**Response of the Croatian Authorities regarding the Letter of the Special Rapporteur on the right of persons with dissabilities to the higest attainable standard of health**

1. Please provide information on existing or planned legislation and policies to ensure the realization of the right to health of persons with disabilities, including current challenges and good practices.

The right to health care in the Republic of Croatia is regulated by the Constitution of the Republic of Croatia (Official Gazette no. 85/10 - consolidated text) and the following legal acts:

Health Care Act (Official Gazette nos. 150/08, 71/10, 139/10, 22/11, 84/11, 12/12, 35/12 - Decision of the Constitutional Court of the Republic of Croatia, 70/12, 82/13 and 22/14 - Decision of the Constitutional Court of the Republic of Croatia 131/17), Compulsory Health Insurance Act (Official Gazette nos. 80/13 and 137/13), Act on the Protection of Patients’ Rights (Official Gazette nos. 169/04, 37/08), Quality of Health Care and Social Welfare Act (Official Gazette no. 124/11), the Act on Health Care of Aliens in the Republic of Croatia (Official Gazette no. 114/97) and numerous other acts and subordinate regulations.

Health care for the citizens of the Republic of Croatia is implemented based on the principles of comprehensiveness, continuity, availability and a holistic approach to primary health care, with access to specialist counseling and hospital care.

In the context of subordinate regulations, it is important to mention the Plan and Programme of Health Care Measures Under the Compulsory Health Insurance System (Official Gazette nos. 126/06 and 156/08).

For every single measure of the Plan and Programme of Health Care Measures Under the Compulsory Health Insurance System, a detailed implementation plan was developed in cooperation with the competent authorities responsible for its implementation.

Activities from the programme of health care measures are implemented as part of the regular activities of health workers and institutions.

All diagnostic and therapeutic procedures in the health care system are conducted continuously within regular activities and in accordance with professional guidelines.

Health care of children and persons with developmental disabilities is conducted continuously and within separate programmes of health care for children with developmental difficulties or disabled persons.

Health care is provided at the primary, secondary and tertiary level, as well as at the level of medical institutes.

Heath care at the primary level includes: monitoring of the health of the population and recommendation of measures for the protection and improvement of health of the population; prevention and detection of illnesses, as well as treatment and rehabilitation of patients; specific preventive health care for children and young adults, especially in primary and secondary schools, and institutions of higher education in their own area; health care for people over 65 years of age; health care for women; health care for disabled persons; preventive health care for risk groups and other population in accordance with preventive health care programmes and through organization of obligatory preventive examinations; counseling, health education and the promotion of health for the purpose of its preservation and improvement; hygienic-epidemiological health care; prevention, discovery and treatment of teeth and mouth diseases with rehabilitation; health rehabilitation of children and young adults with psychological or physical developmental disorders; health visitors, health care in a patient’s home; occupational medicine; emergency medicine; palliative care; mental health care; provision and manufacture of medications and provision of medical health care products; medical transport; telemedicine.

Heath care at the secondary level includes: specialist counseling and hospital care. Specialist counseling care, as opposed to health care at the primary level, includes more complex measures and procedures in terms of prevention, diagnostics and treatments od illnesses and injuries, implementation of ambulatory rehabilitation and medical rehabilitation in a patient’s home or in social welfare institutions. Hospital care includes diagnostics, treatments and medical rehabilitation, health care, and stay and nutrition for patients in hospitals.

Health care at the tertiary level also includes provision of the most complex forms of health care in specialist counseling and hospital care, scientific work and educational work on the basis of contracts for the purposes of educational institutions in the field of medicine. Health care at the tertiary level includes operation of clinics, clinical hospitals and clinical hospital centers.

Activities of medical institutes are a part of health care conducted at the primary, secondary and tertiary level of health care, and it includes public health care, transfusional medicine, occupational medicine, toxicology and antidoping, emergency care and telemedicine.

Pharmaceutical activity is a part of health care conducted at the primary, secondary and tertiary level of health care, and it includes provision of medications and medical health care products in accordance with a separate law.

Compulsory health insurance provided by the Croatian Health Insurance Fund (hereinafter: CHIF) in the Republic of Croatia provides all insured persons with compulsory health insurance rights on the principles of reciprocity, solidarity and equality, including the right to healthcare and the right to financial benefits.

In addition, each insured person in the compulsory health insurance of the Republic of Croatia shall be entitled to the healthcare that they need with respect to the specific medical condition of that person and the medical indication.

In this regard, determining the disability of a person is irrelevant given that the CHIF, which among other things is the head of the data collection of insured persons in compulsory health insurance, does not require or keep record of the existence of disability of its insured persons. These circumstances do not influence the process of obtaining the status in compulsory health insurance in the Republic of Croatia because it is not taken as a condition or as a barrier to obtaining the insured person status in the compulsory health insurance system.

In other words, the status in compulsory health insurance is acquired under the same conditions and in the same manner for all persons, as prescribed by the Compulsory Health Insurance Act (Official Gazette 80/13 and 137/13), regardless of whether a certain degree of disability has been determined or not.

***The right to health care*** covers the right to:

* primary health care
* specialist and consultative health care
* hospital health care
* the right to medication established by CHIF basic and supplementary drug list
* dental aids
* orthopedic and other aids
* health care in other EU member states and third countries

/. ***Primary Health Care***

The insured person exercises the right to primary health care as part of the compulsory health insurance via selected primary health care doctor, general practitioner/family physician, gynaecologist, dental practitioner or paediatrician chosen in line with the Ordinance on the Way of Exercising the Right to Free Choice of Primary Health Care Provider (Official Gazette no. 14147/14, 17/15, 41/15 and 129/17.)

In exceptional cases, an insured person who is temporarily residing outside their place of residence (for example, business travel, vacation) is entitled, for instance, in case of trauma, acute inflammatory and contagious diseases, acute disorder requiring therapeutic care, and so on to use primary health care, except for determining a temporary work disability with any primary health care doctor in the place of temporary residence, to the same extent as with their selected doctor (e-prescription medicines and e-referral primary laboratory diagnostics for the primary laboratory).

Treatment in the Insured Person’s Home

The insured person has the right to be treated at home when their medical condition requires such treatment but there is no need for hospitalization, and treatment at home can be performed as follows:

* a house call for acute conditions
* treatment at home
* providing emergency medical assistance in the insured person’s home Health Care in the Insured Person's Home

The insured person exercises the right to health care based on the following conditions:

* immobility or weaker mobility
* chronic illnesses in the aggravation or complications stage, provided that the selected primary health care practitioner simultaneously carries out the treatment at home, and also indicates the need for health care
* transient or permanent conditions in which self-care is not possible
* after more complicated surgical procedures requiring wound care, and anus praetor or other stoma care
* for insured persons in the terminal phase of illness Health Care Provided by District Nurses

As part of health care provided by district nurses, the insured person is provided professional assistance and care:

* for post-natal follow-up - for the mother and the newborn
* for the promotion and preservation of health
* for monitoring and preservation of the insured person’s health with an increased risk of developing a disease

Emergency Medical Assistance

The insured person exercises the right to emergency medical assistance, which includes the provision of diagnostic and therapeutic procedures necessary to eliminate imminent danger to life and health.

Emergency medical assistance is provided by healthcare institutions that have signed an agreement with the CHIF for emergency medicine, the hospital emergency services, or the nearest doctor of medicine.

Sanitary Transport

The right to transport in a sanitary vehicle may be exercised by an insured person who is:

* immobile
* barely mobile
* due to the nature of disease advised against moving on their own

The insured person is entitled to sanitary transportation to the closest CHIF contractor, engaged by CHIF to provide the required health care, and it is obtained on the basis of the request for sanitary transportation issued by the selected primary health care doctor who issued the referral for the requested health care, i.e. on the basis of the issued certificate for orthopaedics and other assistive devices, under the condition that for the acquisition of the assistive device by the insured person from the contracted orthopaedics and other assistive devices provider sizes must be taken, i.e. the orthopaedics and other aids must be tried by the patient.

Sanitary transportation represents the transportation of the insured person by a sanitary vehicle:

1. From place of residence to a contractual healthcare institution, or to a private healthcare contractor, or to a contractor of orthopaedic and other assistive devices, or else from a contracted healthcare institution, contracted private healthcare practitioner, or contracted provider of orthopaedic and other assistive devices to a place of residence
2. From one contracted healthcare institution or contracted private healthcare practice to another contracted healthcare institution or contracted private healthcare practice, or to a contracted orthopaedics and other assistive devices provider
3. From place of residence to a healthcare institution outside of the Republic of Croatia and back

Laboratory Diagnostics at the Primary Health Care Level

Laboratory diagnostics at the primary health care level is provided on the basis of request by the general practitioner/family physician, paediatrician, or gynaecologist

issued as a printed referral to a primary laboratory, or an electronic referral issued as an electronic document.

1. ***Specialist-Consultative Health Care***

Specialist-consultative health care, consisting of consultative health care and specialist health care is obtained by the insured person, as a rule, at a contracted healthcare institution or contracted private healthcare practitioner nearest to one’s residence, which is under contract with the CHIF and can provide the required health care.

Consultative health care includes:

* a consultative examination of the insured person to determine the diagnosis of disease based on the processing
* check-up consultative examination
* diagnostic investigation

-expert medical opinion on an already-determined diagnosis of disease, recommended therapy, or diagnostic investigation(s) (i.e. second opinion)

* expert medical opinion at the primary health care practitioner’s request, in connection with the history of disease or the release document of the insured person (consultation).

Specialist health care includes:

* examination and comprehensive analysis in specialist health care
* examination and analysis through combined emergency hospital admissions and urgent specialist outpatient clinics in healthcare institutions
* comprehensive pre-operational analysis of the insured persons who are paralyzed or whose mobility is seriously impaired

The insured person obtains the specialist-consultative health care on the basis of an issued referral, as well as on the basis of a referral issued electronically as an electronic document, and only exceptionally in the cases of providing emergency medical treatment with no referral.

The referral for specialist-consultative or hospital health care is issued by the primary health care doctor:

* of family medicine
* paediatrician
* gynaecologist
* dental practitioner

Apart from the family physician, the necessity of referral to specialist-consultative health care may be determined by a school medicine specialist, epidemiology specialist, or a public health specialist.

1. ***Hospital Health Care***

The insured person obtains hospital health care in the contracted healthcare institutions for treatment of patients with acute, subacute, and chronic illness, as a rule, in the contracted healthcare institution nearest to one’s residence, under contract with CHIF and which can provide the health care required.

Hospital Health Care includes:

- hospital treatment which includes diagnostic procedures, medical treatment and/or rehabilitation which cannot be provided by out-patient clinics

* treatment in day care where surgical procedures are performed within a day, a treatment which can be preceded by or from which diagnostics can arise, and which usually lasts between 6 and 24 hours per day
* outpatient treatment within which small surgical procedures are performed, or multiple-day or recurrent treatment according to a predetermined procedure, as well as recurrent therapy application for longer periods of time, which usually lasts less than 6 hours per day

Insured persons who are suffering from chronic illness receive hospital health care in contracted hospitals specialized for treatment of: mental illness, lung disease, diseases in children with persistent psycho-physical disorders, and physiotherapy and medical rehabilitation.

Hospital Medical Rehabilitation

The right to hospital medical rehabilitation in a contracted special hospital for medical rehabilitation and physiotherapy is obtained by the insured person as a continuation of the hospital treatment (initial) or on the basis of a doctor's referral (maintenance) on the basis of illness, disease, and consequences of injuries listed in the Census of illnesses, diseases, and consequences of injuries for the approval of hospital medical rehabilitation established by the Rules and Regulations on the conditions and manner of exercising the right to compulsory health insurance for hospital treatment by home medical rehabilitation or physiotherapy (Official Gazette, nos. 26/96, 79/97, 31/99, 51/99, 73/99, 10/07, 46/17, 64/08, 91/09 and 118/09).

The insured person is generally provided with hospital medical rehabilitation by the specialized hospital for medical rehabilitation nearest to his or her place of residence, which is under contract with CHIF, and can provide the required health care to the insured person when such treatment is medically justified in accordance with the Rules and Regulations of the conditions and manner of exercising the right to compulsory health insurance for medical treatment in home medical rehabilitation or physiotherapy, as well as in accordance with other general acts of the CHIF.

Right to Accommodation with Child for the Duration of the Hospital Treatment The following persons are entitled to the right to day-long accommodation with child under hospital treatment, dependent on the accommodation capacities of the contracted hospital institution in which the child is being treated:

* child's mother - on the condition that mother’s milk is the child’s sole type of nourishment, or that there is a need for breastfeeding the child, which is determined by the child’s family physician, or else by a doctor in the contracted hospital institution where the child is being treated,
* one of the parents of a child with disabilities - provided they are in possession of the appropriate decision by the competent body, i.e. the finding and opinion of the competent expert body in accordance with special regulations, and at the recommendation of the department doctor of the contracted hospital in which the child is being treated.

Also, the insured person - one of the parents of a child under the age of 18, suffering from malignant or similar life-threatening illness, in hospital treatment at a contractual hospital (health care centre, medical hospital, or clinic) that treats children suffering from malignant or similar life-threatening illnesses, depending on the accommodation capacity of the contracted hospital, is entitled to full-time accommodation with the child during the child's hospital treatment, and on the basis of the same referral with which the child has been hospitalized.

In the case of a contractual hospital establishment having no accommodation capacity, the parent of a child suffering from malignant or similar life-threatening illness shall be entitled to reimbursement of accommodation costs up to the maximum daily amount in the value of the non-taxable amount determined for in-country official travel (for locations at least 30 kilometres in distance and for official trips lasting more than 12 hours a day) as established by the Income Tax Regulations.

The insured person - one of the parents of a child under 5 years of age or a child with developmental difficulties, on the recommendation of a department doctor in the contracted hospital in which the child is being treated has a right to daily accommodation with the child being treated in a contracted healthcare institution for treatment of acute diseases in children.

Also, the parent of a child with developmental difficulties has a right to whole-day or daily accommodation with child regardless of the child's age.

The insured person exercising the right to accommodation with child is not required to participate in the health care costs, and those entitled to wages compensation in accordance with the provisions of the Compulsory Health Insurance Act have a right to wages compensation for the duration of exercising their right to accommodation with child for the reason of temporarily being unable to work due to the insured person’s care.

1. ***The Right to Medication Use Determined by the Primary and Supplementary CHIF Medication List***

As an element of their right to health care, the insured persons have a right to medication determined by the primary and supplementary CHIF medication list.

The primary and supplementary CHIF medication list contains medication approved for use in the Republic of Croatia. It contains medications according to the code from the anatomic-therapeutic-chemical (ATC) classification of medications by the World Health Organization, the common (non-proprietary) name of the medication, the common (proprietary) name of the medication, manufacturer, marketing authorization holder, medication form and manner of administration, price of packaging and single dosage of medication, and rules of medication prescription which can be applied in treatment as a part of health care within the compulsory medical insurance.

The primary CHIF list of medications contains the medically and economically most effective medications for treating all illnesses, while the supplementary list of medications contains medications of higher price than the prices from the primary list, whereby CHIF provides coverage of the lowest cost equivalent established by the primary list of medications.

The primary and supplementary list of medications, with the opinion of the Croatian Chamber of Physicians previously obtained, is passed by the CHIF Board of Governors. The insured person is fully entitled to obtain the medication from the primary list of medications at the expense of the compulsory health insurance provided it has been prescribed by a primary health care provider on the basis of prescribed medical indications.

On the basis of prescribed medical indications, the insured person has a right to obtain the medication from the supplementary list of medications at the expense of the compulsory health insurance, but only up to the price of the medication equivalent to the primary list of medications.

Namely, the medications specified by the supplementary list of medications can be prescribed to the insured person by the doctor, i.e. be applied in the treatment with the patient's permission, where the insured person must be made aware of his or her responsibility to participate in the cost of medication in the amount determined by the supplementary list of medications.

In certain cases, the insured person whose treatment for medical reasons cannot be undertaken with medication listed in the primary or supplementary CHIF lists has a right to medication not determined by said lists, under the condition that said medication use has been approved by the healthcare services commission of the institution in which the insured person is being treated, and at the expense of the hospital or healthcare institution which is required to ensure the acquisition of the medication. Under the same conditions and in the same manner, the insured person can exercise the right to medication determined by the primary or supplementary CHIF lists of medications in the case when the insured person does not meet the medical indications specified by the lists of medications.

Continual Maintenance of the List of Particularly Expensive Medications The List of Particularly Expensive Medications was established by the Decision on the establishment of a List of Particularly Expensive Medications, established by the Decision on the Establishment of the Primary List of Medicinal Products (Official Gazette No. 14/18) applicable at the hospital and specialist-consultative health care levels in contracted hospital and healthcare institutions.

Treatment using particularly expensive medications is undertaken in contracted hospital or healthcare institutions on the basis of approval by the committee of the healthcare institution in which the insured person is being treated.

1. ***Right to Orthopedics and Other Assistive Devices***

The insured person is entitled to an assistive device at the expense of the CHIF in accordance with the Act of Compulsory Medical Insurance and the provisions established on the basis of said Act, under the conditions and in the manner established by the Rules and Regulations on Orthopedics and Other Aids (Official Gazette, nos 7/12 14/12, 23/12, 25/12, 45/12, 69/12, 85/12, 92/12, 119/12, 147/12, 21/13, 38/13, 93/13, 119/13, 125/13, 129/13, 136/13, 141/13, 154/13, 11/14, 12/14, 22/14, 34/14, 45/14, 54/14, 59/14, 86/14, 92/14, 119/14, 129/14, 149/14, 17/15, 29/15, 41/15, 62/15, 77/15, 86/15, 124/15, 129/15, 132/15, 139/15, 25/16, 30/16, 53/16, 94/16, 106/16, 108/16, 36/17, 55/17, 102/17, 131/17, 10/18, and 14/18) along with other general acts of the Fund, unless otherwise determined by international agreement.

The insured person exercises the right to assistive devices determined by the List of assistive devices which is a constituent part of the Rules and Regulations on Orthopedics and other Assistive Devices, based on the medical indications determined for each individual assistive device, as well as on the relevant medical documents which establish said indications.

The assistive devices may be recommended or prescribed by the following competent doctors: medical specialists in specific fields, family physicians, pediatricians and gynecologists, as employees of a contracted healthcare institution, as well as contracted doctors with private practices under contract with CHIF for providing health care.

If approval by a medical commission of the CHIF or the medical commission for orthopedics and other assistive devices within CHIF is necessary for exercising the right to an assistive device, and the competent doctor has prescribed the assistive device in the appropriate print form, then the insured person takes it, along with the medical documentation and a detailed justification of medical indications for the assistive device, as well as with the technical documentation, to CHIF for the purpose of receiving approval.

Apart from the aforementioned, the insured person has a right to assistive devices on the basis of approval by the CHIF Medical Commission for Assistive Devices Office, when he or she does not have the medical indications necessary, if, according to the recommendation of the competent doctor, such device is necessary for the medical treatment or rehabilitation of the insured person.

For certain types of assistive devices, as specified in the List of Assistive Devices, the approval and permission of the fulfillment of conditions for their application is given by the competent employee of CHIF, who, when it is determined that the insured person fulfills the prescribed conditions, certifies the approval of the assistive device.

On the basis of the certified approval of the assistive device, the insured person is entitled to the assistive device, spare parts and consumables associated with the assistive device, and the assistive device repair by natural and legal persons - assistive device manufacturers, or other natural or legal persons licensed to carry out medical product retail, as well as in contracted pharmacies which, in accordance with a special law, are granted approval for the conduct of pharmaceutical activities included in the public health service network.

After the completion of the procedure established by the Rules and Regulations on Orthopedics and other Assistive Devices, the insured person may obtain the assistive device as per the permit in another EU member state, with the name label from the List of Assistive Devices, and with the obligation of the insured person to announce the obtainment of the assistive device as per the permit in another EU member state.

In the Republic of Croatia, an assistive device may be issued when there is approval for market placement in accordance with the provisions of the Medical Products Act (Official Gazette no 76/13), on the basis of the approval of the assistive device granted by a competent person from a different EU member state.

1. ***Right to Dental Assistive Devices and Orthodontic Aids***

In accordance with the Rules and Regulations on Dental Health Care from the Obligatory Health Insurance (Official Gazette 146/13, 160/13, 34/14, 66/14, 62/15 and 129/17, ), the insured person is entitled to assistive devices, spare parts and consumables for assistive devices, as well as the repair of assistive devices by legal and natural persons - the assistive devices manufacturers or other legal and natural persons licensed to carry out medical product retail, as well as in contracted pharmacies which, in accordance with a special law, have been granted approval for conducting pharmaceutical activities included in the public health service network.

The insured person is entitled to dental assistive devices specified in the List of Dental Assistive Devices, and orthodontic aids specified in the List of Orthodontic aids, said lists being constituent parts of said Rules and Regulations, on the basis of medical indications determined for each particular assistive device or aid, as well as on the basis of relevant medical documents which establish said indications.

1. ***Right to Use Health Care Abroad***

The insured person is entitled to use health care in other EU member states, as well as third countries that are not members of EU, at the expense of the compulsory health insurance.

Such health care includes:

* right to referral to treatment
* right to health care usage for the duration of temporary stay in EU member states, or other countries
* right to other health care in accordance with the provisions of the EU regulations, Directive 2011/24/EU, Compulsory Health Insurance Act, and international agreements and general acts of the CHIF

The insured person has a right to referral to treatment only when it is a question of required treatment not available at the contracted health institutions in the Republic of Croatia, and which may be obtained successfully in other member states or third countries.

The insured persons are entitled to cross-border health care, i.e. health care provided to the insured person within the scope of the rights from the compulsory health insurance in contracted health institutions in the Republic of Croatia, and which the insured person receives from contracted or private health service providers on the territory of other member states.

Cross-border health care includes:

* planned health care, for which the insured person must have previously been granted approval by the CHIF
* planned specialist-consultative health care for which no previous approval by the CHIF is necessary
* necessary health care that cannot be postponed

The insured person who has used health care in accordance with the provisions of the Compulsory Health Insurance Act is entitled to compensation for personal expenses and health care. However, in such cases, the compensation cannot exceed the amount determined by the general act of CHIF for said health care when performed by the contracted subjects of CHIF.

The persons insured by the compulsory health insurance are obligated to participate in the costs of health care covered by the compulsory health insurance, and pay their share personally when using health care, or by way of supplemental health insurance in accordance with the Voluntary Health Insurance Act.

However, children under the age of 18 are not required to participate in the costs of health care, nor are the children over 18 who are permanently or entirely incapable of independent living and working, and who have obtained health insurance as members of a family through their parents, and neither are the insured persons incapable of independent living and working and which have no means of sustenance.

The insured persons are required to participate in the costs of health care in the amount of 20% of the total cost of health care, the value of which cannot be less than the percentage of the budget base for:

1. Specialist-consultative health care, including day care and surgical procedures conducted in day care, apart from the outpatient physiotherapy and rehabilitation - .75% of the budget base (HRK 25)
2. Specialist diagnostics not at the level of primary health care - 1.5% of the budget base (HRK 50)
3. Orthopedics and other assistive devices determined by the primary list of orthopedics and other devices - 1.50% of the budget base (HRK 50)
4. Specialist-consultative health care in outpatient physiotherapy and rehabilitation, and home physiotherapy and rehabilitation - .75% of the budget base per day (HRK 25)
5. Medical treatment in other member states or other countries in accordance with European Union Regulations, an international agreement, Directive 2011/24/EU, Compulsory Health Insurance Act, and general act of CHIF, unless otherwise stated by the European Union regulations or international agreement
6. Hospital health care costs - 3.01% of the budget base per day (100)
7. Dental assistive devices determined by the primary list of adult dental assistive devices for those 18 to 65 years of age - 30.07% of the budget base (HRK 1000)
8. Dental assistive devices specified by the list of dental assistive devices for adults over the age of 65 - 15.03% of the budget base (HRK 500)

Also, the insured persons are obligated to participate in the amount of .30% of the budget base (HRK 10) for:

1. health care provided by the selected primary health care doctor: family medicine, gynecology, and dental medicine, in accordance with the Fund's general act
2. prescription drug issuing

The highest possible amount of participation in costs of health care which the insured person is responsible for cannot exceed 60.13% of the budget base (HRK 2000) per invoice.

The budget base is determined by the Act on Execution of the State Budget of the Republic of Croatia for the running year (the budget base for 2017 is HRK 3,326.00).

In their right to health care from the compulsory health insurance, CHIF guarantees the insured persons full coverage (with no obligation of the insured persons to participate in the costs of health care) of the following:

1. Comprehensive health care for children under the age of 18, and children over the age of 18 permanently or entirely incapable of independent living and working, who obtain health insurance as members of a family through their parents, as well as the insured persons incapable of independent living and working and who have no means of sustenance
2. Preventive and specific health care for school children and students
3. Preventive health care for women
4. Health care for women in connection with pregnancy and childbirth
5. Health care in connection with medically-assisted fertilization, in accordance with a special law
6. Preventive health care for persons over 65 years of age
7. Preventive health care for disabled persons from the registry of disabled persons determined by special regulation
8. Comprehensive health care in connection with HIV infections and other contagious diseases for which the implementation of measures to prevent their spread is stipulated by law
9. Mandatory vaccination, immunoprophylaxis and chemoprophylaxis
10. Comprehensive treatment of chronic psychiatric illnesses
11. Comprehensive treatment of malignant illnesses
12. Comprehensive treatment as a consequence of a recognized work injury, i.e. occupational disease
13. Chemo-dialysis and peritoneal dialysis
14. Health care in connection with organ removal and transplant for the purpose of treatment
15. Out-of-hospital emergency medical assistance as a part of emergency medicine which includes emergency transportation (by land, water, or air), in accordance with regulations of the Minister of Health
16. House visits and home treatment
17. Patronage health care
18. Sanitary transportation for special categories of patients, in accordance with the regulations of the Minister of Health
19. Prescribed medications from the Primary List of Medications of the Fund
20. Health care in the home of the insured person
21. Laboratory diagnostics at the primary health care level
22. Palliative health care

Further, as previously mentioned, as a right arising from compulsory health care, there is the right to financial compensation, which encompasses:

1. Right to wages compensation for the period of temporary incapacity, i.e. inability to work because of usage of health care, or other circumstances
2. Right to financial compensation due to inability to perform work duties on the basis of which other contributions are determined, which lead to other wages, in accordance with the regulations of mandatory insurance contributions
3. Right to compensation for transportation expenses in connection with using health care from the compulsory health insurance
4. Right to compensation for accommodation expenses for one parent or guardian of a child for the duration of the hospital treatment of the child

In conclusion, we can state that all the above-mentioned compulsory health insurance rights are recognized and used by the insured persons under compulsory health insurance under the same criteria and conditions, regardless of whether said insured persons' disability has been established.

By adopting the key international documents, the UN Convention on the Rights of Persons with Disabilities, as well as contemporary standards in this field, the Republic of Croatia has committed to implementing an active human rights policy. Protecting vulnerable social groups, such as persons with disabilities and children with disabilities, is of particular importance. Following the existing legislation, as well as the already implemented measures and the results of the National Strategy of a Single Policy for Persons with Disabilities 2003-2006 and 2007-2015, the Government of the Republic of Croatia adopted a new National Strategy for Equalization of Opportunities for Persons with Disabilities 2017-2020 with the aim of enhancing and further strengthening the protection of the rights of persons with disabilities. Establishing a comprehensive national legal framework also implies continuous monitoring of the development of international standards in order to ensure the highest level of modern protection for persons with disabilities, accessibility to all rights and the realization of those rights without discrimination. The National Strategy aims to harmonize all policy actions in the field of protection of persons with disabilities with the achieved standards on a global level, as well as all the trends that aim to make all areas of life and activities open and accessible to people with disabilities. In the Republic of Croatia, the policy towards people with disabilities is therefore based on contemporary international standards, which include fundamental human rights principles such as the principle of non­discrimination and the principle of the interdependence and indivisibility of all human rights. This obliges us to ensure all civil and political and social, cultural and economic rights to persons with disabilities. In addition, the Government of Croatia regularly cooperates with associations of persons with disabilities, which is crucial for the integration of people with disabilities into the society. Except the aforementioned Strategy, it is also important to mention the national act regulating the Disabilities Registry, which provides the Republic of Croatia with statistical data on this vulnerable group. Besides providing statistical indicators, the Register also enables the implementation of the Act on Professional Rehabilitation and Employment of Persons with Disabilities. Due to the implementation of this Act and the activities of the Registry, about 11 000 persons with disabilities have been employed in the Republic of Croatia so far.

Annual reports from the Registry for Persons with Disabilities can be found on the intranet pages of the Croatian Institute of Public [https://www.hzjz.hr/periodicne- publikacije/izvjesce-o-osobama-s-invaliditetom-u-hrvatskoj-2015/](https://www.hzjz.hr/periodicne-publikacije/izvjesce-o-osobama-s-invaliditetom-u-hrvatskoj-2015/)

On 14 March 2017, there are 511850 disabled persons, of whom 307934 men (60%) and 203916 women (40%), and in this way people with disabilities make up about 11.9% of the total population of the Republic of Croatia

2. Please provide any information and statistical data (including surveys, censuses, administrative data, literature, reports, and studies) related to the exercise of the right to health of persons with disabilities in general, as well as with particular focus in the following areas:

In the Republic of Croatia, every person, including persons with disabilities, has the right to health care and the opportunity to enjoy the highest attainable level of health, in accordance with the provisions of this Act and the Mandatory Health Insurance Act. This includes access to free or affordable general healthcare services and programs, including mental health services, services related to HIV/AIDS and universal health coverage; access to free or affordable disability-specific healthcare services and programs; and access to free or affordable health-related habilitation and rehabilitation goods and services, including early identification and intervention. Adequate improvements need to be made regarding the removal of architectural barriers that still exist in certain healthcare establishments. Accordingly, all health institutions have been instructed by the Ministry of Health that they must continually work on the removal of such barriers and ensure full accessibility for persons with disabilities, which is to be reported to the said Ministry.

• Availability of barrier-free general healthcare services and programmes, which take into account all accessibility aspects for persons with disabilities;

Availability of health services is ensured by the Network of public health services (Official Gazette nos. 101/12, 31/13, 113/15, 20/18).

Health institutions continuously, in accordance with needs and abilities, invest resources in order to eliminate physical obstacles, to ensure informational support and to procure medicinal equipment in order to ensure accessibility and improvements of health care for the population of disabled persons.

National Strategy for the Equalization of Opportunities for Persons with Disabilities for the period 2017 to 2020 (Official Gazette no. 42/17), provides activities for the preparation and implementation of the plan for the removal of physical obstacles in order to ensure access to health institutions; preparation and implementation of the plan for ensuring informational support for deaf, blind and other disabled persons in health institutions; preparation and implementation of the plan for equipping health institutions with necessary functional tools, as well as ensuring specific information which refer to disabled persons.

In the context of implementation of described activities, every year the Ministry of Health collects data from health institutions concerning realization of interventions and contents in relation to those planned, and data on amount of resources invested in them.

Educational programmes for training health workers on the rights and specific needs of disabled persons are conducted.

National Strategy for the Equalization of Opportunities for Persons with Disabilities for the period 2017 to 2020 also provides the activity of educating and informing health workers on specificities of communication and rights of disabled persons from the Convention on the Rights of Persons with Disabilities.

Croatian Institute of Public Health organizes training of health workers on the importance of appropriate contact with disabled persons. The lecturers are the Ombudswoman for Persons with Disabilities, disabled persons, representatives of associations for all types of disabilities. In that way, attendants have the opportunity to learn about ways of establishing appropriate contact and specificities of health care for all types of disabilities: paraplegia and tetraplegia, muscular dystrophy, blindness, deafness, deaf-blindness, intellectual disabilities, autism, mental illnesses and persons with laryngectomy.

For the indicated period, we are preparing informational materials and educational programme for health workers and management structure in order to further raise awareness of health workers regarding the specificity of needs and communication with disabled persons.

The Ministry of Health delivered to all health institutions and chambers of health workers the instruction, as well as the recommendation and opinion of the Ombudswoman for Persons with Disabilities Office in connection with the need to ensure rational assimilation in communication with disabled persons. The instruction emphasizes:

* that every person has the right to have access to information concerning their own health in a way understandable to them, and that generally all conduct towards disabled persons should be on the same basis as towards others;
* that ensuring understandable assimilation is the obligation of the state stipulated in the Convention on the Rights of Persons with Disabilities and shall therefore be respected as a conventional principle;

- that the Republic of Croatia is obliged to take all measures necessary in order to respect the provisions of the Convention on the Rights of Persons with Disabilities and the Act on the Protection of Patients' Rights (Official Gazette, 169/14).

The instruction emphasizes the importance of introducing health workers who are in direct contact with disabled persons with the Act on ratifying Convention on the Rights of Persons with Disabilities and Optional protocol of the Convention on the Rights of Persons with Disabilities (Official Gazette, 6/07), documents and obligations of using necessary adjustments in communication with disabled persons with regards to the type of disability.

Furthermore, the are educational programmes - training health workers on the rights and specific needs of disabled persons, all within programmes of Faculty of Medicine, department of psychology and department of Nursing.

At the initiative of the Croatian Institute for Public Health, University of Applied Health Sciences included educational courses on the methods for appropriate contact with disabled persons and specificities of health care for disabled persons.

The Ministry of Health supports further efforts to include educational courses at faculties of medicine and other studies.

Health workers are professionally trained to do their jobs, and professional specialization is conducted in accordance with regulations on professional specialization, as well as provisions of professional chambers in connection with continuous education for every single function.

Continuous education of health workers is mandatory and is conducted through competent chambers, professional societies, health institutions or any other organizer, in continuity.

Educational health programmes are also conducted within projects and programmes of associations active in the area of health care and associations of disabled persons which are co-financed through tenders of this Ministry.

Also see answer under question Nol.

• access to free or affordable general healthcare services and programmes, including mental health services, services related to HIV/AIDS and universal health coverage;

Mental health protection trought health system is covered by regulations of the Republic of Croatia directly - the cited Health Care Act, the Act on the Protection of Persons with Mental Disorders (Official Gazette no. 76/14), the cited Plan and Programme of Health Care Measures under the Compulsory Health Insurance System and indirectly within other acts, strategies and plans.

Most of the services outside hospitals includes daily hospitals and policlinic-counseling services in connection with general and special hospitals that include psychiatric services given that most of psychiatrists are employed in the hospital system, as well as through the activities of some associations that have peer-workers in their work and through pilot project “mobile teams” in prevention of rehospitalization of patients with mental disorders.

Services for mental health protection and prevention of addiction in all districts institutes for public health conduct treatments and psychosocial therapies for people with mental disorders within their regular activities.

The procedure for issuing the new National Strategy for Mental Health Protection is in progress. The areas of the aforementioned Strategy include the improvement of mental health in vulnerable populations and, among others, collaboration with other sectors, exchange of information and knowledge, as well as research.

In a wider context, we use this opportunity to emphasize that the Child and Adolescent Psychiatry Committee was established at the Ministry of Health in 2016. Committee’s tasks are: to create a Strategic Plan for the Development of Child and Adolescent Psychiatry in the Republic of Croatia; give opinions and recommendations in connection with improvements of quality and efficiency of child and adolescent psychiatry activities, standard procedures and other questions of interest to the Ministry of Health in the field of child and adolescent psychiatry.

The Ministry of Health is considering the optimum solution for defining Centers for diagnostics of autism on the regional level (Osijek, Rijeka, Split, Zagreb). It is anticipated that the regional diagnostic centers will be at clinical hospital centers.

Future activities will be directed at organizing multidisciplinary teams at regional clinical hospital institutions for diagnostics and recommendation of treatments, issuing guidelines for their work, educating members of teams and coordinating activities with the early intervention team. For these activities, a pilot project will be implemented this year in cooperation with UNICEF.

The Republic of Croatia has committed itself to following internationally accepted recommendations and integrating them intoo national policy and practice in order to lessen stigmatization and discrimination of HIV positive persons and to ensure their complete protection of human rights, right to privacy and right to treatment.

The fundamental strategic document of the Republic of Croatia is the Croatian National Programme for HIV/AIDS Prevention 2017-2021. The Croatian National Programme for HIV/AIDS Prevention 2017-2021 includes medical measures, public health measures, educational measures and measures for social communities, taking into consideration educational, ethical and legal principles, social and economic factors, the importance of collaboration of different partners/participants, in order to establish coordinated synergic participation of all segments of society in fighting and preventing HIV/AIDS. Emphasis is placed on continuous and systematic work, multidisciplinary approach and involvement of civil society. Activities in the field of destigmatization of persons suffering from HIV/AIDS and support for their families and community is especially emphasized. This programme is a continuation of all former programme activities, which were established for the first time in 1993, and it is based on professional guidelines and numerous international documents. The main objective of this Programme is to keep ensuring low numbers of HIV infections and AIDS in the Republic of Croatia and to achieve preconditions for stopping epidemics in Croatia by 2021 (90% of infected people are diagnosed, 90% of those diagnosed are taking antiretroviral medications and 90% of those treated have unmeasurable viremia). The Croatian Government named the president, vice-president and members of the National

Committee for HIV/AIDS Prevention, on the basis of recommendations from competent ministries, other public institutions, health institutions, representatives of religious communities and representatives of civil society organizations active in the field of health, in accordance with the Decision on the Establishment of the National Committee for HIV/AIDS Prevention. Considering the importance of this body, the President of the National Committee for HIV/AIDS Prevention is the Minister of Health.

Ever since the first appearance of HIV infection and AIDS in the world, there has been continuous implementation and improvement of diagnostics and treatment of HIV positive persons in the Republic of Croatia. Diagnostics is conducted in health institutions throughout the country, while the final confirmation and treatments are conducted at the University Hospital for Infectious Diseases “Dr. Fran Mihaljevic” in Zagreb. In addition, HIV/AIDS testing is conducted in Centers for free, voluntary and anonymous testing for HIV/AIDS which operate within certain regional institutes for health care and actively collaborate with civil society organizations. Considering the relatively small number of HIV positive persons, as well as staff with high education in this health institution, there is currently no need to open new regional centers for treatment. Antiretroviral medications are ensured through the University Hospital for Infectious Diseases “Dr. Fran Mihaljevic”, and their payment is ensured through the Croatian Health Insurance Fund. With the regular support which is implemented in accordance with regulations from the field of social welfare, and because of the infection specificity, HUHIV association has been conducting the programme “Psychosocial support for HIV positive persons and their families” since 2003, within the programme of “Improving the fight against HIV/AIDS in Croatia”, and the same programme later continued at the University Hospital for Infectious Diseases “Dr. Fran Mihaljevic”.

The Reference Centre for AIDS continuously monitors the newest guidelines for the purpose of diagnostics and treatment of HIV positive persons, which are the adequately implemented in the framework of the health care system. The Programme for psychosocial support for HIV positive persons and their families is also continuously conducted at the University Hospital for Infectious Diseases “Dr. Fran Mihaljevic”.

* access to free or affordable disability-specific healthcare services and programmes; and

Health care for children with developmental difficulties and adults is conducted at the primary and secondary level of health care in the domain of the compulsory health insurance and within separate programmes for health care for children with developmental difficulties or disabled persons.

Health care for disabled persons in all contracting activities at the primary level as well as specialist-counseling health care which is administered at primary level health institutions, is integrated in the regular work of the aforementioned activities and is financed through the regular system of contracting activities with the Croatian Health Insurance Fund.

Also see answer under question Nol.

* access to free or affordable health-related habilitation and rehabilitation goods and services, including early identification and intervention.

The Republic of Croatia strives to provide health and rehabilitation services which are especially directed towards the needs of disabled persons mainly because of their disability, including prevention of disability, early identification and intervention, as well as services intended for the prevention of disability worsening and the best possible mitigation of their consequences, and it strives to ensure that health services are located as closely as possible to communities where people live, including rural areas.

Health care for children with developmental difficulties is continuously conducted in the domain of compulsory health insurance and within separate programmes for health care for children with developmental difficulties or disabled persons.

Activities from the programme of health care measures are implemented as part of the regular activities of health workers and institutions.

All diagnostic and therapeutic procedures for children with developmental difficulties in the health care system are being implemented continuously within regular activities (pediatrics, child and adolescent psychiatry and others), in accordance with professional guidelines.

In primary health care, the regular work of teams is ensured in accordance with the network of primary health care (health visits and physical therapy at home). Physical therapy at home is conducted by health care institutions and private practices for physical therapy at the patient's home. Special attention is given to rehabilitation of children with disabilities, which is conducted in accordance with specific programmes of neurodevelopmental rehabilitation and by specially educated bachelors of physiotherapy.

Stationary rehabilitation is conducted in contracted special hospital health institutions. Rehabilitation programmes are multidisciplinary in their structure and they include different profiles of professionals, from health workers to a wide range of specialists from associate fields, which ensures maximum engagement of all potential patient’s resources in order to have the best possible rehabilitation result which is valued according to the level of independence and the need for help from others.

In the context of early diagnostics and intervention for children with developmental disabilities, we emphasize the necessity for connecting systems of health, social welfare and education.

In the context of ensuring preconditions for early diagnostics and on the basis of the Agreement for Collaboration On the Project “Monitoring Children with Neurorisks” with Privredna banka Zagreb d.d. and PBZ CARD d.o.o., the Ministry of Health successfully collaborates on the implementation of the project “Monitoring Children with Neurorisks" in terms of equipping health institutions with equipment necessary for early diagnostics for children with a certain factor of neurological risk and also for early therapy for the purpose of decreasing the risk for disability development.

All Croatian maternity wards are equipped with devices for hearing testing. Screening testing introduced in 2002 became a obligatory measure in early care of newborn children in 2006, named “Universal newborn screening for hearing impairment SPNOS”. Introducing screening enables early recognition of hearing impairment, early intervention and early integration of hearing impaired children in the hearing environment.

With the Ministry of Health’s decision from 1 June 2015, amblyopia screening becomes available to all four-year-old children as a part of preventive health care policy.

The national programme for early detection of amblyopia was adopted by a Decision of the Minister of Health on 21 January 2016.

The National Strategy for the Equalization of Opportunities for Persons with Disabilities for the period 2017 to 2020 provides, among others, activities for the improvement of availability of health services in the community in terms of timely diagnostics, rehabilitation and habilitation for children with developmental difficulties in order to achieve regional uniformity and access to services.

Also see answer under question Nol.

1. Please provide information on discrimination against persons with disabilities in the provision of healthcare, health insurance and/or life insurance by public or private service providers.

The Constitution of the Republic of Croatia - consolidated text (Official Gazette no. 85/10), guarantees the right to health care in conformity with the law for everyone (Article 59).

The Anti-discrimination Act (Official Gazette nos. 85/08, 112/12) provides for the protection and promotion of equality as the highest value of the constitutional order of the Republic of Croatia, creates prerequisites for the realisation of equal opportunities and regulates protection against discrimination on the grounds of race or ethnic affiliation or colour, gender, language, religion, political or other belief, national or social origin, property, trade union membership, education, social status, marital or family status, age, health condition, disability, genetic heritage, native identity, expression or sexual orientation. This Act shall apply to the conduct of all state bodies, bodies of local and regional self-government units, legal persons vested with public authority, and to the conduct of all legal and natural persons, especially in many areas including health insurance and health protection.

In accordance with the Health Care Act, every person has the right to health care and the possibility of highest possible level of health, in accordance with the provisions of this Act and the Compulsory Health Insurance Act.

In exercising rights to health care, every person, according to the provisions of the Health Care Act and regulations on compulsory health insurance, has the right to, among others, equality in the entire process of the realization of health care, medical services of standardized quality and equal content and others. All persons in the Republic of Croatia, in accordance with the Health Care Act, the Compulsory Health Insurance Act, the Voluntary Health Insurance Act (Official Gazette nos. 85/06, 150/08, 71/10) and the Patients' Rights Protection Act, exercise their rights in the same way and under the same conditions. That is, disabled persons, who are insured persons within the compulsory health insurance of Republic of Croatia, exercise all compulsory health insurance rights, in the same scope, quality and standard as all other insured persons, without discrimination on any basis.

1. Please provide information on the observance of the right to free and informed consent of persons with disabilities regarding healthcare, including sexual and reproductive health and mental health services.

Basic rights regulated by the Patients' Rights Protection Act (Official Gazette nos. 169/04 and 37/08), including all disabled persons, are the right to participate in decision making and the right to information, the right to accept or reject a particular medical procedure, the right to confidentiality, the right to privacy, the right to maintenance of personal contacts, the right to leave the health institution voluntarily, the right of access to medical documentation, the right to protection whilst taking part in clinical trials and the right to compensation for damages.

In accordance with the Patients' Rights Protection Act, patients have the right to accept or refuse individual diagnostic or therapeutic procedures except in cases of urgent medical intervention where failure to act would endanger the life and health of the patient or cause him/her serious harm. Patients express their acceptance or refusal of individual diagnostic or therapeutic procedures by signing consent forms. The consent form and the statement refusing certain diagnostic or therapeutic procedure is provided by the ordinance of the Minister of Health (hereinafter: Minister). A blind person, deaf person unable to read, mute person unable to write and deaf-blind person accepts certain diagnostic or therapeutic procedure in a statement in the form of a notary document or a statement made before two witnesses on appointing a competent person who will accept or refuse such a procedure in their name.

For patients who are unconscious, patients with severe mental disorders, patients who do not have disposing capacity or who are under age, the consent form is signed by a patient's legal representative or guardian, except in cases of urgent medical intervention.

It is in the patient's interest that the above mentioned consent can be withdrawn in any moment by signing a statement refusing certain diagnostic or therapeutic procedure. If the interests of patients and their legal representatives or guardians are in opposition to one another, the health worker is obliged to notify the competent welfare center.

In this area, based on the Family Act, only a court can make a decision concerning the sterilization of the ward in a non-litigation procedure, at the motion of a ward who is deprived of legal capacity in that regard or at the motion of a guardian.

Matters concerning the relations of children and parents or wards and guardians are defined in the Family Act (Official Gazette no. 103/15). We cite the provisions relating to the Informed consent of a child to medical procedures and Court decisions regarding the health of wards.

‘'Only a court can make a decision, in a non-litigation procedure, at the motion of a ward who is deprived of legal capacity in that regard or at the motion of a guardian, concerning: the sterilization of the ward; donating tissue and organs of the ward and measures for maintaining the ward on life support.

The court decision is not necessary if, during the period of his or her legal competence, the ward made decisions concerning procedures and measures in the form of notary document (anticipated order)." “A child who turned 16 years of age and who is considered by doctors to have access to information necessary for the formation of one’s own opinion concerning a particular matter and is considered to be mature enough to make decisions about preventive, diagnostic or therapeutic procedures concerning their health and treatment, can autonomously give consent to examination, testing or medical procedure (informed consent).

If, according to a doctor’s assessment, the medical procedure entails risks of severe consequences for the physical or mental health of a child patient, in addition to the child consent referred, the consent of the child’s parents or other legal representative shall also be needed.

In case of a dispute between a child and parent regarding a medical procedure referred, the court shall at the motion of the child or the parent make a decision for the protection of the child’s well-being in a non-litigation procedure. By way of exception, in cases of urgent medical intervention, provisions of a special regulation concerning the protection of patients’ rights shall apply.”

1. Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of health policies, programmes and services.

In response to this question we are glad to mention the activities regarding the modification of the system of expertise for persons with disabilities, coordinated by the Croatian Institute of Public Health. Until 2015 Croatia had five systems of expertise, all of which pertained to different legal regulations and definitions of disability, which resulted in inequalities in the exercise of the rights of persons with disabilities. In order to avoid these situations, the Republic of Croatia began modifying the system of expertise. Pursuant to the Act on the Single Forensic Expertise Body, a body was established, which determines the degree of disability based on uniform criteria. The Croatian Institute of Public Health also included the representatives of persons with disabilities in the establishment of criteria for each type of disability (visual impairment, hearing impairment, physical disability, deafness, intellectual difficulties, autism, mental illness). In addition to the mentioned activities of the Croatian Institute of Public Health, other Ministries and government bodies also include representatives of persons with disabilities in working groups for adoption of new acts and strategies.

Representatives of disabled persons are included in many working bodies of the Ministry of Health and the Croatian Health Insurance Fund tasked with the drafting of regulations, strategies and other national documents, such as the Committee for coordination of implementing national programme for early discovery of colorectal cancer, Committee for rare diseases, Committee for the Development of the Mental Health Strategy and others.

The Act on the Right to Access to Information (Official Gazette, 25/13 and 85/15) establishes legislative framework for the usage of “e-Consultation”.

The state administration bodies, via the central state website for public consultations, and other state authorities, local and regional self-government units and legal persons with public authority, via their websites or via the central state website for public consultation, release the draft of the regulation, the general act or other document, with a substantiation of the reasons and objectives to be achieved through the adoption of the regulation, act or other document, and invite the public to submit their proposals and opinions.

The application 4ke-Consultation” enables participation in open public consultations regarding the process of enacting laws, other regulations and acts.

All citizens, organizations of civil societies and other representatives of interested public can participate with comments in open public consultation regarding the process of enacting laws, other regulations and acts and thus contribute to the better quality and transparency of processes shaping public policies in the Republic of Croatia.

The Ministry of Health, the Croatian Health Insurance Fund and health institutions give opinions and answers and are responsible for responding to requests and inquiries of Ombudswoman for Persons with Disabilities, associations of disabled persons and disabled persons.

Within the official Croatian Institute of Public Health site, <https://www.hzjz.hr/>, which are tailored to the sight impaired, there are a number of content related to the prevention of contagious and non-communicable diseases that can be of great use in everyday life. The site is updated daily with new information. In addition to the mentioned <http://oglasnik.javno-zdravlje.hr/> Croatian Institute of Public Health has established a classified advertisement for people with disabilities who offers the opportunity for people with disabilities to advertise their services and products.

The Ministry of Health also finances programs and projects of associations aimed at preventing the rights of patients thus further intensifying mutual cooperation with civil society. The Ministry of Health, according to possibilities, improves the system from the point of interests of disabled persons.