kao komplementaran, gdje privatne nadopunjuju javne zdravstvene ustanove u odgovoru na rast broja pacijenata te broja dijagnostičkih i terapijskih zdravstvenih postupaka.

U petom članku, *Legal aspects of recognizing COVID-19 as an occupational disease in the Republic of Croatia*, Milan Milošević i suradnici ukazuju na važnost priznavanja bolesti COVID-19 kao profesionalne bolesti. Bolest COVID-19 bila je najčešća profesionalna bolest u djelatnosti zdravstva i socijalnog rada u 2020. godi-

analysis of the health care system spending, with a special focus on those components in the function of social investments, as well as an analysis of inequality in access to health services in Croatia and the EU. It is concluded that the Croatian health policy documents show a declaratory compliance with the paradigm of social investments, while the analyzed health indicators point to the need for greater emphasis on the preventive measures of health programs, reducing inequality in access to health services and facing the challenges of insufficient workforce in the health system.

The fourth article, *Managerial aspect of private health care institutions in the Republic of Croatia at the time of the COVID-19 pandemic*, by Martina Sopta Ćorić, Ivanka Trstenjak-Rajković and Uršula Kaštelan, provides an insight into some characteristics of management in private healthcare institutions in Croatia, in times of uncertainties during the COVID-19 pandemic. Data for the period immediately before and after the outbreak of the pandemic show an increase in the number of private healthcare institutions. The article analyzes the operations of the largest private healthcare institutions in the Republic of Croatia through indicators of income and the number of employees, with the largest number of analyzed institutions recording revenue growth in the observed period. It shows how these institutions have responded to the increased health needs associated with the COVID-19 pandemic, due to insufficient capacities of public health institutions. The authors describe the Croatian health care system as complementary, where private ones complement public health institutions in response to the growth in the number of patients and the number of diagnostic and therapeutic health procedures.

In the fifth article*, Legal aspects of the recognition COVID-19 as an occupational disease in the Republic of Croatia*, Milan Milošević and colleagues indicate the im-

ni. Oboljeli su se nakon oporavka vratili u sustav rada, ali kako još nije u potpunosti poznat dugoročni utjecaj ove bolesti, ne može se znati hoće li biti naknadnih bolovanja i smanjenja radne sposobnosti kao posljedica preboljenja. Trenutačno ne postoje zakonske mogućnosti za ostvarivanje dodatnih prava, ako je osoba koja je dobila COVID-19 na radnom mjestu imala teži oblik, odnosno post-COVID-19 sindrom te ima smanjenu radnu sposobnost duže od očekivanog. Znanstvena i zdravstvena zajednica još uvijek su u procesu procjene i prepoznavanja komplikacija bolesti COVID-19 i njihovog dugoročnog utjecaja na zdravlje i radne sposobnosti, a velik broj radnika pozitivnih na COVID-19 kod kojih je utvrđeno da boluju od profesionalne bolesti mogao bi u budućnosti dodatno pridonijeti povećanju troškova zdravstvenog sustava.

U šestom članku, *Palliative medicine: past − present – future,* Marijana Braš i suradnici iznose povijesni razvoj i sadašnje stanje palijativne medicine u svijetu, s posebnim osvrtom na situaciju u Hrvatskoj. Autori naglašavaju da je palijativna skrb civilizacijski iskorak i pravi primjer medicine i skrbi usmjerene prema osobi. Važno je osvijestiti potrebu interdisciplinarnog rada temeljenog na novim postulatima nastave i suradnje svih disciplina koje se bave ovim područjem, ostavljajući svakoj disciplini mogućnost samostalnog rasta i razvoja. S obzirom na sve veći udio starijeg stanovništva i sve veće tehnološke mogućnosti suvremene medicine, očekuje se značajno povećanje potreba za palijativnom skrbi, što predstavlja ozbiljnu problematiku i zahtijeva aktivno sudjelovanje svih koji sudjeluju u kreiranju i provođenju socijalnih i zdravstvenih politika zajednice, kako na lokalnoj tako i na nacionalnoj razini.

U sedmom članku, *Zdravstvena pismenost u Republici Hrvatskoj,* Ane Bobinac,

portance of recognizing the COVID-19 disease as an occupational disease. The COVID-19 disease was the most common occupational disease in the field of health and social work in 2020. After recovery, the patients returned to the work system, but since the long-term impact on these diseases is not yet fully known, it is not possible to know whether there will be subsequent sick leaves and reduced work capacity as a result of recovering from the disease. At the moment, there are no legal possibilities for exercising additional rights if the person who contracted COVID-19 at the workplace had a more severe form, i.e., post-COVID-19 syndrome, and has a reduced ability to work longer than expected. The scientific and health community is still in the process of assessing and recognizing the complications of the COVID-19 disease and their long-term impact on health and work ability, and the number of workers positive for COVID-19 who have been found to be suffering from an occupational disease could contribute to the increase in the costs of the healthcare system.

In the sixth article, *Palliative medicine: Past - present - future*, Marijana Braš and colleagues present the historical development and current state of palliative medicine in the world, with special reference to the situation in Croatia. The authors emphasize that palliative care is a step forward in civilization and a true example of person-centered medicine and care. It is important to raise awareness of the need for interdisciplinary work based on new postulates of teaching and cooperation of all disciplines dealing with this field, leaving each discipline the possibility of independent growth and development. Considering the increasing share of the elderly population and the increasing technological possibilities of modern medicine, a significant increase in the need for palliative care is expected, which represents a serious problem and requires the active participation of all those

Nikoline Dukić Samaržija i Elizabete Ribarić, analizira se relevantna tema s aspekta korisnika te se upozorava kako se zdravstvena pismenost u prosjeku nalazi na samoj granici između problematične i adekvatne. Značajne razlike glede zdravstvene pismenosti autori pripisuju klasnim, ekonomskim i socijalnim obilježjima pojedinaca. Relativno niža zdravstvena pismenost utječe na nevoljkosti pojedinaca da idu na preventivne preglede, da prakticiraju redovitu fizičku aktivnost i slično. Rezultati istraživanja govore o izazovima razvoja i implementacije paradigme stavljanja pacijenta u središte odlučivanja o vlastitom zdravlju i prevenciji bolesti.

Na kraju treba istaknuti − hrvatska populacija stari i kronične bolesti su u porastu, a s tim raste i potražnja za zdravstvenom skrbi. S druge strane, seljenje mladog stanovništva iz zemlje ključna je prijetnja održivosti zdravstvenog sustava.

Intenzivnijim i sveobuhvatnijim interdisciplinarnim istraživanjima kao podlogama za buduće zdravstvene reforme, koje jednog dana moraju doći na dnevni red, pomoglo bi detaljnije i sadržajnije izvještavanje o poslovanju HZZO-a, a dobar uzor mogu biti informacije koje pruža Hrvatski zavod za mirovinsko osiguranje.[3]

Gostujući urednici
Snježana Kaštelan, Jelena Matančević i
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who participate in the creation and implementation of social and health policies in society, both at the local and national level.

In the seventh article, *Health literacy in the Republic of Croatia* by Ana Bobinac, Nikolina Dukić Samaržija and Elizabeta Ribarić, the relevant topic is analyzed from the user‘s point of view, and it is warned that health literacy is on average on the very border between problematic and adequate. The authors attribute significant differences in health literacy to class, economic and social characteristics of individuals. A relatively lower health literacy affects an individual‘s reluctance to go to preventive examinations, to practice regular physical activity and the like. The research results speak about the challenges of developing and implementing the paradigm of putting the patient at the centre of decision-making about their own health and disease prevention.

Finally, it should be noted that the Croatian population is aging and chronic diseases are on the rise, and with that the demand for healthcare is also increasing. On the other hand, the migration of the young population from the country is a key threat to the sustainability of the healthcare system.

More intensive and comprehensive interdisciplinary research as a basis for future health reforms, which should come on the agenda, would be helped by more detailed and comprehensive reporting on the operations of the HZZO, and a good model can be the information provided by the Croatian Pension Insurance Fund.[3]

Guest editors
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[3] https://www.mirovinsko.hr/hr/statistika/2110, Statističke informacije Hrvatskog zavoda za mirovinsko osiguranje, broj 11/2022., prosinac 2022., posjećeno 30. prosinca 2022.

[3] https://www.mirovinsko.hr/hr/statistika/2110, Statističke informacije Hrvatskog zavoda za mirovinsko osiguranje, nr. 11/2022., December 2022, accessed December 30, 2022.

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