

# EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification  
in National Realities

WP5 – Inclusion, Certification and  
Adherence to EUCCC Certification

## CROATIA COUNTRY PROFILE

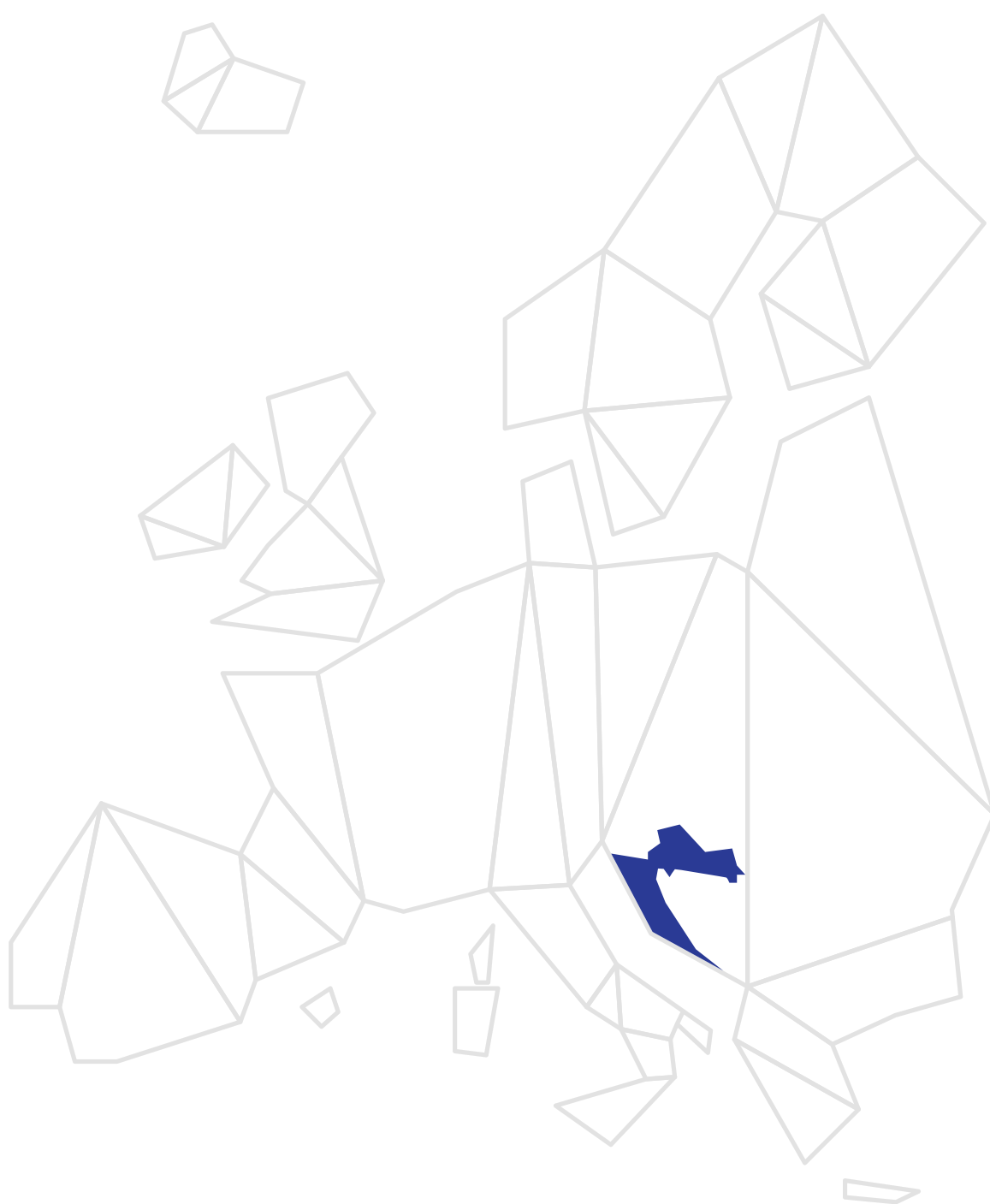


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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK





### Context: existing certification systems and organization of cancer care

#### **A national certification system for healthcare facilities was planned in law but has never been implemented**

In the process of accession to the EU, Croatia was encouraged to design a certification system for its healthcare facilities. However, it has never materialised.

Nonetheless, legislative frameworks, guiding principles, and systems of measures exist to support and improve the quality of healthcare in Croatia. The Health Care Quality Act, among other things, prescribes the accreditation procedure for healthcare institutions and the assessment of healthcare technologies.

All healthcare providers in Croatia are obliged to establish, develop and maintain a system for ensuring and improving the quality of healthcare in accordance with the Plan and Programme of Measures for Ensuring, Improving, Promoting and Monitoring the Quality of Healthcare.

In order to ensure and improve the quality of healthcare, healthcare providers **may be accredited**, under the conditions and in the procedure regulated by the Health Care Quality Act. However, undergoing the accreditation process is voluntary.

Regulations on Healthcare Quality Standards and their implementation set out standards in areas such as continuous improvement in clinical and non-clinical procedures, patient and staff safety, infection control and internal assessment.

#### **Designation of reference centers is the result of a peer review process**

Reference centers exist but the designation of these centers is based on documentation review only by peers (other oncologists).

Reference centers designation is a bottom-up approach rather than the result of planification of supply by the Ministry of Health. Criteria for awarding the title of reference center include scientific publications, international collaborations, innovation and application of research in care. Once obtained, the designation is valid for 5 years.

This designation system resulted in a high number of reference centers, thus diluting the purpose of the concept. There are currently efforts being made in the Ministry of Health to establish clearer and stricter rules for the designation of reference centers.

However, the following international certifications are observed:

- St Catherine Specialty Hospital: JCI
- Clinic Magdalena: ACI

### **Organization of cancer care**

There are no stand-alone cancer centers in Croatia. Cancer care is mostly provided in oncology departments of large hospitals but is also available in 9 regional hospitals for more common cancer types. However, there are no formal relations or established networks between regional hospitals and oncology departments in university hospitals.

There are no volume thresholds in surgical care for cancer in Croatia, which translates into a very high number of hospitals allowed to treat cancer in the country (around 50 hospitals).

Multidisciplinary tumour boards are in place and are part of a standard procedure in university hospitals. However, in most hospitals, oncologists participating in MTBs are not specialised by tumour type and often sit on multiple boards. UHC Zagreb is an exception with clearly defined primary tumour sites that are addressed by individual oncologists.

Efforts are currently ongoing to establish the National Cancer Database, which will serve as the future national cancer registry.

In 2020, Croatia introduced the National Strategic Framework for Cancer 2020–30 (NSFC), aiming to improve the health of citizens and enhance quality of life for cancer patients. However, the rollout of many planned initiatives was impeded by the COVID-19 pandemic, causing significant delays to the implementation of various programmes and strategies. In 2024, Croatia revitalised its efforts with a comprehensive overhaul focused on optimising cancer care organization, ensuring access to high-quality treatments, and emphasising primary and secondary prevention strategies. An action plan for 2024–25 was adopted to address these delays.

The NSFC sets comprehensive policies in cancer prevention, treatment, rehabilitation and palliative care, and prioritises the creation of a national oncology network and patient registry<sup>1</sup>.

### Identified barriers against the implementation of EUCCC certification in Croatia

- **Lack of medical personnel, especially nurses** for the outpatient services (lower salaries due to the absence of nightshifts)
- **Insufficient formal links between university hospitals and regional hospitals** that would allow for a more structured patient care
- **Outdated IT infrastructure** that is incompatible between different hospitals complexifies the exchange of data and patient information
- **Lack of established networks** and clear patient pathways

Due to the fact that there are too many hospitals treating cancer, the less advantaged ones **do not comply with the minimal quality standards** expected from an EU country

### Identified enablers towards the implementation of EUCCC certification in Croatia

- **Croatia should adopt the minimal volume thresholds** used in many EU countries, that would reduce the number of hospitals treating cancer, which is clearly too high
- By reducing the number of hospitals treating cancer, it is hoped that quality of care will be improved thanks to measures **such as the systematic adoption of multidisciplinary teams and further specialisation amongst oncologists.**

### Conditions for successful EUCCC certification implementation in Croatia

It is hoped that this Joint Action will encourage Croatian policymakers to take the measures mentioned above, which are necessary conditions for turning the comprehensive cancer center idea into a reality for patients in Croatia.

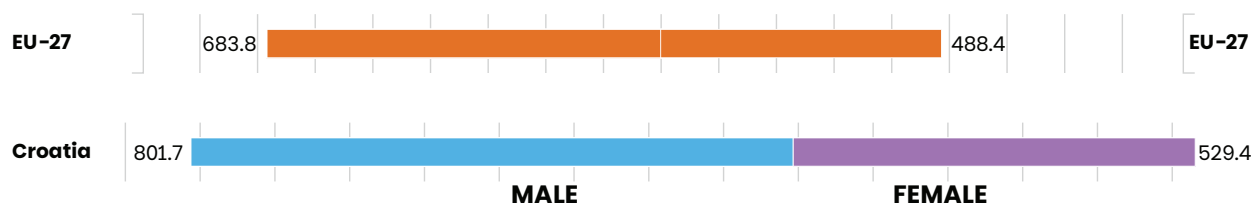
Number of OEI-certified CCCs: 0

Number of EUCCC pilot centers: 1

## Epidemiology: incidence, mortality and survival rates

### Incidence rate:

Estimated incidence, both sexes, all sites but non-melanoma skin, 2022 (per 100 000 population)



### Mortality rate:

**Cancer mortality**  
ASMR per 100 000 population



### Survival rates:

For the selection of cancers:

#### Colon cancer 5-year survival

% survival for patients diagnosed 2010-2014



#### Breast cancer 5-year survival

% survival for women diagnosed 2010-2014



#### Lung cancer 5-year survival

% survival for patients diagnosed 2010-2014



#### Breast cancer screening

% of target population



#### Cervical cancer screening

% of target population



#### Colorectal cancer screening

% of target population



## Screening performance

#### Daily smoking

% of population aged 15+



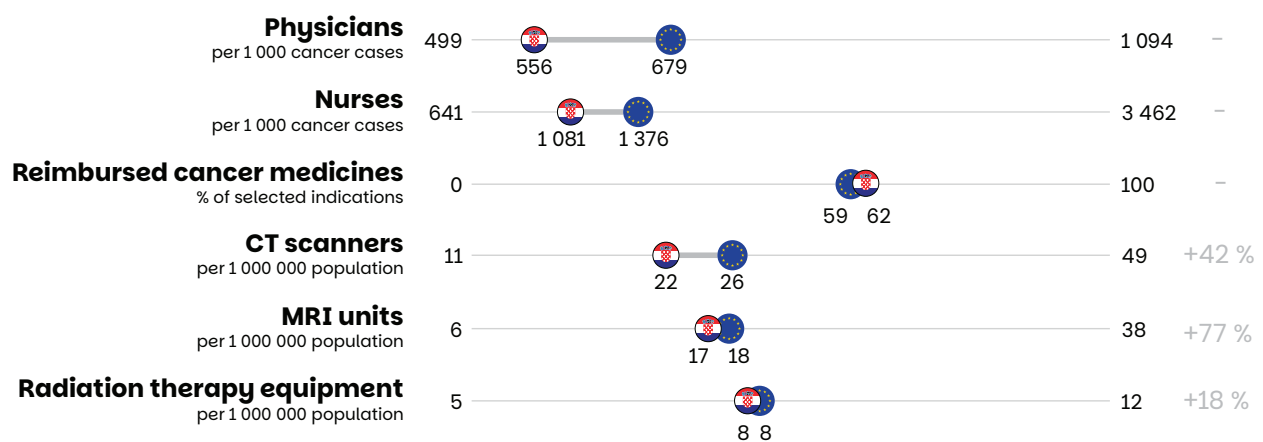
#### Alcohol consumption

Litres per capita, population aged 15+



## Risk factors

## Human resources and infrastructure



**Number of clinical trials:** 152

### Endnotes

- [https://www.oecd.org/en/publications/eu-country-cancer-profile-croatia-2025\\_46c5e70c-en.html](https://www.oecd.org/en/publications/eu-country-cancer-profile-croatia-2025_46c5e70c-en.html)



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