COUNTRY PROFILES
CROATIA

JARED
Joint Action on REspiratory Diseases

1. Key facts

Population: ~3.8 million (2023)
Current health expenditure (% of GDP): 8.1 (2021)
Healthy life expectancy (at birth): 66.8 (2021)
Source: *WHO*

2. Key indicators

Smoking rate
Age-standardized prevalence of tobacco smoking among persons 15 years and older: 34.5% (2025). The projected prevalence for 2030 remains unchanged at 34.5%.
Source: WHO

PM2.5 exposure
Concentrations of fine particulate matter (PM2.5): 13.29 (2023)
In Croatia, the rate of the all-cause natural deaths attributable to long-term exposure to fine particles (number of premature deaths attributable per 100 000 inhabitants 30 years or above) above 5μg/m3 is estimated to have been reduced by 53.8% between 2005 and 2023 (from 232.0 to 107.3, respectively), resulting in 2,886 (95% CI: 2,204-3,218) attributable deaths in 2023.
Sources: WHO, European Environment Agency

Respiratory mortality
Standardised death rate per 100 000 inhabitants: 66.4 (2022)
Number of deaths: 2,641. Share of all deaths: 4.6%
In 2022, there were around 363 500 deaths in the EU resulting from diseases of the respiratory system, equivalent to 7.0% of all deaths among residents.
Source: Eurostat

Tuberculosis incidence
In Croatia, the tuberculosis incidence (per 100 000 population) has improved by ▼ 49.4 cases per 100 000 from 56 [45 - 67] in 2000 to 6.6 [5.4 - 8] in 2024.
Source: WHO

Asthma prevalence: 4.8% (2019). 3.0% (2014)
Source: Eurostat

COPD prevalence: 0.1% (2022)
2012-2022: 0.1 (largely unchanged)
Source: WHO

3. Thematic focus

Croatia does not currently have a single, dedicated national strategy covering chronic respiratory diseases (CRDs). However, several national programmes and public health measures address important respiratory health risk factors and conditions. These include **the National Lung Cancer Screening Programme**, implemented in 2020, as well as comprehensive **tobacco-control measures.** Croatia also maintains a **national tuberculosis surveillance** and control programme, alongside prevention activities implemented by public health institutions. The country also participates actively in European respiratory health collaborations.

4. Challenges

Smoking and tobacco exposure remain major risk factors for chronic respiratory diseases in Croatia. The growing use of electronic nicotine delivery systems, particularly among younger people, is an emerging concern. **Long-term exposure to fine particulate matter and other air pollutants** is also an important respiratory health risk. Exposure varies across regions and population groups, contributing to inequalities in respiratory health. The respiratory health impacts of air pollution, extreme weather events and climate change are not yet consistently recognised in public health communication and the media. **Raising awareness and strengthening prevention measures** should therefore remain an important priority.

5. Opportunities

The Croatian partner, **University Hospital Centre Zagreb (UHCZ)**, contributes expertise in respiratory healthcare, with a focus on living with chronic respiratory diseases and improving access to care for remote, older and socioeconomically disadvantaged populations. UHCZ also brings experience in using digital tools to support patient care, offering opportunities to explore innovative approaches to accessibility and patient engagement within JARED.

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