



European  
Social  
Charter

Charte  
sociale  
européenne



09/04/2021

RAP/Cha/HRV/12 (2021)

## **EUROPEAN SOCIAL CHARTER**

12<sup>th</sup> National Report on the implementation  
of the European Social Charter

submitted by

### **THE GOVERNMENT OF CROATIA**

Articles 11, 13 and 14 of the European Social Charter and  
Article 4 of the Additional Protocol  
for the period 01/01/2016 – 31/12/ 2019

Report registered by the Secretariat on

09 April 2021

**CYCLE 2021**



Ministry of Labour, Pension System, Family and Social Policy

**The 14th Report of the Republic of Croatia on the application of the European Social  
Charter for the period from  
1 January 2016 to 31 December 2019 (Articles 11, 13 and 14 of the European Social  
Charter and Art. 4 of the Additional Protocol)**

October 2020

## **REPORT ON THE APPLICATION OF THE EUROPEAN SOCIAL CHARTER**

*Report submitted by the Republic of Croatia pursuant to Article 21 of the European Social Charter on measures taken to apply the accepted provisions of the European Social Charter whose instrument of ratification or approval was deposited on 26 February 2003, covers period from 1 January 2016 to 31 December 2019 and applies to Articles 11, 13 and 14 of the European Social Charter and Article 4 of the Additional Protocol.*

*According to Art. 23 of the European Social Charter, copies of this report have been submitted to:*

- *Union of Autonomous Trade Unions of Croatia,*
- *Independent Trade Unions of Croatia,*
- *MATICA - Association of Croatian Unions and*
- *Croatian Employers' Association.*

## *Table of Contents*

<b>Legislation of the Republic of Croatia</b> .....	4
List of Abbreviations .....	6
<b>Article 11 - The Right to Protection of Health</b> .....	7
Paragraph 1 - Conclusions XXII-2 (2021) .....	7
Paragraph 1 - Conclusions XX-2 (2013) .....	10
Paragraph 2 - Conclusions XXII-2 (2021) .....	11
Paragraph 2 - Conclusions XX-2 (2013) .....	19
Paragraph 3 - Conclusions XXII-2 (2021) .....	25
<b>Article 13 - The Right to Social and Medical Assistance</b> .....	34
Paragraph 1 - Conclusions XXII-2 (2021) .....	34
Paragraph 1 - Conclusions XX-2 (2013) .....	39
Paragraph 2 - Conclusions XX-2 (2013) .....	42
Paragraph 3 - Conclusions XX-2 (2013) .....	42
Paragraph 4 - Conclusions XX-2 (2013) .....	43
<b>Article 14 - The Right to Benefit from Social Welfare Services</b> .....	45
Paragraph 1 - Conclusions XXII-2 (2021) .....	44
Paragraph 2 - Conclusions XX-2 (2013) .....	46
<b>Additional Protocol</b> .....	49
<b>Article 4 of the Additional Protocol - The Right of the Elderly Persons to Social Protection</b> .....	49

## ***Legislation of the Republic of Croatia***

The right to protection of health in the Republic of Croatia is regulated by the Constitution of the Republic of Croatia (Official Gazette, No., 85/10. - consolidated text and 5/14. - decision of the Constitutional Court of the Republic of Croatia) and laws and bylaws. Article 59 of the Constitution of the Republic of Croatia stipulates that everyone is guaranteed the right to protection of health in accordance with the law.

The report covers the following regulations:

### ***Acts***

1. Constitution of the Republic of Croatia (Official Gazette, No., 85/10. - consolidated text and 5/14. - decision of the Constitutional Court of the Republic of Croatia)
2. Criminal Code (Official Gazette, No. 125/11, 144/12, 56/15, 61/15, 101/17, 118/18 and 126/19.)
3. Act on Sustainable Waste Management (Official Gazette, No. 94/13, 73/17, 14/19 and 98/19)
4. Act on Combating Drug Abuse (Official Gazette, No. 107/01, 87/02, 163/03, 141/04, 40/07, 149/09, 84/11, 80/13. and 39/19)
5. Anti-Discrimination Act (Official Gazette, No. 85/08 and 112/12.)
6. Social Welfare Act (Official Gazette, No. 157/13, 152/14, 99/15, 52/16, 16/17, 130/17, 98/19 and 64/20)
7. Foster Care Act (Official Gazette, No. 115/18)
8. Air Protection Act (Official Gazette, No. 127/19)
9. Environmental Protection Act (Official Gazette, No. 80/13, 153/13, 78/15, 12/18. and 118/18.)
10. Health Care Act (Official Gazette, No. 100/18 and 125/19)
11. Act on Mandatory Health Insurance and Health Care of Aliens in the Republic of Croatia (Official Gazette, No. 80/13 and 18/15)
12. Act on Protection of Patients' Rights (Official Gazette 169/04 and 37/08)
13. Family Act (Official Gazette, No. 103/15 and 98/19)
14. Mandatory Health Insurance Act (Official Gazette, No. 80/13, 137/13 and 98/19)
15. Act on Service in the Armed Forces of the Republic of Croatia (Official Gazette, No. 73/13, 75/15, 50/16, 30/18 and 125/19)
16. Associations Act (Official Gazette, No. 74/14, 70/17 and 98/19)
17. Act on State Benefit for the Elderly (Official Gazette, No. 62/20)

### ***Ordinances***

1. Ordinance on Quality Standards of Social Services (Official Gazette, No. 143/14)
2. Ordinance on the Manner of Providing Health Care to an Alien Residing Illegally in the Republic of Croatia (Official Gazette, No. 116/18)
3. Ordinance on Health Care Standards for International Protection Applicants and Aliens under Temporary Protection (Official Gazette, No. 28/20)
4. Ordinance on the Consent Form and the Form of the Statement on the Refusal of a Certain Diagnostic or Therapeutic Procedure (Official Gazette, No. 10/08)

5. Ordinance on the Procedure and Authorities in Exercising the Right to Health Care and the Right to Health Insurance of Members of the Armed Forces of the Republic of Croatia (Official Gazette, No. 153/14, 109/16 and 86/17)
6. Ordinance on Health Support in the Armed Forces of the Republic of Croatia (Official Gazette, No. 134/15)
7. Ordinance on the Content of Specific Health Care Measures for Employees of the Ministry of Defence and Members of the Armed Forces of the Republic of Croatia (Official Gazette, No. 52/10)
8. Ordinance on Determining Health, Mental, Physical and Security Conditions for Recruitment in the Armed Forces of the Republic of Croatia (Official Gazette, No. 13/14, 134/15 and 138/15)
9. Ordinance on Determining Medical Fitness for Military Service (Official Gazette, No. 42/14, 134/15, 109/16 and 97/17)

#### ***Other***

1. Regulation on the Criteria for Acquiring the Status of Endangered Energy Customer from the Networked Systems (Official Gazette, No. 95/15)
2. Regulation (EU) No. 1169/11 Of the European Parliament and of the Council on the Provision of Food Information to Consumers
3. Regulation on the Criteria, Standards and Procedures of Financing and Contracting Programs and Projects of Interest to the Public Good Implemented by Associations (Official Gazette, No. 26/15)
4. Decision on the Grounds for Concluding a Contract on the Implementation of Health Care from the Compulsory Health Insurance (Official Gazette, No. 56/17, 73/17, 30/18, 35/18, 119/18, 32/19, 62/19, 94/19 and 104/19)
5. Guidelines for the Psychosocial Treatment of Drug Addiction in the Health, Social and Prison Systems (2014)
6. Guidelines for the Methadone Pharmacotherapy of Opiate Addicts (2006 application)
7. Guidelines for the Buprenorphine Pharmacotherapy of Opiate Addicts (2006 application)
8. National Strategy for the Suppression of Drug Abuse in the Republic of Croatia for the period from 2012 to 2017 (Official Gazette, No. 122/12)
9. Action Plan to Improve Air Quality
10. Social Welfare Strategy for the Elderly in the Republic of Croatia for the period from 2017 to 2020 (Official Gazette, No. 97/17)
11. The program "Development and Expansion of the Network of Social Services Implemented by Associations" (2017 - 2020)
12. Curriculum for the Cross-Curricular Topic Health for Primary and Secondary Schools in the Republic of Croatia (Official Gazette, No. 10/19)

## List of Abbreviations

<b>AROPE</b>	At risk of Poverty or Social Exclusion
<b>CEPOL</b>	European Union Agency for Law Enforcement Training
<b>DTP</b>	Diagnostic and Therapeutic Procedure
<b>EDPQS</b>	European Drug Prevention Quality Standards
<b>EEA</b>	European Environment Agency
<b>EC</b>	European Commission
<b>ENIL</b>	European Network on Independent Living
<b>ENVI</b>	Environmental Portal (Cro: Portal okoliša)
<b>ERDF</b>	European Regional Development Fund
<b>ESF</b>	European Social Fund
<b>ESPAD</b>	European School Survey Project on Alcohol and Other Drugs
<b>EURO 6</b>	European Emission Standards (acceptable limits for exhaust emission of new vehicles sold in the EU and EEA Member States)
<b>EPEEF</b>	Environmental Protection and Energy Efficiency Fund
<b>CAMPMD</b>	Croatian Agency for Medicines and Medical Devices
<b>HBSC</b>	Health Behaviour in School-aged Children
<b>MOVE+</b>	Integrated Monitoring of Vaccines in Europe - I-MOVE + Integrated monitoring effectiveness and impact of influenza and pneumococcal vaccines and vaccination strategy in the elderly
<b>LSGU</b>	Local self-government unit
<b>LGBTQ</b>	Lesbian, gay, bisexual, transgender and queer or questioning
<b>LRTAP</b>	Long-range Transboundary Air Pollution Convention - The air pollutant emissions data viewer
<b>NRP</b>	National Reform Program
<b>ODIHR</b>	OSCE Office for Democratic Institutions and Human Rights
<b>OSCE</b>	OSCE - Organization for Security and Co-operation in Europe
<b>SHE</b>	Schools for Health in Europe - European network of schools that promote health
<b>SUMEZ</b>	Croatian Association of Mental Health Associations
<b>UNODC</b>	United Nations Office on Drugs and Crime - International Standards on Drug Use Prevention
<b>VE</b>	Vaccine Effectiveness
<b>VI</b>	Vaccine Impact
<b>MBA</b>	Minimum Benefit Act

## PROVISIONS OF THE EUROPEAN SOCIAL CHARTER OF 1961 AND THE ADDITIONAL PROTOCOL OF 1988

### ARTICLE 11 - THE RIGHT TO PROTECTION OF HEALTH

#### Paragraph 1

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organizations, to take appropriate measures designed inter alia:

- To remove as far as possible the cause of ill-health

#### Conclusions XXII-2 (2021) of the European Committee of Social Rights

1. a) *Please provide overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on prevalence of particular diseases among relevant groups (e.g. cancer) or blood borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.).*

In the Republic of Croatia, people who inject drugs are at particular risk of contracting blood-borne infectious diseases, and drug users often report sharing injecting equipment. More than 80% of opiate drug users have taken the drug intravenously at least once in their lives, while more than 50% have shared injecting equipment at least once in their lives.

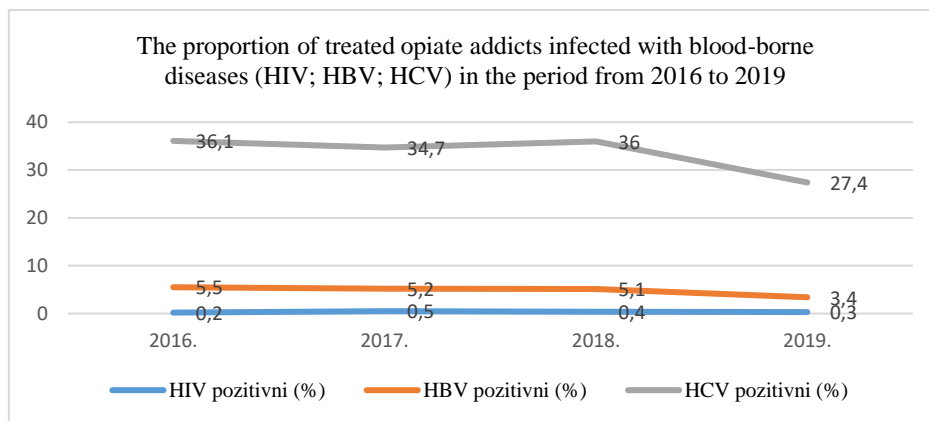
The share of opiate addicts in the treatment of HIV infection is stable, and from 2009 to 2019 it ranged between 0.2 and 0.5%, while in 2019 it was 0.3%.

In the period from 2016 to 2019, around 5,800 people were treated for opiate abuse in the Republic of Croatia<sup>1</sup>. Among treated opiate addicts, the share of Hepatitis B positive persons in the period from 2016 to 2019 slightly declining and ranged from 5.5% to 5.1% in 2018, while in 2019 there was a reduction and the share was 3.4%. The average share of persons positive to hepatitis B among treated opiate addicts in the observed period was 4.8%.

---

<sup>1</sup>(average 2016 -2019 = 5,810 according to CIPH data)





Source: Croatian National Institute of Public Health

The average share of persons positive to hepatitis C among treated opiate addicts in the period from 2016 to 2019 was 33.5%. In the period from 2016 to 2018, the share of opiate addicts infected with this disease ranged from 36.1% to 34.7%, while in 2019 there was a decrease in infected by 8.6% compared to the previous year, and the share in 2019 was 27.4.

The number of people with cancer in Croatia is on the rise, from 23,650 in 2016 (standardized incidence rate 276/100,000) to 25,623 in 2018 (300/100,000), which is the last year for which data on cancer incidence are available.

Data on cancer mortality are available until 2019 and indicate a declining trend. In 2016, there were 13,969 deaths from invasive cancer not including non-melanoma skin cancer (standardized rate 136/100,000), while in 2019 there were 13,344 cancer deaths (127/100,000).

Data on the prevalence of cancer among certain relevant groups are not routinely available according to the collection of data from the population register for cancer. Specific research would be needed with links to different databases and appropriate permits and approvals to answer such questions.

Life expectancy at birth in 2019 (in years):

- total 78.5,
- men 75.4,
- women 81.6.

**Table: Life expectancy at birth in Croatia for the period from 2003 to 2019**

	both sexes	men	women
2003	74.6	71.0	78.1
2004	75.4	71.8	78.8
2005	75.3	71.7	78.8
2006	75.9	72.4	79.3
2007	75.8	72.2	79.2
2008	76.0	72.3	79.7
2009	76.3	72.8	79.7
2010	76.7	73.4	79.9
2011	77.2	73.8	80.4
2012	77.3	73.9	80.6
2013	77.8	74.5	81.0
2014	77.9	74.7	81.0
2015	77.5	74.4	80.5
2016	78.2	75.0	81.3
2017	77.9	74.9	80.9
2018	78.2	74.9	81.4
2019	78.5	75.4	81.6

***b) Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for the anomalies observed (premature death; preventable infection by bloodborne diseases; etc.).***

In the Republic of Croatia, in the field of school medicine, health education and advisory are specific parts of the program of preventive health protection of students, to whom special attention is paid. Advisory centres for children and youth, where children, parents and teachers can ask for help in solving the most common problems related to growing up and children's health, are organized as a special form of work. Topics to which attention is paid within advisory are, among others: reproductive health, mental health, learning problems, risky behaviour, preservation and improvement of health, etc. The attached table lists the visits to advisory centres in the field of school medicine related to reproductive health for the period from 2015/2016 until 2018/2019.

**Table: Number of visits to advisory centres for pupils and students related to reproductive health**

	Primary schools	Secondary schools	Students	Total
<b>2015/2016</b>	794	644	1,231	2,669
<b>2016/2017</b>	1,015	1,002	1,120	3,137
<b>2017/2018</b>	1,308	618	1,049	2,975
<b>2018/2019</b>	1,683	704	958	3,345

Regarding data related to women's sexual and reproductive health, in 2016, 2.89% of all mothers were under the age of 20, while in 2018 the share was 2.42%. Of all legally induced abortions in 2016, 7.14% were among girls under the age of 20, while in 2018 this share was 6.41%. In the period from 2016 to 2018, the infant mortality rate did not change significantly; in 2016 it was 4.3, and in 2018 4.2 per 1,000 live births.

The maternal mortality rate in 2016 was 2.7 per 100,000 live births, while no maternal deaths were recorded in the following two years.

Furthermore, all health care procedures of an insured person, girls and women at the age of 12, exercise with a selected doctor of medicine, a specialist in gynaecology and obstetrics at the primary level of health care according to the list of diagnostic-therapeutic procedures - DTPs from the Decision on the Grounds for Concluding a Contract on the Implementation of Health Care from the Compulsory Health Insurance.

**Table: Live births by mother's age in 2019**

Mother's age	Number of live births
14	3
15	15
16	54
17	133

In 2019, 143 infants died, or 0.28% of the total number of deaths. 81 or 56.6% of the total number of infant deaths died in the first days of life, i.e. from 0 to 6 days of age.

The infant death rate (number of infant deaths per 1,000 live births) in 2019 was 4.0 and in the previous year 4.2.

**Table: Deaths by individual years of age (up to 18 years) and sex in 2019**

Age	Sex		
	total	male	female
0	143	80	63
1	6	3	3
2	7	4	3
3	2	2	-
4	3	1	2
5	2	1	1
6	4	1	3
7	1	-	1
8	3	1	2
9	1	1	-
10	2	1	1
11	9	6	3
12	4	2	2
13	5	1	4
14	8	4	4
15	1	1	-
16	11	8	3
17	14	12	2
18	19	15	4

## **Conclusions XXII-2 (2013) of the European Committee of Social Rights**

### **Right to protection of health (health care insurance)**

In the Republic of Croatia, continuous work has been done to reduce the waiting time for health services, as part of which 9 diagnostic and therapeutic procedures with the longest waiting lists (MR, CT, Holter ECG, ultrasound of the heart, Ergometry, Cataract surgery, Breast ultrasound, Thyroid ultrasound, Gastroscopy) are additionally contracted and financed with health institutions from 2019.

At the end of 2019, there were 460 health care institutions in the Republic of Croatia at the level of specialist-consultative health care. The number of contracted hospital beds is 20,480 (of which 12,791 acute, 1,296 for extended treatment, 6,393 chronic) per 4,154,930 inhabitants, while the total number of daily hospital beds is 3,842.

***The Committee wishes to be informed of the measures taken to strengthen patients' rights, notably with a view to lodging complaints and receiving benefit for injuries caused by the health care system***

Act on Protection of Patients' Rights regulates the rights of patients when using health care, as well as the manner of protection and promotion of these rights.

Article 10, paragraph 1 of the Health Care Act stipulates, among other things, that the Republic of Croatia provides funds from the state budget to ensure and monitor the implementation, protection and promotion of patients' rights.

Pursuant to Article 27, paragraphs 4, 5, and 6 of the Health Care Act, every person has the right to directly or in writing request from the director of the health institution,

administration or person authorized to conduct the business of the healthcare company or private health worker, protection of their rights with regard to quality, content and type of health service provided to them.

The director, administration or person authorized to conduct the business of the healthcare company or a private health worker are obliged to act upon the complaint without delay and to notify the complainant in writing of the measures taken, no later than eight days from the day of receiving the complaint.

If a person is not satisfied with the measures taken, they may request protection of their rights from the Minister, the competent chamber or the competent court.

According to art. 35 of the Act on Protection of Patients' Rights, a patient who believes that their right has been violated has the opportunity to lodge a complaint orally or in writing, in accordance with the Health Care Act, to the director, administration or person authorized to conduct the business of the healthcare company or a private health worker.

If the director of the health institution, administration or person authorized to conduct the business of the healthcare company or a private health worker does not inform the patient within eight days from the date of the complaint about the measures taken or if the patient is dissatisfied with the measures taken, they have the right to lodge a complaint to the Commission for the Protection of Patients' Rights before the unit of regional self-government.

For an unconscious patient, for an incapacitated patient and for a minor patient, the patient's spouse, common-law partner, adult child, parent, adult sibling and legal the patient's representative or guardian shall be entitled to submit to the Commission the complaint referred to in paragraphs 1 and 2.

According to art. 29 of the Act on Protection of Patients' Rights, the patient is entitled to a benefit in accordance with the general regulations of the law of obligations.

Life expectancy in the Republic of Croatia increased from 76.9 years in 2011 to 78.5 in 2019.

The death rate (deaths/1 000 population) in 2019 was 12.7.

The infant mortality rate in 2011 was 4.7 while in 2019 it was 4.0.

#### **- Advisory and educational facilities**

### **Conclusions XXII-2 (2021) of the European Committee of Social Rights**

*a) Please provide information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community (life-long or ongoing) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity (SOGI) and gender violence.*

In the period from 2016 to 2019, the Republic of Croatia continued to invest efforts in improving the quality of addiction prevention programs. From 2016 to 2019, the European Drug Prevention Quality Standards were continuously promoted. - EDPQS <http://prevention-standards.eu/croatia/> ), and in 2016 these activities were recognized as an example of good practice by the Partnership for European drug prevention quality standards. Thus, the Croatian Institute of Public Health, in cooperation with the Faculty of Education and Rehabilitation, has continuously organized the implementation of annual training on planning and development of addiction prevention projects in accordance with European Standards for Quality Addiction

Prevention (EDPQS) and United Nations Office on Drugs and Crime - UNODC, 2013.; 2018) for prevention practitioners from civil society organizations, and in 2019 4 such regional pieces of training were held, which for the first time included representatives of the health system, thus continuing to invest efforts in raising the professional competencies of prevention practitioners.

From 2016 to 2018 at the former Office for the Suppression of Drug Abuse, and from 2019 at the Croatian Institute of Public Health, a national online database of addiction prevention programs is maintained (<http://www.programi.uredzadroge.hr/Public/Prevencija>), which provides an overview of all preventive interventions carried out in the Republic of Croatia by civil society organisations, educational institutions and health care institutions.

In the period from 2016 to 2019, health education based on a holistic understanding of health was continuously implemented in educational institutions with the aim of promoting health, healthy lifestyles and the adoption of healthy living habits through interdisciplinary work and implementation of educational content within mandatory and elective courses, school prevention programs, projects and content prepared for implementation in the class with a headteacher (Cro: sat razrednika).

One of the 4 modules within Health Education is focused on addiction prevention, and within it, the skills for critical thinking, responsible decision making, development of tolerance, developing a positive self-image and adoption of diversity, development of value systems in young people, development of empathy are gained. Unacceptable behaviours and deviations are indicated as well.

Health education was conducted in accordance with the developmental age and interests. The Addiction Prevention module was represented through all age groups of school children and youth and was implemented at the universal level of addiction prevention in the school environment. This included topics related to the prevention of smoking, alcohol use and drug abuse, as well as modern forms of risky behaviours, such as gambling and betting in adolescents and the problem of young people in traffic - traffic accidents related to alcohol consumption.

In 2019, the Health Education Curriculum replaced the new Curriculum for the cross-curricular topic Health for Primary and Secondary Schools in the Republic of Croatia. Within the cross-curricular topic Health, students will acquire knowledge and skills about personal health and taking care of their own health in order to develop health literacy, which will teach how to seek help, self-help and seek medical help.

The domains of the curriculum of the cross-curricular topic Health are physical health, mental and social health, and help and self-help.

Within the domain of Mental and Social Health, all development cycles are included in the units:

1. code of appropriate conduct,
2. strengthening personal and social potentials,
3. contribution to one's own mental and social health and
4. recognising addictive behaviours and resisting them.

Within the domain of Mental and Social Health in relation to addiction prevention, the following are envisaged:

1. Educational expectations (describes healthy living habits, lists and describes the risks that lead to the development of addictive behaviours),
2. Knowledge (lists healthy living habits and explains their benefits; lists situations and behaviours that increase risks and that can lead to abuse or addictive behaviour; recognizes the impact of media and advertising on behaviour),

3. Skills (spends free time in an organised, active and creative manner and encourages others to do the same; applies healthy lifestyles, avoids risky behaviours, collects information from various sources),
4. Attitudes (adopts healthy lifestyles as a prerequisite for the development of mental and social health, adopts an attitude about the unacceptability of addictive behaviour of any form) and
5. Recommendations for meeting expectations.

The key contents envisaged in relation to addiction prevention relate to the possible consequences of addictive behaviour on mental health and its reflection on social relations and types of addiction (internet, cigarettes - tobacco, alcohol, psychoactive drugs, mobile phones and computer games).

Among the organizational resources important for the implementation of prevention programs specific to individual local communities, it is important to mention the Network of Healthy Cities and Healthy Counties, the Croatian Network of Schools that Promote Health and the Council for Crime Prevention.

The Croatian Network of Healthy Cities operates as an association of cities and counties that promote health and is connected to the European Healthy Cities Network.

The network includes 17 cities and 14 counties, and within the network, the local strategic documents are adopted, such as the Health Plan - a document that defines the local health investment policy.

The Schools for Health European Network - SHE is an example of a preventive intervention by an environmental strategy that supports a comprehensive approach to the prevention and promotion of healthy lifestyles through partnerships and collaboration with parents, families and communities.

The Schools for Health project was launched in 1993, and today 44 schools are included and it covers also the coordination of the Croatian Institute of Public Health - <http://www.schools-for-health.eu/she-network>.

Promoting health in the school environment is a school-wide approach, focusing on building knowledge and skills and committing all members of the school community to promote health and well-being. In 2019, the Croatian Institute of Public Health announced a Tender based on which four new high schools were included in the SHE network.

Furthermore, in cooperation with the Agency for Education and the Croatian Institute of Public Health, an expert meeting "Preventive Programs and Access to Content Processing in SHE Secondary Schools in Croatia" was held for teachers and coordinators in the implementation of the Schools for Health European Network (SHE).

It should be noted that in 2019, cooperation was established between the Croatian Institute of Public Health, the Agency for Education and the Ministry of Science and Education related to planning the implementation of a scientific-based and proven effective prevention program "I have an attitude - Unplugged". Namely, it is a comprehensive universal program for the prevention of alcohol, cigarette and drug use in the school environment, a program that is implemented in the school environment and includes components that focus on critical thinking, decision-making, problem-solving, creative thinking, effective communication, interpersonal skills, self-awareness, empathy, coping with emotions and stress, normative beliefs and knowledge of adverse health effects.

Pupils of the first, third and fifth grades of primary school, first and second grade of secondary school as well as students are included in some of the forms of health education in school medicine according to the Curriculum of Health Education for Primary and Secondary Schools.

Topics covered in health education are the following: proper brushing of teeth, hidden calories, changes related to puberty and hygiene, other topics (self-protection and self-care), reproductive health protection and the impact of sexually transmitted diseases on reproductive health.

The attached table shows the numbers of pupils and students covered by health education in the field of school medicine in the period from 2015/2016 until 2018/2019.

**Table: Number of pupils and students covered by health education**

	Primary schools					Secondary schools				Students
	Proper brushing of teeth	Hidden calories	Changes related to puberty and hygiene	Other topics	For parents/guardians	Reproductive health protection	Impact of sexually transmitted diseases	Other topics	For parents/guardians	Health education
2018/2019	25.606	26.817	24.547	63.386	19.937	9.095	17,561	7,228	3,140	6,132
2017/2018	25,292	28,342	26,245	68,710	18,243	9,678	16,917	6,759	1,896	5,473
2016/2017	24,653	27,375	49,404	41,521	13,768	9,998	20,785	10,006	6,636	7,940
2015/2016	28,522	28,041	56,315	36,890	12,321	12,822	25,622	9,982	7,426	7,149

The Health Promotion Service of the Croatian Institute of Public Health is the Reference Centre for Health Promotion of the Ministry of Health. The Health Promotion Service promotes physical, mental and sexual health. In the period from 1 January 2016 to 31 December 2019, certain activities of the National Programme “Healthy Living” were carried out within the Health Promotion Service.

“Healthy Living” program activities are aimed at improving the physical, mental and sexual health of the entire population through implementation in the local community by informing, educating and sensitizing citizens of all ages about the positive aspects of healthy lifestyles: proper nutrition, physical activity, weight loss, obesity prevention, promotion of sexual/reproductive and mental health and reducing the incidence of chronic non-communicable diseases. By acting on a personal level, at the level of society and in the immediate environment of the project activities of the program "Healthy Living" all key determinants of health: biological, social, psychological and environmental are influenced. Due to its comprehensiveness, the activities are divided into five components: Health Education, Health and Physical Activity, Health and Nutrition, Health and the Workplace, and Health and the Environment.

- As part of health education in schools, through the Healthy Living program, education of primary school staff on proper nutrition and physical activity was conducted in order to preserve health and prevent overweight and obesity. Trainings were conducted in all counties of the Republic of Croatia.
- In order to promote proper nutrition, all schools electronically receive recommended menus on a monthly basis in accordance with the National Guidelines for Nutrition of Pupils in Primary Schools, the National Guidelines for Nutrition of Pupils in Primary Schools with a set of norms and menus that are balanced according to students' nutritional and energy needs and depending on the season and seasonal availability of groceries. In this way, schools are supported in the implementation of the Guidelines.



In addition, support and advisory services are provided to individual schools as needed to improve school nutrition.

- In the field of promoting physical activity in schools, in all primary schools that do not have a gym, the activity Polygon for Physical Activity of School Children was carried out, within which 120 schools received a donation of sets of equipment consisting of 25 elements with dimensions and properties optimised for the specified purpose, and at the same time allowing easy handling and transport. Education of school staff was conducted in order to preserve the natural movement and the habit of regular physical activity with which children started the school under the conditions of having no space intended for physical activity, or in schools without a gym. This activity in June 2019 received the European Commission Award as one of the 16 best models of good practice in the field of health, education and sports-related to the implementation of Goal 3: Ensure healthy lives and promote well-being for all at all ages which is one of the 17 UN Sustainable Development Goals Preparations are underway for the procurement of equipment and education of employees of 1000 regional schools that do not have a gym for the implementation of this activity. Also, in order for students to be physically active enough, a set of exercises and a daily 10-minute exercise in schools was designed, the intensity of which was adjusted to the spatial conditions. The goal of the daily workout is to create healthy living habits and conduct the daily physical activity, as well as to shorten the period of long-term sitting and to prevent a sedentary lifestyle.
- Educational brochures on healthy lifestyles have been produced for lower grades of primary schools, upper grades of primary schools and secondary schools. In order to implement activities in kindergartens, in cooperation with the Association of Our Children Societies and the Society "Our Children" Zabok, an educational brochure for kindergartens was prepared and in cooperation with the Croatian Association of Nurses, training for health leaders in kindergartens were held.
- In the field of mental health promotion in schools, a survey of the health literacy of educators from primary and secondary schools in the field of mental health of children and youth was conducted. Via an online survey questionnaire, the participants of the research received a short fictional story about a child who has certain problems or symptoms, on the basis of which they answered the questions from the questionnaire. More than half of the study participants did not recognize the problem described in the vignette (57.6%). However, almost all (97.7%), showed a willingness to seek help for pupils with a problem, but felt insecure (70.6%) when it comes to their own ability to provide help. The results of the research indicated the need for educators to recognize the importance of the mental health of pupils in the school environment and to improve mental health literacy, especially the knowledge and skills of providing psychological first aid and support. In addition to this research, an educational program of health literacy of educators in the field of mental health of children and youth was designed - an educational program PoMoZi Da (Promoting the Mental Health of Children) and materials (Handbook for the implementation of the program i.e. educators with accompanying digital materials). The educational program PoMoZi Da provides a set of basic knowledge and skills for the educational workers that can facilitate the identification of mental health problems of students, and at the same time access and provision of the necessary support to a pupil with problems and encourage them to seek professional help. It is extremely important to recognize the mental health problems of children and youth as early as possible in order to prevent deterioration at a later age or to maintain good mental health with professional help and guidance, regardless of the problems. The educational program PoMoZi Da wants to help teachers and all other educators in primary and secondary schools to be persons of trust and support, to instruct

students to seek help and also wants to create a supportive environment for children and youth in which to be able to more easily preserve and protect their mental health. By the end of 2019, training of experts from the network of public health institutes in the field of psychoeducation and mental health promotion, i.e. health literacy of primary and secondary school educators in the field of mental health of children and youth, were conducted.

- In order to preserve sexual health, they carry out activities to promote sexual and reproductive health through the regular implementation of the public health campaign "No Cuddling Without Protection". The campaign is conducted every year, from the beginning of June to the end of September. During the summer months, through message boards, locker rooms on beaches throughout the Republic of Croatia and posters in pharmacies, preventive messages were displayed to raise awareness of all citizens, especially young people, about the importance of preserving and improving sexual and reproductive health. Materials and activities for the implementation of adolescent education in secondary schools across Croatia are being prepared. The aim of the education is to improve the knowledge of young people about the importance of maintaining sexual health, disease prevention, and thus enable them to make the right decisions for the health and the application of responsible sexual behaviour.

Furthermore, it actively participates in the work of the established Interdepartmental Commission for the Suppression of Harmful Alcohol Use. Special emphasis was placed on the implementation of universal measures to prevent harmful alcohol use in children and young people.

The importance of intersectoral cooperation in the preparation and implementation of universal measures for the prevention of all forms of addiction and risky behaviours in the school environment is promoted and emphasized. The Croatian Institute of Public Health, the Office for the Suppression of Drug Abuse, the Ministry of the Interior - Police Directorate in cooperation with other interested institutions have cross-sectoral cooperation by organizing professional meetings for principals, associates, teachers and professors, preparing and distributing preventive materials for school use, support for preventive activities organized by governmental and non-governmental institutions within non-institutional education of children and youth and the implementation of international and national research (Health Behavior in School-Aged Children - HBSC, European School Survey Project on Alcohol and Other Drugs - ESPAD) . Regarding cooperation with governmental and non-governmental institutions and topics of prevention of smoking, alcohol use and drug abuse, special attention is paid to the implementation of preventive activities of "newer" forms of risky behaviours present in youth such as gambling and betting of adolescents, usage of synthetic drugs, youth in traffic as well as the planning of preventive activities based on recent international and national findings.

Special attention is paid to the prevention of sexually transmitted diseases and the prevention of HPV and cervical cancer. Professional gatherings are regularly organized within the program of continuous professional development with special emphasis on the role of the education system in the prevention of HPV and cervical cancer through lectures on the importance of universal prevention and free vaccination for 8th grade primary and secondary school pupils (information available at the link:

<https://www.hzjz.hr/aktualnosti/cijepljenje-protiv-humanog-papiloma-virusa-hpv-2018-2019/>).

In January 2019, the Curriculum for the cross-curricular topic Health for primary and secondary schools in the Republic of Croatia was adopted (available at the link:

[https://narodne-novine.nn.hr/clanci/sluzbeni/2019\\_01\\_10\\_212.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2019_01_10_212.html)).

The purpose of the mentioned cross-curricular topic is learning and teaching in order to acquire knowledge and skills and develop a positive attitude towards health and a healthy lifestyle in order to enable the achievement of desirable physical, mental and social potentials of students and their training to take care of their own health.

Furthermore, with the aim of preventing the deaths of children and young people, the National Program for the Prevention of Unintentional Accidents of Children in the period from 2020 to 2022 was created.

In 2019, a pilot study of the victimology survey "Gender-Based Violence" was conducted. The survey is primarily based on the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the so-called Istanbul Convention), and was prepared by Eurostat.

The implementation of the survey on a nationally representative sample is expected during 2021 and will result in internationally comparable statistical indicators on gender-based violence against women.

***b) Provide information on measures to ensure informed consent to health-related interventions or treatment and on specific measures to combat pseudoscience in respect of health issues.***

Pursuant to Article 26 (1) (6) and (4) of the Health Care Act, in exercising health care, every person has the right to accept or reject an individual diagnostic or therapeutic treatment, except in the case of urgent medical treatment which, if failed to be conducted, would endanger their life and health or cause permanent damage to their health.

When using health care services, a person also receives rights in accordance with the act governing the protection of patients' rights.

Act on Protection of Patients' Rights also regulates the rights of patients when using health care, as well as the manner of protection and promotion of these rights.

One of the basic rights regulated by the Act on Protection of Patients' Rights is the right of participation of the patient, which includes the patient's right to be informed and the right to accept or reject certain diagnostic or therapeutic procedures, then the right to access medical records and some other rights as well.

In accordance with Article 7 of the Act on Protection of Patients' Rights, the patient's right of participation may exceptionally be limited only when this is justified by their health condition in cases and in a manner specifically determined by the said Act.

In Accordance with Article 8 of the Act on Protection of Patients' Rights, the patient is entitled to be fully informed on:

- their state of health, including a medical assessment of the results and outcomes of a particular diagnostic or therapeutic procedure,
- recommended examinations and procedures and planned dates for their performance,
- possible advantages and risks of performing or not performing the recommended examinations and procedures,
- their right to decide on recommended examinations or procedures,
- possible alternatives for recommended procedures,
- the course of procedures during the provision of health care,
- further course of health care provision,
- recommended lifestyle,
- health insurance rights and procedures for exercising those rights.

The patient has the right to receive information in a way that is understandable to them given their age, education and mental abilities.

Patients with disabilities have the right to receive information in an accessible format.

In accordance with Article 13 of the Act on Patient's Rights Protection, a patient with an impaired judgment capability is also entitled to be informed in accordance with their age, that is, with a physical, mental, and psychological condition.

In accordance with Article 16 of the Act on Patients' Rights Protection, the patient has the right to accept or reject certain diagnostic or therapeutic procedures, except in the case of urgent medical intervention which if failed to be conducted would endanger the life and health of the patient or cause permanent damage to their health. Acceptance of an individual diagnostic or therapeutic procedure is expressed by the patient by signing the consent.

A blind person, a deaf person who cannot read, a mute person who cannot write and a deaf-blind person, accepts certain diagnostic, i.e. therapeutic procedure by a statement in the form of a notarial deed or by a statement on the appointment of a legally capable person who will accept or reject a particular procedure on their behalf signed before two witnesses.

Ordinance on the Consent Form and the Form of the Statement on the Refusal of a Certain Diagnostic or Therapeutic Procedure regulates the content of the consent form accepting certain recommended diagnostic or therapeutic procedures and the content of the statement of refusal of certain recommended diagnostic or therapeutic procedures in health care institutions, health care companies and private health care workers.

In accordance with Article 17 of the Act on Patient's Rights Protection, for a patient who is unconscious, for a patient with severe mental disorder and for the legally incompetent or minor patient, except in the case of urgent medical intervention, the consent referred to in Article 16, paragraph 2 of this Act shall be signed by the patient's legal representative or guardian.

In the interest of the patient, the person referred to in paragraph 1 of this Article may withdraw the consent at any time by signing a statement of refusal of a particular diagnostic or therapeutic procedure.

If the interests of the patients and their legal representatives i.e. guardian is opposed, the healthcare worker is obliged to immediately inform the competent social welfare centre.

Issues related to the relationship between children and parents and wards and guardians are prescribed by the Family Act.

Provisions relating to the Informed Consent of the Child to Medical Procedures and the Court Decisions on the Health of Wards are cited as follows:

### *"Court Decisions on the Health of Wards*

#### Article 260

(1) Only a court may, in non-contentious proceedings at the proposal of a ward deprived of legal capacity or guardian in that part, issue a decision on:

1. sterilisation of the ward
2. donation of tissues and organs of the ward and
3. life-support measures for the ward.

(2) A court decision referred to in paragraph 1 of this Article is not required if the ward decided on the procedures and measures referred to in paragraph 1 of this Article at the time when they were legally capable in the form of a notarial deed (advance directive).

## *Informed consent of the child to medical procedures*

### Article 88

- (1) A child who has reached the age of sixteen and who, in the opinion of a doctor of medicine, has the information necessary to form their own opinion on a particular matter and, in their opinion, is mature enough to decide on a preventive, diagnostic or therapeutic procedure regarding their health or treatment, may independently give consent to a medical examination, medical test or medical procedure (informed consent).
- (2) If, according to the doctor's assessment, a medical procedure poses risks of severe consequences for the physical or mental health of the child patient, the consent of the child's parents or other legal representative is required with the consent of the child referred to in paragraph 1 of this Article.
- (3) In the event of a dispute between the child and the parents regarding the undertaking of the medical procedure referred to in paragraph 2 of this Article, the court shall issue a decision to protect the welfare of the child in non-contentious proceedings.
- (4) As an exception to paragraphs 1 to 3 of this Article, in case of urgent medical intervention, the provisions of a special regulation governing the protection of patients' rights shall apply.

### **Conclusions XXII-2 (2013) of the European Committee of Social Rights**

With the aim of acquiring knowledge and increasing the sensibility of police officers in the field of discrimination and various forms of racism, the Police Academy, which is the only one responsible for all levels of police training in the Republic of Croatia, has been continuously organizing police training at several levels since 2006. Namely, in the regular programs of the High Police School, "Josip Jović" Police School which implements the Adult Education Program for the Profession of a Police Officer and through programs of specialization and professional development for police officers in professional courses for border police and specialization of police officers for juvenile delinquency and child protection and families, programs in this area have been adopted.

The field of education related to raising awareness in the field of gender-based violence and sexual orientation and gender identity is included in lectures on hate crime.

Namely, the Criminal Code states: "A hate crime is a criminal offence committed due to race, colour, religion, national or ethnic origin, language, disability, sex, sexual orientation or gender identity of another person. Such conduct shall be taken as an aggravating circumstance if this Law does not explicitly prescribe a more severe punishment."

Also, during the year, additional activities and training are carried out in the form of workshops or participation of Police Academy experts in training or study visits, which are not continuous but certainly take place annually, and their intensity depends on various projects of civil society organizations or other bodies. Below is a detailed overview of activities for the period from 1 January 2016 to 31 December 2019:

#### High Police School

At the High Police School at the Professional Course of Criminology, the course Hate Crime is studied as a thematic unit from the course Criminal Code. Also within the course

Criminal Psychology the psychological concept of hate crimes is studied. The mentioned courses from 2016 to 2019 included a total of 339 students.

### Josip Jović Police School

At the Josip Jović Police School, content related to hate crimes is an integral part of the Adult Secondary Education Program for the profession of a police officer through the following subjects:

- Police powers and their application of the mentioned topic were covered through the teaching units "Mutual Relations, Behaviour, Appearance and Communication of Police Officers" through 4 school hours and Ethics of Police Service and human rights through 6 hours. The following topics were covered: discrimination, rules of communication with persons with disabilities, application of police powers to vulnerable groups, application of police powers to members of national minorities, application of police powers to members of the LGBTQ community, hate speech and corruption.
- Fundamentals of criminology and criminal research in the part related to Criminal prevention, through 3 school hours on topics: prevention of hate crimes and prevention of human trafficking, and in the subject Psychology through 4 school hours on topics: attitudes, stereotypes and prejudices and hate crime.
- Basics of criminal and administrative law through 1 school hour, criminal law aspects of hate crimes are covered.

The mentioned training included:

- 317 participants in 2016,
- 302 participants in 2017,
- 341 participants in 2018,
- 763 participants in 2019.

Specialization and professional development programs for police officers, which include the topic of hate crime.

#### 2016

- Border Police Course (one), topics: familiarising with the cultural differences of the inhabitants of different countries, the concept of culture, cultural standards, intracultural and intercultural relations, multiculturalism, people, nation, ethnicity, access to multicultural differences, xenophobia, ethnocentrism and hate crimes
- Traffic police course (two)
- Specialist course for juvenile delinquency at the expense of families and youth (one): topics of combating discrimination in terms of meeting the requirements for gender equality, as well as prevention of gender-based violence, sexual violence and human and child trafficking, with special reference to vulnerable groups (children, elderly persons and persons with disabilities)
- A total of 131 police officers were included.

#### 2017

- Border Police Course (five), topics: familiarising with the cultural differences of the inhabitants of different countries, the concept of culture, cultural standards, intracultural

and intercultural relations, multiculturalism, people, nation, ethnicity, access to multicultural differences, xenophobia, ethnocentrism and hate crimes

- Seminar for professional development of police officers for youth (two); topics: protection of human rights of particularly vulnerable categories (through topics of violence against children and youth, the elderly and infirm and persons with disabilities) and improvement in recognizing violations of rights, but also police treatment of these categories (specifics of police treatment of children with developmental difficulties, enforcement proceedings for forced confiscations of children, children separated from parents, migrant children, interviews with children, new forms of violence against the elderly and infirm, individual assessment of victims' needs for special protection measures), as well as treatment of perpetrators of criminal acts (risk assessment from the perpetrator's repetition of criminal acts, interrogation of the suspect - manner of conduct and respect of their rights, etc.).
- A total of 298 police officers were involved.

2018

- Border Police Course (three), topics: familiarising with the cultural differences of the inhabitants of different countries, the concept of culture, cultural standards, intracultural and intercultural relations, multiculturalism, people, nation, ethnicity, access to multicultural differences, xenophobia, ethnocentrism and hate crimes
- Course for Juvenile Delinquency and Crime against Youth and Family (one); topic: combating discrimination in terms of meeting the requirements for gender equality, as well as preventing gender-based violence, sexual violence and human and child trafficking, with special reference to vulnerable groups (children, the elderly and people with disabilities).
- A total of 175 police officers were included

2019

- Border Police Course (six), topics: familiarising with the cultural differences of the inhabitants of different countries, the concept of culture, cultural standards, intracultural and intercultural relations, multiculturalism, people, nation, ethnicity, access to multicultural differences, xenophobia, ethnocentrism and hate crimes
- Course for Juvenile Delinquency and Crime against Youth and Family (one); topic: combating discrimination in terms of meeting the requirements for gender equality, as well as preventing gender-based violence, sexual violence and human and child trafficking, with special reference to vulnerable groups (children, the elderly and people with disabilities).
  - A total of 232 police officers were included

#### Other activities

2016

- On March 4, 2016, the Police Academy was visited by a delegation of the Equality Academy from Sarajevo as part of a study visit to the Republic of Croatia. The delegation consisted of representatives of the Federal Ministry of Labor and Social Policy, the Police Academy, the B&H Gender Equality Agency, the Gender Center of Republika Srpska, the Sarajevo Open Center, the Gender Equality Commission, the B&H Ombudsman Institution, the Republika Srpska Judicial and Prosecutorial Training Center and the Ministry of the Interior of the Republika Srpska. The aim of the visit was

to get acquainted with the experience of the Republic of Croatia in EU integration and the rights of LGBT people.

- A representative of the Police Academy participated in a two-day seminar on criminal offences committed due to prejudice against persons with disabilities, held on 2 and 3 June 2016 in Zagreb, hosted and co-organized by the Ombudsman for Persons with Disabilities. The seminar was organized by the Office for Human Rights and the Rights of National Minorities of the Government of the Republic of Croatia, the European Network for Independent Living (ENIL) and the Office for Democratic Institutions and Human Rights (ODIHR) at the Organization for Security and Cooperation in Europe (OSCE). This seminar provided an opportunity for police officers and the State Attorney's Office to learn about what constitutes a hate crime against persons with disabilities and how it differs from other hate crimes, how to record, investigate, qualify and represent it in court.
- Based on the request of the Sarajevo Open Center, a training program for the suppression of hate crimes was developed for police officers of the cantonal MIAs, which was made up of employees of the Police Academy, the national trainers for hate crimes. Three training modules were held for police officers of the cantonal Ministry of the Interior and the FB&H Police Academy in Jahorina in September and October 2016. The evaluation of the training showed that the program was well designed and that through interactive training that included practical exercises and group work, participants were able to familiarise themselves with the topic of hate crimes, using specific examples from police and judicial practice in Croatia and Bosnia and Herzegovina.
- In the context of the cooperation of the Police Academy with CEPOL (European Union Agency for Law Enforcement Training), Croatian police officers are referred to the activities organized by CEPOL on the topic of hate crimes (Hate Crimes, Online Hate Speech), in accordance with the annual program work. Also, the Police Academy in Zagreb organized the CEPOL activity "Hate Crimes" twice, in 2016 and 2018, since both times the applications of the Police Academy were rated the best and grants were received for their organization. Thus, from 4 to 7 July 2016, the CEPOL course "Hate Crimes" was conducted, which was attended by 32 police officers from EU member states, Iceland and Turkey. The aim of the mentioned course was to exchange good practice and experiences of the member states and to raise the level of awareness of police officers on this issue. The course discussed the identification and investigation of hate crimes, how to understand the behaviour of perpetrators of hate crimes, how to treat victims and witnesses, what these symbols of hate are and where they can be found, and how to recognize hate speech and suppress its dissemination in the media. Examples of the good police practice of the United Kingdom and Poland were presented, as well as effective ways of reporting hate crimes, but also the importance of cooperation with civil society organizations. They also talked about the characteristics of hate crimes against people with disabilities, how they differ from other crimes and how to recognize, investigate, qualify and represent them in court. In addition to Croatian experts, the course was attended by representatives of the United Kingdom, Poland, Latvia and the FRA (Fundamental Rights Agency of EU) and the ODIHR, the OSCE Office for Democratic Institutions and Human Rights.
- In the period from October 28 to December 2, 2016, a police officer of the Police Academy participated in the organization and implementation of a series of two-day seminars for representatives of county teams for prevention and suppression of domestic violence, organized by the former Ministry for Demography, Family, Youth and Social



Policy called Interdepartmental Education "We Can Together" for a total of 175 participants from all relevant departments (21 of which were police officers).

2018

- At the second CEPOL activity called "Hate Crimes", which took place from 2 to 5 July 2018, at the Police Academy, the emphasis was on recognizing and investigating hate crimes, dealing with victims and witnesses, vulnerable groups (persons with disabilities, LGBT people, Roma), Islamophobia, hate symbols and hate speech, data collection, but also the importance of police-judicial cooperation in the investigation of hate crimes. A total of 34 police officers, security officers, state attorneys, faculty representatives and police academies from the EU Member States and Turkey participated. In addition to Croatian experts, experts from Hungary, Portugal, Great Britain and the FRA - Fundamental Rights Agency of EU - shared their experiences and good practice as lecturers.
- Following good cooperation with the civil society organization Zagreb Pride, the Police Academy coordinated the implementation of training for police officers of the Zagreb Police Department, on 10 and 11 September 2018 in Zagreb. The training was conducted as part of the international project "Come Forward!". Empowerment and support to victims of anti-LGBT hate crimes carried out in partnership by civil society organizations from Croatia, Belgium, Bulgaria, Italy, Greece, Lithuania, Hungary, Poland, Spain and the United Kingdom. The project focused on improving protection against homophobic and transphobic hate crimes, building the capacity of civil society organizations and providing support to police officers and officers working in centres where victims report hate crimes, as well as services that provide support to victims of hate crimes. The target groups were police officers and crime victim assistance centres. As part of the project, training on the treatment of LGBTIQ victims of hate crimes was conducted, lasting a day and a half for 30 police officers of the basic and criminal police from police stations in the city of Zagreb.
- A representative of the Police Academy participated in the Round Table "Hate speech in Croatia: How to Move Forward?", held on 30 October 2018, organised by the Ombudsman.

2019

- A representative of the Police Academy, as an expert, participated in the activities of the Working Group for Monitoring Hate Crimes as well as in a special Working Group on the development of a new Protocol for Monitoring Hate Crimes. She participated as a presenter in the study visit of the Georgian delegation to the Republic of Croatia in April 2019, on the topic of combating discrimination, hate crimes and hate speech within the project of the Council of Europe. The delegation consisted of police representatives, judges, prosecutors and civil society representatives.
- In June 2019, a representative of the Police Academy participated as an expert in CEPOL's residential activity "Online Hate Speech" in Madrid, Spain.

This activity, organized by the National Office for Hate Crimes of the Ministry of the Interior of the Kingdom of Spain, aimed to train police officers, primarily criminal police, to effectively identify and resolve incidents related to "hate speech". The activity focused on the identification and comparison of legislation related to the regulation of "hate speech" in the Member States; to promote good practice and care for victims of hate crimes; to analyze good solutions in combating "hate speech" in the European

Union; knowledge of the Code of Conduct for Combating Illegal Hate Speech on the Internet and the methodology of IT companies; to the latest monitoring techniques used in the identification of “hate speech” on social networks and to strengthen prevention through various campaigns aimed at combating “hate speech”.

- A representative of the Police Academy as an expert participated in the project V START - Support for Victims of Hate Crimes through awareness-raising and networking, at the Conference held on May 28, 2019, in Zagreb. Also, as part of the project, she participated as a lecturer in workshops for police officers on the recognition and treatment of cases of hate crimes, which were held on 17 and 18 June 2019 at the Police Academy.

Furthermore, from 1 January 2016 to 31 December 2019, the number of committed insured persons in the activity of women's health care at the primary level have been continuously declining (1,569,980 in 2016 and 1,542,200 in 2019) and a decline in performed preventive DTPs (2,596,513 in 2016 and 2,343,463 in 2019) is being recorded.

In the health care of preschool children in the period from 2016 to 2019, there was a slight increase in the number of preventive DTPs (809,837 in 2016 and 833,793 in 2019) with an equal number of committed insured persons, preschool children (357,560 in 2016 and 357,141 in 2019).

In the activity of general/family medicine, there was an increase in the number of preventive DTPs carried out in the period from 2016 to 2019 (2,309,067 in 2016 and 2,943,643 in 2019), with a smaller decrease in the number of committed insured persons (3,803,867 in 2016 and 3,700,229 in 2019).

#### **- Disease prevention**

### **Conclusions XXII-2 (2021) of the European Committee of Social Rights**

#### ***a) Please describe the measure taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.***

The side effects of vaccination in Croatia are monitored on the basis of the provisions of the Medicines Act and the Law on Protection of the Population from Infectious Diseases. Every healthcare professional who diagnoses a side effect of vaccination is obliged to report the side effect to the Croatian Institute of Public Health and/or the Croatian Agency for Medical Products and Medical Devices. Croatian Institute of Public Health and CAMPMD exchange the applications they receive.

Side effects can be reported to CAMPMD by healthcare professionals and all other citizens online, by email and in writing, and to CIPH by healthcare professionals by email and in writing.

The information system of the Ministry of Health - eCIJEPIH, electronic personal vaccination card, is in the pilot phase. If all stakeholders in the vaccination system are connected to the eCIJEPIH IT platform and if it works well, healthcare professionals will be able to send vaccine side effects to CAMPMD and CIPH via the eCIJEPIH platform.

Reports on the side effects of vaccination are published annually by the CIPH, and CAMPMD also publishes once a year as part of the report on side effects of medicines. For the purposes of intensified monitoring of side effects of the vaccine against COVID-19, we propose

monthly reporting to the Ministry of Health, starting one month after the start of vaccination with the first quantity of vaccine received.

Information on unexpected events, severe and serious side effects or groupings of side effects CAMPMD and CIPH should be exchanged immediately and jointly notified to the Ministry of Health.

The coverage of vaccination and the response of the population to vaccination are also continuously monitored, and the data are presented in the Croatian Health Statistics Yearbook ([www.hzjz.hr](http://www.hzjz.hr)).

The impact of vaccination on the morbidity of the population through the reporting of infectious diseases is the responsibility of every physician. This monitors, for example, the number of measles patients in relation to the proportion of the vaccinated population.

In addition to education to promote vaccination for the general population, the CIPH conducts special training for health professionals (CIPH and county institutes), which is actually a key activity in promoting vaccination.

Vaccination efficacy study is conducted in connection with influenza vaccination through the EU project e-MOVE:

-MOVE + (Integrated Monitoring of Vaccines in Europe) is a consortium of 24 partners (regional and national public health institutes, SMEs, Universities from 17 EU/EEA member states). The duration of the project is three years.

I-MOVE+ is an acronym for integrated vaccine performance monitoring in Europe. I-MOVE+ received funding from the European Commission (H2020) to identify, conduct pilot tests, use and share the best design studies for measuring in real-time efficacy and effect of vaccines used in the elderly population to prevent influenza and pneumococcal infections.

The project aims to develop a sustainable primary health care platform, hospitals and a network of laboratories that use validated standardized methods to evaluate existing and new vaccination programs independently of commercial interests. The aim is to measure and compare the effectiveness (VE) and vaccine impact (VI) of influenza and pneumococcal vaccines and vaccination strategies for the elderly population in Europe.

The results will provide a better understanding of the factors influencing the specific VE, the duration of protection of pneumococcal and influenza vaccines, the interactions between vaccines, the role of repeated vaccinations and the like. This cooperation of EU member states also answers questions when the large samples are needed to obtain the answers, and it will also be possible to share expertise that cannot be achieved separately in each country. It will also be possible to use the best methods and results for the benefit of all EU countries, regardless of their current public health achievements. The results will be shared with international partners.

***b) Please provide a general overview health care services in places of detention, in particular prisons (under whose responsibility they operate / which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).***

Unfortunately, addiction is often directly related to the commission of criminal offences and this group of prisoners is characterized by a higher recidivism rate than in the general prison population, they are more prone to risky behaviour in prison than the rest of the prison

population and the development of health problems (Hepatitis, HIV and generally poorer health condition).

In the total population of drug addicts, opioid dependence and multiple addictions are the most prevalent, followed by cannabinoid, sedative and hypnotic and cocaine addiction.

Those addicted to stimulants, hallucinogens, and volatile solvents are the least represented. Drug addicts make up a specific category of prisoners. Although some of them are primarily criminalized, most of these prisoners commit crimes as a direct or indirect consequence of addiction. Therefore, the treatment of addicts in the prison system is aimed at preventing addiction and thus criminal recidivism.

During 2019, a total of 1,216 prisoners and juveniles with drug addiction were in the prison system, and during 2018, 1,299. The share of prisoners with a drug addiction problem was 9.6% while in 2018, they amounted to 11.4% of the total prison population that year.

In this period, the share of juveniles with drug addiction in the total population of juveniles who are serving an educational measure of sending to an educational institution or serving a sentence of juvenile imprisonment was higher and ranged around 35.85%. Thus, in 2019, there were 106 juveniles serving an educational measure of sending to an educational institution, while there were 17 juveniles serving a sentence of juvenile imprisonment, and 38 or 35.8% of them had a problem of drug addiction or problems caused by drug use.

In the period from 2016 to 2019, out of 819 addicted prisoners who served their prison sentences, the share of persons with addiction who had a mandatory treatment imposed in addition to a prison sentence is relatively stable and ranges from 32.12% in 2019 to 26.62% in 2016 (2018: 25.19%, 2017: 18.45%, 2016: 26.62%). However, in the mentioned period, the total number of persons who had the problem of drug addiction and/or disorders caused by the use of psychoactive substances is in a continuous decline (819 in 2016, 759 in 2017, 401 in 2018 and 386 in 2019).

The application of methadone pharmacotherapy in opiate agonists and buprenorphine for detoxification and/or maintenance of opiate addicts is continuously present in the prison system.

Compared to the general prison population, drug addicts are more prone to medical problems: viral hepatitis B and C, HIV, and poorer medical condition generally caused by long-term drug use, which requires additional medical care.

During this period, tests for Hepatitis C and HIV were carried out continuously in the prison system. The highest percentage of hepatitis positive persons was 73.36% in 2017 and in 2019 when there was the highest number of HIV positives. During 2016, a total of 278 prisoners were tested with rapid tests for hepatitis and HIV, of which 41.72% (116) were HCV positive and three were HIV positive (1.07%). In 2017, a total of 190 prisoners were tested with rapid hepatitis and/or HIV tests, of which 139, or 73.16%, were positive for HCV, and there were no HIV-positive prisoners. During 2018, 196 tests of prisoners for hepatitis and/or HIV were conducted, including 150 prisoners who were found to be positive for hepatitis C.

During 2019, 142 prisoners were tested for hepatitis and/or HIV, but the number of persons increased, and in 2019, 184 prisoners were positive for hepatitis C and 10 prisoners were positive for HIV.

Members of the Armed Forces of the Republic of Croatia who are located in barracks and other military locations are provided with the provision of primary, secondary and tertiary health care in accordance with the Health Care Act, the Mandatory Health Insurance Act, the Croatian Armed Forces Service Act and by-laws on the Ordinance on the Procedure and Authorities in Exercising the Right to Health Care and the Right to Health Insurance of Members of the Armed Forces of the Republic of Croatia, the Ordinance on Health Support in the Armed Forces of the Republic of Croatia and the Ordinance on the Content of Specific

Health Care Measures for Employees of the Ministry of Defence and Members of the Armed Forces of the Republic of Croatia.

The military health service system includes military general and dental medicine clinics that provide primary health care to members of the Croatian Armed Forces, which are included in the Central Health Information System of the Republic of Croatia (CEZIH system) by contract between the Ministry of Defense and the Croatian Health Insurance Institute.

For the purpose of providing specific health care to members of the Armed Forces of the Republic of Croatia, the Institute of Aviation Medicine and the Institute of Naval Medicine have been established within the Military Health Center, which has the status of a military health institution.

These institutes conduct preliminary, regular and extraordinary medical examinations of candidates and members of the Armed Forces of the Republic of Croatia in accordance with the provisions of the Ordinance on Determining Health, Mental, Physical and Security Conditions for Recruitment in the Armed Forces of the Republic of Croatia and the Ordinance on Determining Medical Fitness for Military Service.

***c) Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that persons in need of mental health care are not neglected. Please also provide information from prison health-care services on the proportion of inmates who are deemed as having mental health problems and who, according to health-care professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialised establishments.***

During 2016 and 2017, the Twinning project was implemented in the Republic of Croatia: Ensuring Optimal Health Care for People with Mental Health Disorders implemented by the Trimbos Institute for Mental Health and Addiction from the Netherlands, Ministry of Health of the Republic of Croatia, Croatian Institute of Public Health, Central Finance and Contracting Agency for EU Funded Programs and Projects and other stakeholders.

The goal of the project Ensuring Optimal Health Care for People with Mental Health Disorders was to increase the protection and improvement of mental health by strengthening community capacity, including more affordable and effective treatment and rehabilitation of people with mental health disorders.

Based on the analysis of legislation and reports of mental health services, the project made a recommendation for the improvement of the Croatian health care system and the reorientation of the mental health care system, from the hospital, as it is still in the Republic of Croatia the most represented system, to the community mental health system based on the establishment of multidisciplinary mobile teams trained to provide intervention in the home, i.e. the primary community of users, empowering users and involving them in the work of teams as experts by experience. In the Republic of Croatia, 275 health professionals were educated on the principles of mental health protection in the community, who then continued to educate their colleagues. During the implementation of the project, thanks to cooperation with the media, user associations and other stakeholders, public awareness was raised on the topic of mental health, and an umbrella association of people with mental disorders SUMEZ was established in Croatia.

Croatian Institute of Public Health in cooperation with the Ministry of Health, county institutes of public health and the Croatian Society for School and University Medicine HLZ (Croatian Medical Association) as well as the Ministry of Science and Education started the implementation of the pilot project Risk Screening in the Mental Health of School Children in 2020. The pilot project is implemented by school medicine teams during systematic examinations of 1st-grade high school students during the second educational period of the 2019/2020 school year throughout the Republic of Croatia, as a basis for wider permanent application in the coming years (the pilot project stalled due to the COVID-19 but it is planned to be continued in the next school year depending on the epidemiological situation).

Within the Ministry of Defense and the Armed Forces of the Republic of Croatia, a psychological profession has been established that actively participates in providing mental health care to employees of the Ministry of Defense and members of the Armed Forces of the Republic of Croatia.

***d) Please also provide information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. Provide an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the “available, accessible, acceptable and sufficient quality” criteria (WHO’s 3AQ) are respected, subject always to the exigency of informed consent, which rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).***

In the period from 2016 to 2018, a total of 514 people died among those who had ever been treated for substance abuse. Data for 2019 have been processed and are available. In terms of gender, a total of 419 men (81.5%) and 95 women (18.5%) died.

In 2018, a total of 255 people died among those treated for psychoactive substance abuse. The leading cause of death in 2018 was other malignant diseases (52.6%), followed by a heroin overdose, which was reported as the cause of death much more often than a year earlier (in 33 people or 13%, respectively). Just over 8% of people died as a result of accidents. Methadone overdose is cited as the cause of death in 12 individuals (4.7%).

In the observed period, the number of deaths among people who have ever been treated for the abuse of a psychoactive substance is growing from year to year, and in 2018, died 90 more people than in 2017. However, it should be noted that in 2018 there was a change in the calculation methodology and linking the data of the Register of Persons Treated for Psychoactive Drug Abuse with the Register of Causes of Death.

**Table: Trends in the number and share of deaths by cause of death among persons treated for abuse of some psychoactive substance**

Cause of death	2016	Share	2017	Share	2018	Share	Overall 2016 to 2018	Total share
Other diseases	10	11.11	65	38.46	97	38.04	172	33.46
Malignancies	n.a.	0.00	25	14.79	37	14.51	62	12.06
Heroin overdose	14	15.56	3	1.78	33	12.94	50	9.73
Accident	n.a.	0.00	27	15.98	21	8.24	48	9.34
Unknown	26	28.89	16	9.47	0	0.00	42	8.17
Methadone overdose	18	20.00	6	3.53	12	4.71	36	7.00
Suicide	4	4.44	7	4.14	22	8.63	33	6.42
Hepatitis C	10	11.11	13	7.69	9	3.53	32	6.23
Drug intoxication	n.a.	0.00	6	3.55	23	9.02	29	5.64
Cocaine overdose	3	3.33	0	0.00	0	0.00	3	0.58
Cannabinoid overdose	n.a.	0.00	1	0.59	0	0.00	1	0.19
HIV	n.a.	0.00	0	0.00	1	0.39	1	0.19
<b>TOTAL</b>	<b>90</b>	<b>100.00</b>	<b>169</b>	<b>100.00</b>	<b>255</b>	<b>100.00</b>	<b>514</b>	<b>100.00</b>

Source: Croatian National Institute of Public Health

During 2019, work on new strategic documents was completed (Draft National Strategy for Action in the Field of Addiction 2020-2029, Draft Action Plan in the Field of Addiction 2020-2024) which represent a turn and a new approach in creating an integrative and coherent policy in this area and define national goals and policy priorities towards addictions and behavioural addictions, key activities and stakeholders and deadlines for implementation. Taking into account new trends and challenges, the drafts of the National Strategy and Action Plan are the result of expert consultations and discussions on the need to redefine and redirect the current national strategic framework in the field of addiction policies so that instead of individual strategies for different addictions that were in force and were under the jurisdiction of various departments in the previous period, a single strategic document was drafted that will focus on all types of addictions (addictive substances - alcohol, tobacco and drugs and behavioural addictions - gambling/betting, excessive use of the Internet and social networks, etc). Therefore, these new documents provide a comprehensive national policy orientation towards addictions and behavioural addictions in order to reduce the use of legal and illegal addictive substances and the development of behavioural addictions. The vision set in the National Strategy is to reduce the supply and demand of drugs, harmful alcohol use, the prevalence of smoking and the occurrence of behavioural addictions, and through an integrated and balanced approach to provide adequate protection of life and health of children, youth, families and individuals and in this regard, maintaining the state of widespread use of various addictive substances and the occurrence of behavioural addictions within the framework of socially acceptable risk, so as not to violate the fundamental values of society and endanger the safety of the population.

Within the health system, the treatment of people who use drugs or are addicted to drugs is divided into inpatient and outpatient treatment systems. Treatment in the hospital system is provided for people who abuse drugs and who want to establish abstinence and have significant physical and mental comorbidities. However, the basic form of organization of drug addiction treatment in the Republic of Croatia is outpatient treatment provided in the services for mental health protection, prevention and outpatient treatment of addiction in county public health institutes.

In the social welfare system, there are two basic types of institutions that provide treatment services. These are social care centres and social care homes (primarily homes for

upbringing and homes for upbringing homes for children and children without adequate parental care) and social care homes for addicts and therapeutic communities. For addicts who may be motivated to complete drug-free treatment, there is the possibility of providing services in a home for children or adults addicted to alcohol, drugs and other psychoactive substances, and therapeutic communities. Some forms of treatment are carried out within associations and therapeutic communities that are organized and operate as associations, and treatment funding within these organizations is carried out through self-financing, donations from domestic and foreign donors and/or through public tenders.

In 2019, there were a total of 6,858 people in the health system (services for the protection of mental health, prevention and outpatient treatment of addiction and hospitals), which is a slight increase of 0.4% compared to 2018 when 6,831 people were treated in the health system. In 2018, there were a total of 6,831 people in the health system, which is a decrease of 5% compared to 2017, when there were 7,157 people in the health system.

The number of addicts stagnated or decreased in the period from 2016 to 2019, with the exception of 2017 when the number of addicts increased by 0.7% and compared to 2018 when it increased by 0.4%. In 2018, there were 5% fewer addicts than in 2017. Continuously in the past period, most addicts in the treatment system are opiate addicts (about 80% of all treated addicts). However, in 2017 and 2018, there was a new significant increase in the number of people addicted to cannabis drugs or consumption. According to data on the sex and age of treated persons with addiction, as in previous years, the majority of treated persons are men with a ratio of around 4.5 to 1 in favour of men. The number of new addicts in the system is stagnating or decreasing and in particular, the number of new opiate addicts in the treatment system is decreasing. Most opiate addicts are on some form of substitution therapy - about 80% of them. As in the whole of Europe, in the Republic of Croatia, the average ages of treated persons (men and women) show a growth trend, so in 2019 the majority of treated persons are older than 35 years. Women were on average 36.5 years old, in the last ten years they are 7 years older. Men were on average 38.2 years old, and in the last 10 years, the average age of treated men has increased by 8 years. Of all persons treated in 2019, data on parental status show that 2,602 (37.9%) have children, which is a small increase compared to 2018 when 37.7% of persons had children. According to parental status, there are more mothers (51.1%) than fathers (35.2%).

Also, the number of persons within therapeutic communities in the period from 2016 to 2019 ranges from 682 persons in 2019 to 497 persons in 2017 and is characterized by a trend of increase of 19% compared to 2018 and for 37.2% compared to 2017. The ratio of men to women in therapeutic communities is about 5.1: 1.0 in favour of men. In therapeutic communities, the share of people with opiate addiction is between 50 and 60%, and in 2019 it was almost equal (354 or 51.9%) with the number of people with non-opiate addiction (328 or 48.1%). It is important to emphasize that this ratio is significantly different from the ratio of people with the problem of opiate addiction in the health system.

Recovery and rehabilitation programs for persons with drug addiction through the provision of service packages aimed at the successful maintenance of abstinence and their social reintegration in Croatia have been systematically implemented since 2007 as part of the Drug Addicts Resocialization Project. In order to encourage the employment of socially vulnerable groups, including drug addicts, a measure is implemented to encourage the education and employment of treated drug addicts through vocational guidance activities and active policy measures to co-finance and finance education and employment. From April 19, 2007, when the Resocialization Project was adopted until December 31, 2019, the Croatian Employment Service conducted vocational guidance and assessment of working ability for a total of 1,175 people treated for drug addiction, 357 people treated for addiction were included in educational programs, and 873 people treated for drug addiction gained employment, including



employment in public works. In addition, 896 people treated for addiction were eligible for education at the expense of the Ministry of Science and Education, and about 11,200 people were involved in some form of assistance provided by the associations.

Furthermore, the organizational units of the Armed Forces of the Republic of Croatia, which include health professionals and other competent organizational units, actively participate in the implementation of measures to prevent the abuse of narcotics (drugs, etc.).

***e) Please provide information on measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as measures taken to address health problems of the populations affected. Please provide also information about measures taken to inform the public, including pupils and students, about general and local environmental problems.***

Information on institutional structures for the proper implementation of European Union environmental legislation in the Republic of Croatia, in accordance with Article 23, paragraphs 2, 3 and 4. of the Law on Sustainable Waste Management, waste management and efficiency of waste management is ensured by the Government of the Republic of Croatia and the Ministry of Economy and Sustainable Development, by prescribing waste management measures, whereby the Environmental Protection and Energy Efficiency Fund (hereinafter: EPEEF) is a state-level implementing body and local and regional self-government units are obliged to ensure the conditions and implementation of prescribed waste management measures in their area.

In the area of protection and improvement of air quality in the Republic of Croatia, significant positive developments have been made, which is evident from the regular annual Inventories on emissions of certain pollutants in the air.

Numerous measures and activities have been taken with the aim of harmonizing with the regulatory standards of the European Union, which on the one hand has posed a great challenge for the Croatian economy, which systematically provides support and significant contribution to their effective implementation. This was the basic mechanism/instrument that the existing legislative framework for air protection as well as horizontal environmental legislation, but also other regulations related to certain potential energy sectors, EU vehicle standards (EURO 6) - transport, transition to cleaner fuels, application of the principles of good agricultural practice prescribes a large number of measures aimed at improving air quality.

Energy efficiency, renewable energy sources, application of cleaner technologies, transition to cleaner transport, green public procurement are encouraged.

Portal "Air Quality in the Republic of Croatia" (link: <http://iszz.azo.hr/iskzl/>) contains measured concentrations of air pollutants from the state network for continuous air quality monitoring (the network is managed by the State Hydrometeorological Institute, under the expert supervision of the Ministry of Environmental Protection and Sustainable Development) and from local networks (under the jurisdiction of counties, Zagreb, cities and municipalities). The owner of the air quality monitoring station continuously transmits the original data on the concentrations of pollutants in the air to the computer network in real-time. For easier understanding, the data is displayed by the air quality index. The portal also contains validated data on air pollutant concentrations from state and local networks as well as annual air quality monitoring reports. Air quality data is sent from the exchange network to the European Environment Agency/European Commission (hereinafter: EEA/EC) via the e-reporting system. Data on measured concentrations of pollutants can be viewed in the "Data" browser at the link <http://iszz.azo.hr/iskzl/podatak.htm>. Annual reports on air quality monitoring in the territory of

the Republic of Croatia, prepared by the Institute/Ministry, are available via the link <http://iszz.azo.hr/iskzl/godizvrpt.htm?pid=0&t=0>, while the reports of the state network are available at <http://iszz.azo.hr/iskzl/godizvrpt.htm?pid=0&t=1> and the reports of the local networks are available at: <http://iszz.azo.hr/iskzl/godizvrpt.htm?pid=0&t=2>.

Despite a significant reduction in emissions and the implementation of air protection measures, there are still areas in the Republic of Croatia where the air is not of the first category, these are urban and industrial areas where the limit or target values of air quality have been exceeded. The provisions of the Air Protection Act stipulate that if in a certain zone or agglomeration the levels of air pollutants exceed any limit or target value, in each of these cases the representative body of the local self-government unit, i.e. the City of Zagreb, adopts an action plan to improve air quality for that zone or agglomeration in order to ensure that limit or target values are reached in the shortest possible time. The action plan to improve air quality may additionally include special measures aimed at protecting vulnerable groups, including children. The Republic of Croatia submits data on action plans for the improvement of air quality in zones and agglomerations in which the EEA/EC limit and target values have been exceeded.

In order to meet the obligations to reduce air pollutant emissions for sulfur dioxide (SO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), non-methane volatile organic compounds (NMVOCs), ammonia (NH<sub>3</sub>) and fine particulate matter (PM<sub>2.5</sub>) for the period from 2020 to 2029 and from 2030 onwards and the contribution to achieving the goals of limiting anthropogenic emissions of certain air pollutants, in order to make progress in achieving air quality levels that do not lead to significant negative effects and risks to human health and the environment, Government of the Republic of Croatia adopted Air Pollution Control Program for the period from 2020 to 2029 via the Decision of 19 September 2019. Within the framework of the said Program, an analysis of action plans for the improvement of air quality submitted to the EEA/EC was conducted.

Furthermore, transport and the need for mobility represents one of the biggest pressures on the environment in urban areas and it is certain that one of the biggest challenges will be to limit the increase in emissions from the transport sector.

Also, small domestic fireplaces that use solid fuels are a significant source of particulate matter emissions, and in this regard, investments should be made to encourage the use of renewable energy sources by subsidizing energy replacement, energy renovation of houses and residential buildings.

Consequently, the purchase of more environmentally friendly vehicles (incentive fees, purchaser subsidies) is encouraged; hybrid and electric vehicles by EPEEF.

One of the key mechanisms/regulatory measures is the issuance of environmental permits which prescribe certain emission limit values for individual pollutants for which significant discharges into all components of the environment are expected with the application of measures and best available techniques for individual plants. It is certainly necessary to work on raising awareness of the economy that good practice, i.e. management/manipulation within the plant, resource management can achieve a lot without large investments in the so-called "end-of-pipe" measures. It is not only important to share good experiences of applying the available techniques, but also the negative experiences (various platforms and thematic workshops within CLRTAP).

Among the economic instruments intended for environmental protection in the Republic of Croatia, fees related to the use of natural resources and environmental pollution predominate. With the aim of faster and more efficient implementation of certain activities, there are various models of financing/co-financing at the national level, but also through European Union funds. At the national level, on the principle, i.e. one of the basic principles of environmental protection "polluter pays", there is a certain system of special fees/charges for

immovable and movable sources of pollution. Charges for air pollution in the Republic of Croatia are charged for emissions of carbon dioxide, sulfur dioxide and nitrogen oxides and a special charge for emissions from road motor vehicles.

Today, the public actively participates in all environmental issues through direct communication with relevant institutions, public forums and the media and by associating individuals and/or interest groups in environmental associations, which have significantly contributed to public awareness of the need for environmental protection and more active citizen participation. In general, the free exchange of all information and data on the state of the environment and the possible environmental impacts of a project are of great importance, with communication and interaction between the public, environmental associations and public administration bodies being the most important way to reduce the gap between public authorities administration (institutional) and non-institutional organizations.

In this sense, it is important to mention environmental and natural information systems (<http://www.haop.hr/hr/informacijski-sustavi>) and ENVI environmental portal (<http://envi-portal.azo.hr/>) and documents and publications of the Ministry of Economy and Sustainable Development (<http://www.haop.hr/hr/tematska-podrucja/integrirane-i-opce-teme/opce-teme/dokumenti>), as one of the most important sources of public, transparent and credible data on general and local environmental problems, which is in line with the UNECE Convention - Convention on Access to Information, Public Participation, Decision-Making and Access to Justice in Environmental Matters (Aarhus Convention) and the Environmental Protection Act.

***f) In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.) as well as the measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken or foreseen as a result of this evaluation.***

The Republic of Croatia has provided additional financial resources in order to take all measures to prevent the spread of coronavirus (2019-nCov) in the Republic of Croatia "Clinic for Infectious Diseases "Fran Mihaljevic" and pay for separate clinics to examine patients with suspected coronavirus infection, so-called COVID-19 clinics organized by health centres), as well as for the needs of the entire treatment of patients with COVID-19 disease, within which 4 regional respiratory centres in hospitals have been additionally contracted. The financing of contracted health care institutions of the Institute during the epidemic of COVID-19 disease caused by SARS-CoV-2 virus was determined, which due to the new epidemiological situation in the Republic of Croatia do not receive current funding under the contract with the Croatian Health Insurance Institute, all for ensuring the continuity and availability of health care to insured persons of the Institute.

The Military Health Center includes the Department of Preventive Health Care, which actively participates in the prevention of infectious diseases, including the implementation of measures to combat the epidemic of COVID-19 disease caused by the SARS-CoV-2 virus. Testing and monitoring of persons with suspected COVID-19 disease are carried out, and recommendations are made on protection measures (use of protective face masks, hand disinfection and maintenance of social distance).

## ARTICLE 13 - THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

### Paragraph 1

**With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:**

- **To ensure the right to medical assistance**

### Conclusions XXII-2 (2021) of the European Committee of Social Rights

*a) Please describe any reforms to the general legal framework. Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.*

Under the conditions prescribed by the Social Welfare Act, a Croatian citizen residing in the Republic of Croatia and an alien and a stateless person with permanent residence in the Republic of Croatia have rights in the social welfare system. An alien under subsidiary protection, an alien with an established status of a victim of trafficking in human beings, an asylum seeker and a member of their family legally residing in the Republic of Croatia have rights in the social welfare system under the conditions prescribed by law and special regulations. Exceptionally, a person who does not meet the above conditions may exercise the right to one-time benefit and temporary accommodation under the conditions prescribed by law if current life circumstances so require.

The 2013 law prescribes the right to a guaranteed minimum benefit - GMB as the right to a monetary amount that ensures the satisfaction of the basic living needs of a single person or a household that does not have sufficient funds to meet basic living needs.

The basis on which the amount of GMB is calculated is determined by a decision of the Government of the Republic of Croatia, and it amounts to HRK 800.00 (EUR 106.30). The amount of GMB for a single person is determined in the amount of HRK 800.00 (EUR 106.30) per month, while for a household it is determined in the amount representing the sum of shares for each household member, with the shares of household members amounting to: for a single parent HRK 800.00 (EUR 106.30), for an adult member of the household HRK 480.00 (EUR 63.78) and for a child HRK 320.00 (EUR 42.52). If a single person or a household earns income, the amount of GMB is determined as the difference between the amount of GMB and the average monthly income of a single person or household earned in three months before the month in which the procedure was initiated.

The amount of GMB for a household cannot exceed the gross amount of the minimum salary in the Republic of Croatia. For the period from 1 January to 31 December 2020, the minimum gross salary was set at HRK 4,062.51 (EUR 543.07).<sup>2</sup>

In addition to the basic financial assistance, the beneficiary can exercise the right to housing allowance recognized by the local self-government unit (LSGU), i.e. the City of Zagreb up to half of the amount of GMB recognized to a single person or household.

---

<sup>2</sup>(Official Gazette No. 106/19

This Law introduced a novelty that refers to a working single person or a member of the household that is a beneficiary for a continuous period of at least one year. According to this provision, if a working-age user of GMB is employed, in the first month of work GMB is not abolished, i.e. it is not reduced by the realized income. In the second month of work, the amount of assistance shall be reduced by 25% of the amount, and by 50% in the third month of work.

The right is revoked if the person works for more than three months, and the average income in those three months exceeds the amount recognized for the GMB for a single person or a household.

Amendments to the 2015 Act increased the amounts of the GMB for a single person incapacitated for work to HRK 920.00 (EUR 122.24) per month; for children of single parents, ie children in single-parent families, the share of GMB is HRK 440.00 (EUR 58.46).

Furthermore, a new right to benefit for an endangered energy purchaser has been introduced, which is recognized to a single person or a household that meets the criteria for acquiring the status of an endangered purchaser.

The monthly benefit for an endangered energy purchaser, the manner of participation in reconciling beneficiary's energy expenditure, and the proceedings of the competent Social Welfare Centres regarding the recognition of the benefit concerned are prescribed by the Government Regulation at the proposal of the Ministry.<sup>3</sup>

The right to benefit for an endangered energy purchaser is granted to a single person or a household who is a user or member of a household of GMB or personal disability allowance or lives in a household with a user of personal disability allowance. The fee for an endangered energy purchaser is determined in the amount of up to HRK 200.00 (EUR 26.57) per month.

Amendments to the 2017 Act introduced provisions governing the issue of community service or public works. Thus, it is prescribed that if an able-bodied single person or a household member who is a beneficiary of the right to GMB, and who previously participated in community service works, is employed in public work, GMB is not revoked, i.e. the household is not reduced the amount of GMB for that income realized on the basis of employment of a household member in public work.

Amendments to the Law also regulate the issue of using the right to GMB in case of refusal of the offered employment or retraining.

It is prescribed that the right is revoked, i.e. reduced by the corresponding share of a household member if an able-bodied or partially able-bodied single person or a household member who is a beneficiary of GMB refuses the offered job, training, retraining, additional training or arbitrarily terminates the employment contract. In the next six months after the month in which the right was revoked or reduced, the person is not entitled to apply for recognition of the right to GMB.

The law regulates in which situations the right to GMB can be revoked. Thus, the able-bodied or partially able-bodied single person or household member is deprived of the right, or the right is reduced, to GMB for the corresponding share of the household member if they do not respond to the invitation of the local or regional self-government unit to participate in community service free of charge.

In addition to the above, a single person or a household is not entitled to GMB in the following situations:

- if, in addition to the apartment or house they use for accommodation, they own another apartment or house, business premises that they do not use to perform a registered activity and valuable movable property, from which they can provide funds for basic living needs;

---

<sup>3</sup>(Official Gazette No. 95/15 (from 9/42015) - Decree on criteria for acquiring the status of an endangered purchaser of energy from networked systems

- if a single person or a member of the household is the owner of the property that they could use or sell without endangering the basic needs of life and thus provide funds for personal subsistence;
- if a single person or household member is the owner of a private vehicle other than a private vehicle used for the transportation of a single person or household member who is the beneficiary of disability rights, an old or infirm person with reduced mobility, or a private vehicle is necessary due to traffic isolation according to the assessment of the professional of the social welfare center
- if the single person has concluded a contract on lifelong livelihood or livelihood until death as a recipient of subsistence;
- if a working-age single person is not registered as an unemployed person with the competent employment office, or
- if they can secure subsistence on some other grounds.

We especially note that the beneficiary of the right to GMB may, if they meet the conditions, exercise other rights prescribed by law, such as allowance or housing and heating costs, one-time benefit, allowance related to education (transportation and accommodation costs in the dormitory and benefit for full-time study), assistance and care allowance, personal disability allowance, or social welfare services, as needed. <sup>4</sup>

The current Act also prescribes the right to a one-time benefit for a single person or household who is unable to meet basic living needs due to the birth or schooling of a child, illness or death of a family member, natural disasters and the like due to current financial difficulties. One-time benefit is recognized as a right to cash benefit or as a right to benefits in kind. The total amount of recognized one-time benefit in one calendar year may not exceed five bases for a single person (HRK 2,500; EUR 331.98) or seven bases for a household (HRK 3,500; EUR 464.77).

GUARANTEED MINIMUM BENEFIT				
	31 December 2016	31 December 2017	31 December 2018	31 December 2019
Total rights	48701	45099	38765	35142
Users total	97492	84930	72759	60534

*Data from the former Ministry for Demography, Family, Youth and Social Policy*

ONE-TIME BENEFIT			
31 December 2016	31 December 2017	31 December 2018	31 December 2019
76412	73560	67692	65025

*Data from the former Ministry for Demography, Family, Youth and Social Policy*

In particularly justified cases, the social welfare centre may recognize an increased one-time benefit with the prior consent of the Ministry. The increased one-time benefit can be recognized in the maximum amount of up to HRK 10,000.00 (EUR 1,327.91).

INCREASED ONE-TIME benefit			
31 December 2016	31 December 2017	31 December 2018	31 December 2019
242	227	280	391

*Data from the former Ministry for Demography, Family, Youth and Social Policy*

<sup>4</sup> <https://www.zakon.hr/z/222/Zakon-o-socijalnoj-skrbi>

One-time benefit for funeral expenses is recognized for the funeral of a person who does not have a legal or contractual obligator of livelihood on the basis of a contract for lifelong livelihood or livelihood until death, and who at the time of death was a beneficiary of GMB or accommodation services.

ONE-TIME BENEFIT FOR PAYMENT OF FUNERAL COSTS OF GMB USERS			
31 December 2016	31 December 2017	31 December 2018	31 December 2019
819	798	700	691

Data from the former Ministry for Demography, Family, Youth and Social Policy

ONE-TIME BENEFIT FOR PAYMENT OF FUNERAL COSTS OF USERS OF ACCOMMODATION OR ORGANIZED HOUSING			
31 December 2016	31 December 2017	31 December 2018	31 December 2019
805	1067	746	1003

Data from the former Ministry for Demography, Family, Youth and Social Policy

**Table: Indicators of poverty and social exclusion**

	2015 <sup>1)</sup>	2016	2017	2018	2019 <sup>2)</sup>
At-risk-of-poverty rate, % - <b>Croatia</b>	20.0	19.5	20.0	19.3	18.3
<b>At-risk-of-poverty rate, % - EU28</b>	<b>17.3</b>	<b>17.3</b>	<b>16.9</b>	<b>17.1</b>	<b>n/a</b>
<i>Poverty risk threshold, kuna</i>					
Single Household	24,979	26,156	28,070	29,820	32,520
A household with two adults and two children	52,456	54,928	58,946	62,622	68,292
People at risk of poverty or social exclusion, % - <b>Croatia</b>	29.1	27.9	26.4	24.8	23.3
People at risk of poverty or social exclusion, % - <b>EU28</b>	<b>23.8</b>	<b>23.5</b>	<b>22.4</b>	<b>21.8</b>	<b>n/a</b>
Persons in severe material deprivation (4 or more items), % - <b>Croatia</b>	13.7	12.5	10.3	8.6	7.2
Persons in severe material deprivation (4 or more items), % - <b>EU28/EU27</b>	<b>8.1</b>	<b>7.5</b>	<b>6.6</b>	<b>5.9</b>	<b>5.7<sup>3)</sup></b>
Persons living in households with very low labor intensity, % - <b>Croatia</b>	14.4	13	12.2	11.2	9.1
Persons living in households with very low labor intensity, % - <b>EU28</b>	<b>10.7</b>	<b>10.5</b>	<b>9.5</b>	<b>8.8</b>	<b>n/a</b>
Income inequality - quintile ratio (S80/S20)	5.2	5.0	5.0	5.0	4.8
Gini coefficient	30.4	29.8	29.9	29.7	29.3

n/a = data for 2019 have not yet been published due to an insufficient number of countries that submitted data

1) The data are not fully comparable with the data from previous years due to more detailed individual components of income in the survey questionnaire for 2015.

2) - preliminary data

3) - data for EU27, for 2010-2018 data for EU28

The at-risk-of-poverty threshold in 2019 for a one-member household is HRK 32,520 per year which is an increase compared to 2018 by HRK 2,700, while for a household with two adults and two children it amounts to HRK 68,292, which is HRK 5,670 per year more than the threshold amount in 2018.

The at-risk-of-poverty threshold is set at 60% of the mean (median) equivalent disposable income of all households.

**Table: Rate and number of persons in severe material deprivation (4 or more items) in % and in thousands**

	2015 <sup>1)</sup>	2016	2017	2018	2019 <sup>2)</sup>
Persons in severe material deprivation (4 or more items), - %	13.7	12.5	10.3	8.6	7.2
Persons with severe material deprivation (4 or more items), in thousands	575	518	423	348	288

1) The data are not fully comparable with the data from previous years due to more detailed individual components of income in the survey questionnaire for 2015.

2) - preliminary data

The severe material deprivation rate shows the percentage of persons in the total population who cannot afford at least four of the nine material deprivation items solely for financial reasons. The data in the table above are in thousands of people.

**Table: Share of social protection expenditures and expenditures for social protection benefits as a percentage of GDP in current prices, according to the ESSPROS methodology, the Republic of Croatia**

	2016	2017	2018
Total social protection expenditures	21.8	21.6	21.7
Total expenditure on social protection benefits by function	21.5	21.2	21.3
Illness/health care	7.0	7.1	7.2
Disability	2.3	2.2	2.2
Age	7.2	7.1	7.2
Surviving dependents	1.9	1.8	1.8
Family/children	1.9	1.8	1.9
Unemployment	0.8	0.7	0.6
Residential	0.0	0.0	0.0
Social exclusion not elsewhere classified	0.4	0.4	0.3

Note: 0.0 - the data is less than 0.05 of the measurement unit used

***b) Please indicate any specific measures taken to ensure social and medical assistance for persons without resources in the context of a pandemic such as the COVID-19 crisis. Please also provide information on the extent and modalities in which social and medical assistance was provided to people without a residence or other status allowing them to reside lawfully in your country's territory.***

Given the crisis caused by COVID-19 in the social welfare system regarding the exercise of the right to cash benefits for persons without funds (among others, the guaranteed minimum benefit and one-time benefit), there has been no change. Namely, all those who meet the conditions can continue to exercise this right under equal conditions. In addition to regular funds for the payment of benefits from the social welfare system, the Government of the Republic of Croatia has provided additional funds for potentially new beneficiaries of guaranteed minimum benefit and one-time benefit due to coronavirus and earthquake in the City of Zagreb and its surroundings.



## Conclusions XXII-2 (2013) of the European Committee of Social Rights

### Adequate assistance to every person in need

#### Types of benefits and eligibility criteria

*The Committee takes note of the activities and projects presented in the report, concerning the social welfare field, as well as of the entry into force, on 24 March 2012 (outside the reference period), of a new Social Welfare Act, which will be examined during the next assessment of Article 13§1. During the reference period, the social assistance system was defined by the Social Welfare Act of July 1997 (Official Gazette 73/97), as amended, assessed in the previous conclusions XVIII-1 (2006) and XIX-2 (2009). The Committee notes from the report that, as of December 2011, there were 104 179 beneficiaries of the livelihood assistance. Other forms of assistance include the allowances related to housing expenses, help and care for dependant people (79 654 beneficiaires as of December 2011), education, personal disability, pre-employment benefit and allowances for people taking care of dependent family members. - NOTE: After 2011, the Social Welfare Act underwent several changes that affected the improvement of the provisions related to social benefit and conditions of use of these benefits (see the previous chapter).*

Furthermore, in accordance with Article 22 (3) of the Social Welfare Act, a person who is not a Croatian citizen residing in the Republic of Croatia or an alien and a stateless person with permanent residence, an alien under subsidiary protection, an alien with the established status of a victim of trafficking, an asylum seeker and a family member legally residing in Croatia to exercise the right to a one-time benefit and temporary accommodation under the conditions prescribed by the said Act if the life circumstances in which they find themselves so require. In 2018, there was an increase in the amount of certain social benefits in accordance with the identified needs. From April 2018, the allowance for assistance and care was increased from HRK 350.00 to HRK 420.00 in a reduced amount and from HRK 500.00 to HRK 600.00 in full, while the personal disability allowance was simultaneously increased from HRK 1,250.00 to HRK 1,500. Annual allocations for these fees are higher by 36% and 47% in 2019 compared to 2016. Also, an initiative for new increases was launched and the Law on National benefit for the Elderly was passed.<sup>5</sup>

It follows from the above that the situation in the Republic of Croatia is largely harmonized with Article 13, paragraph 1 of the Charter and that some progress has been made in providing adequate assistance to each person in need.

*In its previous conclusion, the Committee had noted that beneficiaries or claimants of social assistance could lose entitlement to social assistance if they failed to register with the competent employment service or to accept a job offer, regardless of their qualifications or experience, including temporary and seasonal jobs. The Committee notes that the report does not reply to the question of what means of subsistence remain available to those, whose social assistance is withdrawn as a penalty for having refused a job offer and whether there are legal provisions that would guarantee such means of subsistence. It accordingly does not consider it established that the right to social assistance is effectively guaranteed to every person in need:*

---

<sup>5</sup> [https://narodne-novine.nn.hr/clanci/sluzbeni/2020\\_05\\_62\\_1233.html](https://narodne-novine.nn.hr/clanci/sluzbeni/2020_05_62_1233.html)

In accordance with the principle of subsidiarity, when a working-age person is offered a job, they are given the opportunity to ensure subsistence through their work. Based on the principle of social justice, a person exercising a right from the social welfare system cannot use these rights to achieve a more favourable material position than a person who earns a living by work or on the basis of rights arising from work. When the right to GMB is granted to the household, and the working-age member of the household does not fulfil their obligation to report to the competent employment service, only that member is deprived of their right to their share in GMB, while other members may continue to be granted the right to shares for which they meet the requirements. If a single person's right to GMB is revoked in accordance with the provisions of the Act, in the period until the conditions for exercising the right are re-acquired, the person can receive a one-time benefit, humanitarian aid such as food or accommodation, if necessary. Also, the city or municipality may grant certain assistance in accordance with its decisions, as well as civil society organizations.

### **Level of benefits**

**To assess the situation during the reference period, the Committee shall take into account the following information:**

- a) **Basic benefit: according to the report, the livelihood assistance for a working-age single person without resources amounted to 120% of the base rate, i.e. HRK 600 and to HRK 750 if the person was not in a condition to work (respectively €79 and €99 at the rate of 31 December 2011).**

In accordance with the provisions of the current Social Welfare Act, the right to a guaranteed minimum benefit is:

- for working-age single HRK 800.00 per month (EUR 106.30)
- for incapacitated single person HRK 920.00 per month (122.24 EUR)

For household members:

- for a single parent HRK 800.00 (EUR 106.30),
- for an adult member of the household HRK 480.00 (EUR 63.78)
- for a child HRK 320.00 (EUR 42.52)
- and for a child of a single parent, i.e. a child in a single-parent family HRK 440.00 (EUR 58.46)

- b) **Supplementary benefits: according to the report, a housing allowance can be granted, covering the costs of rent, utility-service fees, electricity, gas, heating, water and the sewer system. This assistance can be granted to a person or household whose monthly income during the previous three months did not exceed the amount of the livelihood assistance. The housing allowance can amount up to 50% of the permanent allowance (i.e. EUR 39,5 per month for a single person able to work and living alone). Beneficiaries who use wood for heating can be granted 3m3 of wood once a year or a heating allowance covering the equivalent cost.**

According to the valid Social Welfare Act, the beneficiary of the right to GMB is entitled to housing allowance recognized by the local self-government unit, ie the City of Zagreb up to half of the amount of GMB granted to a single person or household in accordance with the Act.

The City or Municipality, i.e. the City of Zagreb may grant allowance for housing costs in the full amount of the recognized right of an MGB to a single person or household when, in the opinion of the social welfare centre, only in this way can separation of children from parents be avoided. The benefit may be granted in cash directly to the beneficiary or by the municipality or city paying in part or in full the bill directly to the authorized legal or natural person who performed the service. A single person or household user of MFB who heats with wood is entitled to the cost of heating in a way that once a year they are provided with 3m<sup>3</sup> of wood or a monetary amount may be awarded to them to cover that cost in the amount determined by the decision of the competent unit of regional self-government, i.e. the City of Zagreb.

The poverty threshold, defined as 50% of mean equivalent income and calculated on the basis of Eurostat's at-risk-of-poverty threshold, was estimated at EUR 231 per month in 2011.

**The Committee considers that the level of social assistance is manifestly inadequate on the basis that the minimum assistance that can be obtained is not compatible with the poverty threshold.**

The risk of poverty and social exclusion remains high, especially for certain groups of citizens: children, single-parent families, the elderly and people with disabilities. According to the latest official data from the Central Bureau of Statistics, the at-risk-of-poverty rate decreased in 2018 by 0.7% compared to the previous year (2017), when it amounted to 20.0%, respectively, in 2018 to 783,179 persons in the Republic of Croatia lived at risk of poverty, which is 37,656 less than in 2017.

According to the indicator *People at risk of poverty or social exclusion/AROE* in 2018, 24.8% or 1,008,412 persons in the Republic of Croatia were at risk of poverty or severe material deprivation or lived in households with very low work intensity. This is a decrease compared to 2017 when this indicator was 26.4% or 1,084,760 people.<sup>6</sup>

GMB beneficiaries accounted for about 15% of the total number of persons at risk of relative poverty, due to the fact that the threshold for determining persons at risk of poverty is significantly higher (HRK 2,100; EUR 278.69) than the income threshold for achieving GMB (800 HRK; EUR 106.17), which indicates a large number of citizens who are at risk of poverty, do not exercise the right to guaranteed cash benefits.

In order to reduce the poverty gap and the high at-risk-of-poverty rate, the adequacy (level) of benefits needs to be improved. Also, following the recommendations of the European Commission that the state should provide a minimum benefit (GMB) to all those who do not have sufficient financial resources for a minimum decent standard of living (HRK 1,500; EUR 199.06), it is necessary to improve the coverage of persons entitled to GMB by changing the base and aligning with the cost of living. This is planned to be realised through the drafting of a new Social Welfare Act. The aim of the new Act is to improve the quality of the entire social welfare system, especially the creation of preconditions for improving the implementation of existing provisions, but also finding new models for dealing with the challenges that the social welfare system faces daily. This especially refers to the improvement of adequacy (amount), including the use of social benefits, the availability of existing social services, especially in areas with high poverty and low development, and the creation of new social services and the improvement of work organization.

The largest number of benefits intended for poor and socially excluded persons and other persons in a state of social protection needs is provided in the social welfare system. In this area, reform measures are being continued, i.e. the integration of social benefits, which is

---

<sup>6</sup>Data from the Central Bureau of Statistics <https://www.dzs.hr/> - Personal consumption and poverty indicators

aimed at establishing a single system that enables the transparency of data on social benefits paid at both national and local levels.

By inspecting the above data and monitoring them, it will be possible to assess the risk of poverty and social exclusion for each beneficiary and ensure timely intervention and prevention of risk factors.

- **To ensure non-discrimination in the exercise of social and political rights**

### **Conclusions XXII-2 (2013) of the European Committee of Social Rights**

The Constitution of the Republic of Croatia stipulates that everyone in the Republic of Croatia has rights and freedoms, regardless of their race, colour, sex, language, religion, political or other beliefs, national or social origin, property, birth, education, social status or other characteristics. The Anti-Discrimination Act stipulates that the Act applies to the actions of all state bodies, bodies of local and regional self-government units, legal entities with public authorities and the actions of all legal and natural persons.

The provisions of the Social Welfare Act prescribe the principle of non-discrimination, which means that direct and indirect discrimination of social welfare beneficiaries is prohibited in accordance with a special law.

Furthermore, military personnel, civil servants and employees in the Armed Forces of the Republic of Croatia are not allowed to act politically in the Armed Forces. Also, active military personnel are not allowed to be members of political parties and to run in the representative body of citizens, units of local self-government (regional) self-government.

Members of the Armed Forces of the Republic of Croatia are prohibited from making public statements regarding the situation and relations in the Armed Forces without the approval of the Minister of Defense or a person authorized by them.

### **Conclusions XXII-2 (2013) of the European Committee of Social Rights**

#### **Prevention, abolition or alleviation of need**

*The Committee takes note of the Social Welfare Development Project, implemented in the 2006 to 2009 period and aimed at modernising the functioning of the social welfare centres, progressively reorganising them according to the "one-stop-shop" model, setting their quality standards, introducing social planning and computerisation and improving the infrastructures.*

The modernization of the work of social welfare centres continued with the introduction of the social welfare information system SocSkrb, which is a modern web application that meets high standards of information security. Since 2012, all social welfare centres (81 centres and 54 branches of social welfare, a total of about 3,000 professionals) use this information system to conduct procedures, record data on users of rights and services and maintain unified registers and records. Data exchange is enabled with other public bodies in real-time about the facts that are important for the recognition of rights and services to the user. By 2019, 1,627,000 decisions were made through the system, data on 768,000 users were recorded, and 11 registers and records have been kept.

The system is systematically improved and developed every year, adapting to the needs of experts and changes in legal regulations. The introduction of such a system has achieved the

goal of comprehensive user data in one place, an efficient and economical system and the available information enables fast and targeted measures to protect and support the user.

In late 2016 and early 2017, in National Reform Program (NRP) the Government of the Republic of Croatia with the reform measures decided to continue with the approach that keeps the management of the benefits system unchanged and focused on strengthening the links between the existing information systems for various social benefits, and consequently better management of the benefits system. Reform activities in the period from 2017 to the present are aimed at the integration of the social benefits system and their improvement in the targeting, coverage and adequacy of benefits.

In the period from the beginning of 2016 to the end of 2019, the social welfare system is continuously improved by increasing social benefits for the most vulnerable groups of citizens, but also through investments in infrastructure and employment.

In the period from 1 January 2016 to 31 December 2019, a total of 104 consents were given for new employment of skilled workers for an indefinite period of time in social welfare centres.

SOCIAL WELFARE CENTRES				
2016	2017	2018	2019	TOTAL
29	16.5	33	20.5	104

*Data from the former Ministry for Demography, Family, Youth and Social Policy*

By investing in the infrastructure of social welfare centres, i.e. improving spatial conditions, it is achieved that workers and users of institutions work and stay in safe working conditions, adapted to the needs of users and work processes. Improvements relate to the construction, reconstruction, adaptation and arrangement of business premises, as well as investments in infrastructure for the purpose of deinstitutionalization of accommodation users (children, persons with disabilities), i.e. improvement of working conditions in accordance with organizational and professional changes in the centres.

### **Specific emergency assistance for non-residents**

In accordance with Article 10 of the Health Care Act it is stipulated that the Republic of Croatia provides funds from the state budget for the health care of aliens in accordance with a special law governing the field of health care for aliens in the Republic of Croatia.

Namely, Article 19 of the Act on Mandatory Health Insurance and Health Care of Aliens lists the categories of aliens for whom funds for health care have been provided in the state budget of the Republic of Croatia, as follows:

1. asylum seeker
2. aliens granted temporary protection,
3. asylees,
4. aliens - family members, if the mandatory health insurance or health care is not provided to them on some other ground,
5. aliens granted subsidiary protection,
6. aliens – family members of an alien granted subsidiary protection if mandatory health insurance or health care is not provided to them on some other ground

7. alien - a victim of trafficking in human beings, an alien minor who has been abandoned or is a victim of organized crime or has been left without parental care for other reasons, i.e. without being accompanied by a parent or other adult responsible for caring for them,
8. aliens staying in the Republic of Croatia following an invitation from Croatian state authorities
9. aliens suffering from cholera, plague, viral haemorrhagic fevers or typhoid fever
10. an alien who is staying illegally in the Republic of Croatia and for whom a decision has been made regarding the return.

An applicant for international protection is entitled to emergency medical care and much-needed treatment for illness and serious mental disorders.

Ordinance on Health Care Standards for International Protection Applicants and Aliens under Temporary Protection determines the standards of health care for seekers of international protection.

An asylee and an alien under subsidiary protection and an alien - a family member of an asylum seeker or an alien under subsidiary protection are entitled to health care to the same extent as the insured person from the compulsory health insurance.

An alien - a victim of human trafficking and an unaccompanied child are entitled to health care to the same extent as the insured person from the compulsory health insurance.

An alien who is staying illegally in the Republic of Croatia and for whom a decision has been made regarding return has the right to emergency medical care and much-needed treatment. Health care costs are paid from the state budget of the Republic of Croatia if it is not possible to collect them from an alien.

The Ordinance on the Manner of Providing Health Care to an Alien Residing Illegally in the Republic of Croatia stipulates that a person caught illegally crossing the state border or being caught illegally staying in the territory of the Republic of Croatia will be provided, if necessary, emergency and necessary health care in the nearest health institution and at private health care workers in the network of the public health service, and a person accommodated in the Reception Center for Aliens is provided with daily health care provided by a doctor or nurse/technician.

Following all the above, we believe that foreign non-resident citizens in need, in accordance with applicable national regulations, are provided with quality and affordable health care in the Republic of Croatia.

## **ARTICLE 14 - THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES**

### **Paragraph 1**

**With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:**

- **To promote or provide services**

### **Conclusions XXII-2 (2021) of the European Committee of Social Rights**

EU funds have funded projects of social service providers to support the process of deinstitutionalization of the social welfare system and the development of social services in the community. For this purpose, from 2016 to 2019, the European Social Fund (ESF) contracted

a total of 16 projects of social welfare institutions in the amount of HRK 124.1 million for the development of social services in the community to implement the process of deinstitutionalization of children and youth without adequate parental care and children and youth with behavioural problems (10 projects worth HRK 56.6 million) and children with disabilities and persons with disabilities (6 projects worth HRK 67.4 million). The ESF also announced a tender for financing the development of community services for all required groups in the amount of HRK 110.2 million, and so far 3 financing decisions have been made for a total of 47 projects worth HRK 108.2 million in grants. The ESF tender to develop, expand and improve the quality of non-institutional social services in support of the deinstitutionalisation process was announced in May 2020 and contracting is ongoing.

Also, based on 3 limited calls published in 2016, 19 projects worth HRK 107.7 million were contracted from the European Regional Development Fund (ERDF) for the development of infrastructure for the provision of social services in the community to support the deinstitutionalization process: 5 projects for institutions for children and youth of HRK 51.5 million, 4 projects of HRK 34 million for institutions for persons with disabilities and 10 projects worth HRK 22.2 million for the development of community services in social welfare centres. In May 2019, a call for project proposals (grants) was opened within the ERDF framework with the aim of supporting the process of deinstitutionalization by investing in infrastructure and equipment of social care centres and other social service providers, and so far 6 decisions on financial envelopes have been made to finance 40 projects with a total value of HRK 453.4 million.

Revenues from games of chance finance programs and projects of civil society organizations operating in the field of social welfare, especially in the part related to the provision of social services as well as the development of innovative new social services. For this purpose, in the period from 2016 to 2019, 36 calls and tenders were published and 2440 financial grants were contracted for the implementation of one-year projects and multi-annual programs in the total amount of HRK 417 million.

***a) Please explain how and to what extent the operation of social services has been maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.***

The tender Development of personal assistance services for people with disabilities - phase III funded by the ESF provides for eligible costs for the purchase of protective materials and hygiene products related to the fight against coronavirus, which enables the safe provision of services and protection of the health of users and assistants as well as in national tenders for the application of two-year programs of volunteer centres for 2021 and 2022 and for the application of projects of associations that provide advisory services for victims of domestic violence for 2020. Also, the eligibility of these costs will be proposed in the next national tenders and tenders co-financed from EU funds that are currently being prepared.

#### **- Public participation in the establishment and maintenance of social services**

The Office for Non-Governmental Organizations of the Government of the Republic of Croatia, as the body in charge of coordinating all providers of financial resources and training in the application of the Decree on Criteria, Principles and Procedures for Financing and Contracting Programs and Projects of Common Interest implemented by associations, collects, processes and analyzes funding data programs and projects of common interest implemented

by associations of other civil society organizations from public sources at the national level, regional and local level, and from European Union funds.

When submitting data to the Office for Non-Governmental Organizations, public providers use standardized tables that contain previously determined categories of data for faster processing and related to funding sources, funding areas, direct and indirect user groups, number of employees, number of volunteers and other data on funded projects which the Office for Non-Governmental Organizations publishes on its website.

Categories of the area of financing derive from the Ordinance on the Content and Manner of Keeping the Register of Associations of the Republic of Croatia and the Register of Foreign Associations in the Republic of Croatia adopted on the basis of the Associations Act. One of the areas of activity of associations determined by the Ordinance is the area of "Social Activities". This category was used in the collection of data on areas in which projects and programs of civil society organizations were funded and which we used as a database for the preparation of statements.

It should be noted that the area of "Social Activities" contains 38 subcategories that specify which social services are funded and provided to end-users.

More detailed information on subcategories is available in the Report on Financing of Projects and Programs of Civil Society Organizations from Public Sources, which is published on the website of the Office for Non-Governmental Organizations.

From the Report on the Financing of Projects and Programs of Civil Society Organizations from Public Sources in 2016, 2017 and 2018, according to the area of financing "Social Activities", the following can be concluded:

In 2016, HRK 281,549,789.82 was allocated for the area of social activity at the level of all public providers in the Republic of Croatia.

Of this amount HRK 197,643,937.14 was allocated by the state administration bodies, offices and bodies of the Government of the Republic of Croatia, state administrative organizations, public agencies, public foundations, institutes and other public institutions in the field of social activities in 2016.

HRK 12,810,044.27 was allocated by the units of regional self-government - counties, and HRK 16,403,474.27 was allocated by the City of Zagreb (which also has the status of a county). HRK 43,441,701.96 was allocated by local self-government units - cities, while municipalities gave HRK 9,447,665.17

Companies owned by the Republic of Croatia allocated HRK 1,460,006.84 in the field of social activities, and companies owned by local and regional self-government units paid HRK 310,260.17. Finally, the area of social activities was financed by tourist boards in the amount of HRK 32,700.00

Furthermore, in 2017, public donors financed projects and programs in the field of social services in the amount of HRK 358,755,903.27.

Of this amount HRK 266,411,155.67 was allocated by the state administration bodies, offices and bodies of the Government of the Republic of Croatia, state administrative organizations, public agencies, public foundations, institutes and other public institutions in the field of social activities in 2017.

Units of regional self-government - counties allocated HRK 17,991,315.40, and the City of Zagreb HRK 17,590,093.03. Local self-government units - cities allocated HRK 44,788,933.90, while municipalities paid the amount of HRK 10,097,690.71.

Companies owned by the Republic of Croatia allocated HRK 1,447,257.00 in the field of social activities, and companies owned by local and regional self-government units paid HRK 405,241.96. Tourist boards financed the area of social activities with HRK 14,197.60.



Also, in 2018, public donors financed projects and programs in the field of social services in the amount of HRK 470,616,232.92.

Of this amount HRK 374,142,473.03 was allocated by the state administration bodies, offices and bodies of the Government of the Republic of Croatia, state administrative organizations, public agencies, public foundations, institutes and other public institutions in the field of social activities in 2018.

Units of regional self-government - counties allocated HRK 16,821,806.88, and the City of Zagreb HRK 16,793,633.41. Local self-government units - cities allocated HRK 48,905,952.52, while municipalities paid HRK 11,187,816.09.

Companies owned by the Republic of Croatia allocated HRK 2,402,164.00 in the field of social activities, and companies owned by local and regional self-government units paid HRK 342,782.99. Tourist boards financed the area of social activities with HRK 19,604.00.

In 2019, HRK 596,130,513.01 was allocated for the area of social activity at the level of all public donors in the Republic of Croatia.

Of this amount HRK 484,253,830.70 was allocated by the state administration bodies, offices and bodies of the Government of the Republic of Croatia, state administrative organizations, public agencies, public foundations, institutes and other public institutions in the field of social activities in 2019.

Units of regional self-government - counties allocated HRK 20,230,607.46, and the City of Zagreb (which also has the status of a county) allocated HRK 16,982,431.49. Local self-government units - cities allocated HRK 60,284,782.10, while municipalities paid the amount of HRK 11,365,346.89.

Companies owned by the Republic of Croatia allocated HRK 2,632,815.99 in the field of social activities, and companies owned by local and regional self-government units paid HRK 345,673.73. Finally, the area of social activities was financed by tourist boards in the amount of HRK 35024.65

When analyzing the above data, it is necessary to take into account that it is a very wide range of public sources of funding that include funds from the original state budget (source 11), part of revenues from games of chance (source 41), funds from environmental protection, part of revenues from the Croatian National Television fee, budgets of local and regional self-government units, revenues of public companies owned by the Republic of Croatia or owned by one or more local and regional self-government units, revenues of the tourist board, revenues of public higher education institutions, revenues of public institutions and foundations, revenues of port authorities and revenues from fees for the use of public roads.

In order to ensure the right of persons with disabilities to live in the community, i.e. prevention of institutionalization and enabling them to stay in their homes, projects of associations of persons with disabilities are financed by the European Social Fund through which personal assistance is provided to persons with severe disabilities and persons with mental and intellectual disabilities, the service of an interpreter/translator of Croatian sign language for the deaf and deafblind and the service of a sighted companion for the blind.

Through two tenders for the financing of these services in the total amount of HRK 306.98 million, it was possible to cover about 1,600 people with disabilities in the entire Republic of Croatia and ensure continuity in the provision of these services.

***a) Please provide information on user involvement in social services ("co-production"), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels and in the design and practical realisation of services. Co-production is here understood as social***

*services working together with persons who use the services on the basis of key principles, such as equality, diversity, access and reciprocity.*

For the tender Improvement of infrastructure for the provision of social services in the community to support the deinstitutionalization process - the second phase financed from the ERDF in the amount of HRK 616.2 million, a public consultation on the basic elements of the draft tender was conducted in 2018. .

From 1 January 2020 the competencies of state administration offices that no longer exist have changed. The activities related to the establishment, registration, operation of associations, entry of changes in the Register of Associations and issuance of administrative decisions were taken over by the county administrative departments, while the Ministry of Justice and Administration is responsible for supervising the implementation of the Associations Act.

## **Conclusions XXII-2 (2013) of the European Committee of Social Rights**

### **Quality of services**

The quality of services in social welfare institutions, community service centres, home help centres and other legal entities or natural persons performing social welfare activities is monitored by inspections, in accordance with the Social Welfare Act.

Supervision over the work of foster families, as service providers, is also carried out by inspectors of the ministry responsible for social welfare, while administrative supervision inspects the legality of the work of social welfare centres in the process of granting foster care permit. The conditions that a foster family must meet, the manner of performing and ceasing to perform foster care and other issues related to foster care are regulated by the Foster Care Act. In addition to inspection supervision, the Act also provides for internal supervision, which is not mandatory for social welfare institutions and religious communities, associations, other legal entities and craftsmen who perform social welfare activities for a maximum of 50 users.

The legality of work in social welfare centres is monitored through administrative supervision and internal supervision, which is not mandatory for social welfare centres that employ up to 10 workers.

Employees have the obligation to continuously attend professional development programs. During the inspection, the legality of the work of an individual accommodation service provider is determined.

Article 196 of the Act stipulates that social services within the network shall be provided in accordance with the quality standards of social services and guidelines for their introduction prescribed by the ordinance of the Minister responsible for social welfare. Article 1 of the Ordinance on Quality Standards of Social Services prescribes the quality standards of social services and guidelines for their introduction, as well as the criteria for determining compliance with the quality standards of social services.

Inspection supervision is used to inspect and verify facts or actions in order to determine whether the established situation coincides with the indicators of quality standards from the Ordinance. If the inspection determines a greater deviation from the prescribed quality standards, the inspector shall issue a decision ordering that the standards must be implemented at least at the level prescribed by the Ordinance.

This refers to service providers financed from the state budget or from decentralized funds.

## **ARTICLE 4 OF THE ADDITIONAL PROTOCOL - THE RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION**

### **Conclusions XXII-2 (2021) of the European Committee of Social Rights**

#### **a) Information on measures aimed at elderly persons:**

Measures were taken from Social care strategies for the elderly in the Republic of Croatia for the period from 2017 to 2020, which is the second strategic document in the Republic of Croatia relating to social care for the elderly.

The measures that were implemented, among others, were:

#### **1. relating to informing and raising awareness of the rights of the elderly**

In the area of information and awareness-raising on the rights of the elderly, the aim was to monitor violations of the rights of the elderly. In 2018, surveys were conducted in three regions;

Northern Croatia, Eastern Croatia and Primorska and Gorska Croatia.

The preparation of a report on the state of the rights of the elderly resulting from the collected data indicates the presence of violence against the elderly. The recommendations arising from the research reports related to the need to systematically inform the public about the existence of violence against the elderly and the obligation of society to protect the rights of the elderly. During 2019, projects from the Call for One-Time Financial Support (2018) were implemented, where it was possible to apply for projects aimed at information providing.

#### **2. related to expanding and improving community services**

Two goals have been set in this area: to increase the availability of services for the elderly and to equalize the availability of capacities for the accommodation of the elderly and provide services aimed at increasing the quality of life of the elderly.

The measure sought to encourage the provision of non-institutional services for the elderly at the local level. Within the Tender for the award of one-time financial support from 2018, in addition to other content intended for the elderly, projects aimed at providing transport services for the elderly (ones are not able to meet the need to go an important place for them by using public transport or the service could not be provided by family members). A total of 7 projects in 6 counties were financed for the transport service with a total amount of HRK 305,000.00 for the entire duration of the tender.

Within the three-year program "Development and expansion of the network of social services implemented by associations" from funds from part of the income from games of chance in 2019, 4 projects were financed for the Telecare service (halo help) in the amount of HRK 830,000.00. Based on the decision made in June 2019, the third year of the program "Development and Expansion of the Network of Social Services Implemented by Associations" was funded (2017-2020).

In addition to national funds, additional funds from the European Social Fund are also planned for projects aimed at providing non-institutional services for the elderly. In this way, all elderly people will be able to receive these services if they need them, regardless of the conditions under the Social Welfare Act, which depend on the income and property census.

In early 2018, A call for proposals entitled "Expansion of the Community Social Services Network - Phase 1" has been launched, in which component 1 covers activities targeting the elderly, people with Alzheimer's or other dementias, their family members and professionals working with target groups within the component. Contracting for projects proposed for funding is still pending. On May 27, 2020, additional financial resources were approved within this Call by HRK 42,000,000.00, whereby the total financial allocation for the Call now amounts to HRK 152,150,000.00.

Within the measure for providing services aimed at increasing the quality of life of the elderly, the activity of organizing daily activities for the elderly through project activities is planned, the implementation of which will be in 2020. Within the Tender for the award of one-time financial support from 2018, projects related to the organization of daily activities for the elderly were also financed. During the said tender, 23 projects intended for the organization of daily activities in the area of 14 counties in the amount of HRK 1,193,000.00 were financed. The purpose of the implementation of organized daily activities projects is aimed at providing conditions for the inclusion of the elderly in community life and preventing institutionalization and raising the quality of life. The activities are tailored to the needs and interests and relate to various contents such as sports and recreation, creative, educational and informative, cultural, entertainment and a combination of these activities. The projects were implemented in local communities whose development index is below 100.

Volunteering of the elderly was also encouraged through the measure. During 2019, according to the data collected, in the Republic of Croatia, the elderly were involved in volunteering in their community, and a total of 3,589 elderly people volunteered. Compared to 2018, the number of elderly volunteers increased by 666 people.

***b) Please provide detailed information on measures (legal, practical and proactive, including as regards supervision and inspection) taken to ensure that no older person is left behind in terms of access to and enjoyment of their social and economic rights***

In the period from 2016 to 2019, a total of 739 inspections of the legality of the work of service providers were carried out. There are 828 service providers for the elderly in the Republic of Croatia, of which 660 provide accommodation services.

In the last five years in the territory of the Republic of Croatia, the Inspection Service of the Ministry for Demography, Family, Youth and Social Policy<sup>7</sup> imposed 74 work bans relating to providers of care outside their own family (accommodation) for the elderly. The Administrative Supervision Service continuously monitors the actions of social welfare centres (81 centres and 54 branches of centres) regarding the care of the elderly population through the recognition of the right to social accommodation services, the right to compensation for personal needs of accommodation users, such as the right to a guaranteed minimum benefit, compensation for an endangered energy purchaser, compensation for housing costs, one-time benefit, allowance for assistance and care and personal disability allowance. The work and operation of the centres are monitored through regular, control and extraordinary administrative supervision, as well as the work of local self-government units (127 cities and 428 municipalities). The Administrative Supervision Service supervises local self-government units (cities, municipalities) in connection with the recognition of the right to housing allowance.

---

<sup>7</sup>As of 24 July 2020, the newly established Ministry of Labor, Pension System, Family and Social Policy took over the affairs of social policy and the family (Official Gazette, 85/2020)

Namely, the beneficiaries of the guaranteed minimum benefit are entitled to allowance for housing costs recognized by local self-government units, in accordance with the Social Welfare Act.

***c) Please provide information on specific measures taken to protect the health and well-being of the elderly, both in their home and in institutional settings, in the context of a pandemic crisis such as the COVID-19 crisis.***

Recognizing the need for special care for vulnerable social groups, the ex Ministry for Demography, Family, Youth and Social Policy has from the beginning been in constant cooperation with service providers in the social welfare system to whom it forwards instructions and recommendations. Given the fact that the elderly are at higher risk of developing severe COVID-19 disease and possible complications compared to the general population, as well as the fact that the risk of infection in any form of organized accommodation and stay is extremely high, timely action was taken in the view of informing and instructing service providers on how to act in the current conditions of the epidemiological situation in cooperation with the Ministry of Health (MH) and the Croatian Institute of Public Health (CIPH). The Instruction on the justification of the ban on visits to institutions in the social welfare system (MH) and the Recommendation on treatment in social welfare institutions according to specific protection measures related to the COVID-19 disease was forwarded (CIPH). At the beginning of March, the Recommendation on maintaining health for people aged 60+ and people suffering from chronic diseases and Measures for protection against respiratory infections, including SARS-CoV-2 for people with chronic diseases and the elderly were sent (CIPH).

In addition to constantly reminding all social service providers of the need for regular monitoring and compliance with the recommendations, updated data and information are published on a daily basis, as well as prevention and precautionary measures regarding the coronavirus. The crisis headquarters was formed and the e-mail address korona@mdomsp.hr was created and published, through which a number of questions and answers are communicated on a daily basis.

For the purpose of prevention of the COVID-19 epidemic and protection of users and employees in the social welfare system, a number of recommendations, instructions and decisions on actions in terms of work organization and provision of social services (e.g. Decision on the organization of work of social welfare centres and social welfare service providers during the epidemic of COVID-19 disease caused by SARS-CoV2 virus), then Instructions to social welfare institutions on how to act in cases of need for accommodation in crisis situations during the current epidemiological situation

In cooperation with the CIPH, Instructions for the Prevention and Suppression of the COVID-19 Epidemic in Homes for the Elderly and Other Institutions in the Social Welfare System were prepared. All social service providers for the elderly were given a recommendation and a request to ensure mandatory isolation of users during temporary accommodation in crisis situations, as well as instructions related to the prevention and suppression of the COVID-19 epidemic by social service providers.

As far as protective equipment and disinfectants are concerned, they are regularly procured and regularly distributed in accordance with the stated needs.

The Civil Protection Headquarters of the Republic of Croatia is continuously monitored, the recommendations of the CIPH, the MH, the Ministry of the Interior and other services are followed, and efforts are made to instruct social service providers on the application and adherence to all measures to maintain health and safety employees in the social welfare system.