

The Republic of Croatia

The Millennium Development Goals

First Report

2004

Introduction

At the fifty-fifth session of the General Assembly of the United Nations, held in New York from September 6 to 8, 2000, the Millennium Declaration, a political document of the United Nations for the twenty-first century that establishes the goals for individual branches of interest to all the members of the international community as a whole and activities that should contribute to its realization, was passed by a unanimous vote.

All the member nations of the United Nations are required to prepare a National Report on the Implementation of the Development Goals of the Millennium Declaration. Therefore, this obligation was also undertaken by the Republic of Croatia. The Millennium Development Goals on which the member nations of the United Nations are required to prepare reports on their implementation are as follows:

1. Eradicate extreme poverty
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Work on the preparation of these reports was conducted via five subgroups for the Millennium Development Goals, in which representatives of the relevant government institutions participated, as follows:

First subgroup: Millennium Development Goal— Eradicate Extreme Poverty — Ministry of the Economy, Labor and Entrepreneurship — coordinator of the subgroup and author of the report on this topic; Ministry of Health and Social Welfare, Economic Institute, Ministry of Foreign Affairs;

Second subgroup: Millennium Development Goal — Achieve Universal Primary Education — Ministry of Science, Education and Sports — coordinator of the subgroup and author of the report on this topic; Ministry of Foreign Affairs;

Third subgroup: Millennium Development Goal — Promote Gender Equality, Office for Gender Equality and Empower Women— coordinator of the subgroup and author of the report on this topic; Ministry of Foreign Affairs;

Fourth subgroup: Millennium Development Goals — Reduce Child Mortality, Improve Maternal Health, Combat HIV/AIDS and Other Contagious Diseases — Ministry of Health and Social Welfare — coordinator of the subgroup and author of the report on this topic; Office for Human Rights; Ministry of Science, Education and Sports;

Fifth subgroup: Millennium Development Goals — Sustainable Development, Global Partnership — Ministry of the Economy, Labor and Entrepreneurship; Ministry of Health and Social Welfare; Ministry of Environmental Protection, Physical Planning and Construction; and the Ministry of Foreign Affairs — coordinators of the subgroup and authors of the report on this topic.

The goals and purposes of the National Report on the Millennium Development Goals concern the linking of the Millennium Development Goals with the strategic development of the Republic of Croatia, establishment of priorities, instituting of ongoing supervision and reporting on the development goals of Croatia, finding a way to identify the actual goals and indicators for Croatia, and the incorporation of the Millennium Development Goals in the all-inclusive planning,

determination of priorities and coordination of the Government of the Republic of Croatia, the government agencies, scientific institutions and the civil society.

In order for the cited Millennium Development Goals to be achieved, various participants contributed to the preparation of these reports — the heads of individual ministries, offices and agencies of the Government of the Republic of Croatia, scientific institutions and nongovernmental institutions. The coordinator of the project is the Ministry of Foreign Affairs of the Republic of Croatia. The content has been prepared by the appropriate ministries following public discussion in which representatives of non-government institutions and other relevant experts participated. Professional, technical and financial support for the projects was also provided by the Zagreb Office of the United Nations Development Program Croatia.

This is the first report we have prepared on this topic. By the year 2015, several more reports are planned that will be based upon the present one and will monitor progress in the achievement of the Millennium Development Goals in the Republic of Croatia.

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MILLENNIUM GOAL 1: ERADICATE EXTREME POVERTY

I. STATUS AND TRENDS

The war on poverty is rapidly becoming recognized as one of the central goals of social development in Croatia. Taking into account the markedly all-encompassing favorable natural factors and cultural tradition of Croatia, there is the widespread conviction that with correctly chosen measures and activities, absolute poverty in the Republic of Croatia can and must be successfully uprooted within a relatively short period of time. Although overall economic progress during the past decade has been significant according to the measured rates of economic growth (an average annual growth rate of 4.3 percent during the period from 1994 to 2002) or an increase in real net salaries (an average of 6.2 percent annually during the 1995 to 2002 period), benefits from this growth have not been evenly distributed among all members of society. High unemployment (14.8 percent in 2002, according to the definition of the International Labor Organization), a growing number of beneficiaries of social assistance and emigration from less developed regions indicate that there are groups of citizens who are for the most part excluded from mainstream social and economic life.

In addition to the relatively favorable overall economic trends after 1994, the profound and dramatic changes during the early 1990s should not be forgotten, which to a significant extent predetermined the low standard of living among Croatian citizens. In addition to the transition recession, Croatia was engaged in a defensive war during the early 1990s, in which it fought for its independence. The war resulted in enormous physical and human losses. There was destruction or severe damage to many residential buildings, communal infrastructures and commercial buildings. Over half a million Croatian citizens were driven out of their homes. Such a situation led to growing poverty. Many individuals, who certainly would not have been impoverished under the conditions of “normal” transition, became poor. Despite the war and the decline in the standard of living, Croatia succeeded in avoiding the problem of hunger, and emergency housing has been provided for a large number of refugees and displaced persons. Unfortunately, the economic and overall social recovery after the war has been slower than many citizens anticipated.

1.1. Poverty in Croatia

There are few quantitative data on poverty in Croatia. Regarding the status and causes of poverty in Croatia, it is possible to form a judgment on the basis of a small number of studies or indirectly from other indicators of prosperity. According to the Human Development Index, which the United Nations Development Program calculates and publishes for all the countries in the world, Croatia was in forty-eighth place in the year 2000. In 2000, that index was 0.809, with some improvement in comparison to 1995 when it was 0.798 (UNDP, 2002), indicating an improved average material standard during recent years. However, this does not necessarily signify that there has been an improvement in the standard of living of the poorest citizens. In 2003, the UNDP calculated that the share of the most impoverished ten percent of citizens in the total revenue declined from 3.5 percent in 1998 to 3.4 percent in 2000, indicating that during this period the poor had less than proportional benefits from the economic growth. At the same time, there has been an increase in the inequality of profit distribution, according to the Gini coefficient that has increased from 0.29 in the year 1998 to 0.30 in the year 2000.

A study by the World Bank on poverty in Croatia during the year 1998 (World Bank, 2000) states that approximately ten percent of the population is living in absolute poverty according to national standards. However, according to the international standards that the World Bank applies for countries in transition (4.3 USD daily according to the purchasing power parity rate), the poverty rate in Croatia is relatively low and totals 4.8 percent. Similarly, it has also been demonstrated that Croatia has practically no or an exceptionally low number of citizens who live on an income of less than one dollar per day. However, the consumption of 13.5 percent of the population is less than 50 percent of the Croatian average, indicating the depth of poverty in the relative sense.

Table 1.1. POVERTY RATES IN CROATIA ACCORDING TO VARIOUS POVERTY LINES (2001)

Poverty Line	International Line (1998)	Relative line (according to EUROSTAT methodology) for 2001
	4.3 USD daily (according to purchasing power parity)	17,965.52 Kunas annually (per “adult equivalent”)
Poverty Rate	4.8%	17.2%

Source: For the International Line, World Bank (2000), *Croatia: Economic Vulnerability and Welfare Study, Volume I and Volume II, Document of the World Bank, Washington, D.C.: World Bank*; and for the Relative Line, *Priopćenje DZS-a «Indicators siromaštva u 2001. i 2002. godini» (Report by the Government Bureau of Statistics “Poverty Indicators in the Years 2001 and 2002), No. 13 .2.2, February 27, 2004*

II. CROATIAN GOALS, SUBGOALS AND INDICATORS

The uprooting of absolute poverty by strengthening the economy and stimulating legal employment, with effective eradication of the so-called “gray economy,” is one of the goals of social development in Croatia. This is in full compliance with the global millennium development goal of the UN to eradicate extreme poverty and hunger. Defined more precisely, the Croatian national goal in this area is to cut the rate of absolute poverty in half during the period from 2001 to 2015 (see Table 1.2).

Table 1.2. CROATIAN NATIONAL MILLENNIUM DEVELOPMENT GOALS

Goal 1: Eradicate extreme poverty		
Subgoals and Indicators	Indicators (first year)	Indicators (year in which goal is achieved)
Subgoal 1: To cut the number of inhabitants living in absolute poverty in half during the period from 2001 to 2015		
Indicator 1: The percentage of the population with an income of less than 17,965.52 Kunas per adult equivalent (modified OECD scale)*, in constant 2001 prices	17.2% (2001)	8.6% (2015)
Indicator 2: Percentage of long-term unemployed persons in the work force (unemployed for longer than two years, according to the Labor Force Survey	6.2% (2001)	3.1% (2015)

***The modified OECD scale assigns the head of a household a coefficient of 1; each other adult person in the household 14 years of age or older is assigned a coefficient of 0.5; and each child younger than 14 years of age is assigned a coefficient of 0.3.**

III. CHALLENGES, NEEDS, POSSIBILITIES AND THE ACHIEVEMENT OF GOALS

One of the first steps in achieving the given goals is to become better acquainted with the current dimensions of poverty in Croatia, based on suitable internationally harmonized statistical indicators. New and more complete information on poverty could lead to the need for more specifically stipulated contents and schedules for programs, measures and activities in the war on poverty, as well as the development and application of suitable new statistical indicators. Although many necessary steps have already been designated in the strategic development documentation in Croatia,¹ they require further work in order to express the goals and tasks in measurable terminology, together with a group of indicators by which the success of the war against policy can be monitored.

Croatia wants to become a member of the European Union in the next medium-range period. The European Union is devoting increasing attention to poverty, social exclusion and the accelerated development of statistical indicators in order to monitor them. For Croatia, it is important to follow the activities of the European Union in this area and become involved in them. This requires Croatia to develop its own National Plan of Action to Combat Poverty and Eradicate Social Exclusion, but also requires parallel accelerated development of statistics as a necessary tool for establishing what has been accomplished, i.e. the application of measurable indicators of success in this process as a segment of general sustainable development of the society and country.

Success in the eradication of poverty significantly depends on the orientation of economic measures and social policies toward risk groups. There is a need to issue regional programs for eradicating poverty and programs of special aid for elderly disabled persons, as well as for preparing special hiring programs pursuant to the goals of eradicating poverty and social exclusion.

In the eradication of poverty, increased emphasis upon the education and professional training of the population in a manner oriented to the actual demands of the labor market is essential.

¹ These are as follows Strategija razvoja Republike Hrvatske: Hrvatska u 21. stoljeću [Development Strategy of the Republic of Croatia in the 21st Century]; Program borbe protiv siromaštva i socijalne isključenosti u Hrvatskoj [The Program of the War to Combat Poverty and Social Exclusion in Croatia]; Nacionalni program djelovanja za djecu [National Program of Activities for Children].

MILLENNIUM GOAL 2: GUARANTEED EDUCATION FOR ALL

I. EDUCATION LEGISLATION IN THE REPUBLIC OF CROATIA

The educational policy is implemented by the Ministry of Science, Education and Sports of the Republic of Croatia pursuant to legislation, regulations and the decrees of the Government of the Republic of Croatia, in cooperation with social partners and the civilian sector.

Preschool education is organized pursuant to the Preschool Education Act. It is not compulsory and attending preschool institutions is not a prerequisite for admission to compulsory elementary school.

Pursuant to Article 65 of the Constitution of the Republic of Croatia and the Elementary School Act, elementary school is compulsory and free of charge for all children who are six or seven years of age. This also applies to all children who have residence in the Republic of Croatia, regardless of their country of citizenship. Separate legislation regulates the questions of the schooling of members of national minorities, schooling according to the curricula and programs of religious communities, and the schooling of children with special needs.

Pursuant to the Constitution of the Republic of Croatia, secondary and higher education are available to all under equal conditions, according to the candidates' abilities. The basic criteria for establishing a secondary school infrastructure are the necessary national and regional development of individual manufacturing and other activities. The secondary school infrastructure is adapted to the specific needs for the establishment and operation of schools in the languages of national minorities, as well as schools on the islands, so that the criteria for the establishment of the school network and types of educational programs are also adapted to the special legislation on the education of children who are members of national minorities and the development of the Croatian islands.

The Scientific Activities and Higher Education Act is based upon the following:

- academic freedoms, academic self-management and autonomy of the universities,
- openness and responsibilities of the institutions of higher education toward the public, citizens and local community,
- indissolubility of university educational work and scientific research, or artistic creation,
- reciprocity and equality of the members of the academic community,
- European humanistic and democratic tradition and coordination with the European system of higher education,
- respect for and promotion of human rights,
- uniformity of professional and educational work for the purpose of qualification for specific professional knowledge and skills,
- concepts of lifelong education,
- correlation between elementary and secondary education,
- activity in the social and political communities and the requirement for institutions of higher education to develop responsibility among the students and members of the academic and scientific communities, pursuant to the fundamental values of the constitutional organization of the Republic of Croatia.

II. STATUS AND TRENDS

2.1. Preschool education in the Republic of Croatia

Preschool education (institutional) (ISCED 0) (ISCED – International Standard Classification of Education) lasts from the age of 6 months to enrollment in elementary school when a child is 6 or 7 years of age, and is conducted in nursery schools, kindergartens and so-called “preschools” (a form of preparation for school). Preschool education assures the conditions for promoting the suitable overall development of the child, according to individual needs, possibilities and abilities, with respect for the child’s rights and personal traits.

The total coverage of preschool-age children in **regular programs** is approximately 43% of the children of preschool age (10 hours), which still does not meet the needs of parents for placing their children in nursery schools, and in the preschool programs coverage is 100%, including children of all the national minorities, and we particularly emphasize Roma children of 5 and 6 years of age. In the European Union, the coverage of children in preschool institutions is approximately 90%.

According to new regulations, there are plans for increasing the coverage of children of preschool age in various preschool programs to 60%, by the year 2005. This is a long-term goal and task because each child has the right to one of the forms of preschool education. Analysis of the data in the Republic of Croatia shows that there is a greater need for placing children of preschool age in nursery schools and kindergartens than the existing facilities can accommodate.

The founders of preschool institutions are the units of local self-management (municipalities and cities), physical persons, legal persons and religious communities. Parents generally pay 30–40% of the economic cost for placing their children in such institutions.

2.2. Elementary education in the Republic of Croatia

Elementary education is organized into two levels of four years each (from grades 1 to 4 of elementary school, taught by one teacher) [ISCED 1] and education according to subjects (from grades 5 to 8 of elementary school, taught by several teachers, depending on the number of subjects in the curriculum) [ISCED 2].

It is first necessary to emphasize that the rate of net participation in elementary education in the Republic of Croatia is high (2000/2001, 97.13%) and there is a tendency toward 100% inclusion. Another important indicator is the literacy rate among the population of the age group from 15 to 24 years of age, which according to the 2001 census in the Republic of Croatia was 99.65% in the year 2001. The number of illiterate persons of this age group is insignificant. The illiteracy rate of the population over 10 years of age was 3% in 1991 and 1.8% in 2001, of whom 60% were older than 65 years of age. Of the 48,076 schoolchildren who enrolled in first grade for the 1999/2000 academic year, 47,509 of them enrolled in the fifth grade of elementary school during the 2003/2004 academic year, which amounts to 98.82%.

The goals of elementary education are as follows:

- the concept of lifelong education,
- providing schools with informatics technology,
- all-day education and childcare in the school,
- outside evaluation of education,
- programs for gifted children according to the models of the European national program for the gifted,

- to develop family, civil and computer literacy,
- to democratize education,
- to protect the rights of students and teachers,
- to make schools decentralized and autonomous,
- to respect European standards and introduce European dimensions into the educational system,
- to adapt the educational system and training of teachers in the Bologna Process.

Educational content must be based on a previously prepared *Catalogue of Knowledge, Abilities and Skills* that defines the knowledge, abilities and skills that students acquire at individual levels of their education.

In the preparation of the *Catalogue of Knowledge*, the coordinating council devoted particular attention to the determination of the fundamental knowledge, abilities and skills for the purpose of making the existing program less cumbersome and stimulating students through the creative transfer of knowledge, freedom of the teacher in creating educational programs and lesson plans.

2.3. Secondary education in the Republic of Croatia

Secondary education [ISCED 3] is classified as 4-year general education (high school); 4-year professional education (technical, healthcare, economic, agricultural and other professional schools); 4-year artistic education (visual arts and design, musical arts, and dancing; and 3-year trade schools (industrial, trade etc.).

The goals of secondary school education are as follows:

- to promote the psychological-pedagogical education of teachers who teach in secondary schools,
- to promote advanced training for teachers,
- to increase the financial, material and technical investment in secondary education,
- to improve the conditions of the secondary school educational system,
- to democratize education,
- to reform professional training, which is the foundation of a capable and effective economy,
- to provide outside evaluation of education,
- to introduce a national final secondary school examination,
- to coordinate the educational system with the school system of the European community,
- to network secondary schools,
- to raise the quality of education.

The program and organization of the ongoing education of teachers is established and implemented by the Bureau of Education, and carried out in cooperation with the institutions of higher learning, nongovernmental organizations and cultural institutions of foreign countries in Croatia. Teachers are regularly sent for further education to programs at European centers for modern languages and the Council of Europe. The Bureau of Education provides ongoing professional training for teachers of all grade levels and educational fields at the government and inter-county levels.

2.4. Higher education in the Republic of Croatia

Higher education is conducted through university and professional studies. University study qualifies students to perform work in science and higher education, in the business world, public sector and the society in general and also qualifies them for development and the application of

scientific and professional achievements. Professional study provides students with a suitable level of knowledge and skills that make it possible for them to work in professional occupations and qualifies them for direct inclusion in the working process. University and professional studies are coordinated with those in the European educational area.

Within the system of higher education, the Ministry of Science, Education and Sports facilitates entry into the system for students with disabilities (dormitory accommodations, government scholarships and the partial refund of transportation costs). A small number of institutions of higher education are adapted for persons with special needs.

The goals of higher education are as follows:

- adaptation to the Bologna Process, particularly the guarantee of educational quality,
- shortening the duration of studies from the present average of 7–8 years to 4–5 years;
- reduction in drop-outs,
- coordination of enrollment policies with the labor market,
- mobility of students and teachers (within university and international exchanges),
- recognition of educational qualifications earned in foreign countries,
- curriculum reform based on the needs of contemporary society and the economic development of Croatia,
- greater financial support for scientific projects,
- outside evaluation of institutions of higher education,
- a new approach to the system of teacher education — university study, open, dynamic and ongoing,
- investment in educational techniques and technology, investment in scientific research work in the fields of childcare and education.
- the structure of the quality of teaching hours (lectures, seminars and exercises), indicating the predominance of lectures and neglect of new teaching strategies in higher education, the quantification of teaching hours (total fund of hours per week, per semester, teaching load and number of examinations).

III. CROATIAN MILLENNIUM SUBGOALS GUARANTEE QUALITY EDUCATION FOR ALL:

<p>Subgoal 1: Coordination of education with the European Community — Bologna Process Indicators:</p> <p>1.a. Flexibility of the system</p> <p>1.b. Mobility of students and teachers (the number of students and teachers who were at institutions of higher education in the European Community)</p> <p>1.c. Introduction of the European Credit Transfer System (ECTS)</p> <p>1.d. Reforms of the curricula, guided by the needs of contemporary society and the economic development of Croatia</p> <p>1.e. Guarantee of the educational quality, (quality educational threshold compatible with that of Europe)</p> <p>1.f. Introduction of supplemental diplomas — promoting hiring</p> <p>1.g. Introduction of self-regulation of higher education</p>
<p>Subgoal 2: Achieving a foundation for successful inclusion in the workplace, economy and contemporary technology, based on knowledge Indicators:</p> <p>2.a. Implementation of regional development and innovations</p>

- 2.b. Coordination of enrollment policies with the labor market
- 2.c. Introducing outside assessment into the entire educational system
- 2.d. Mutual permeation of general and professional contents
- 2.e. Implementation of reforms in professional education
- 2.f. Introduction of the concept of lifelong education

Subgoal 3: Organization of services

Indicators:

- 3.a. Democratization of the educational system
- 3.b. Implementation of decentralization
- 3.c. Increasing the inclusion of children in preschool institutions to 60%
- 3.d. Issuing pedagogical standards
- 3.e. Increasing financial, technical and material investments in the educational system
- 3. f. Following European Standards and introducing European dimensions into the educational system

The developmental goals of the Ministry are supported by the World Bank via the *Education Change Project*

IV. EXISTING MECHANISMS AND PROGRAMS FOR ACHIEVING SUBGOALS

The subgoals will be achieved through the mutual cooperation of all the structures included in the educational system in the Republic of Croatia. Education starts from the generally known premise that the fundamental determinants of sustainable development of the national economy are the ongoing development of the individual and overall social development. Particular attention is given to lifelong education as a contemporary strategy of development and a principle that is valid for the entire educational system and the concept of “a society that learns.”

For successful adaptation to global trends, it is necessary to become acquainted with the specific activities of the individual systems from the national level all the way down to the individual parts of the subsystems, which cannot be done in a uniformly rapid manner. Higher education is being intensively coordinated with European education. Therefore, changes in the curricula at institutions of higher education will be necessary. It is also necessary to increase the efficiency of education via structural reforms, pursuant to the changes stipulated by the Bologna Declaration. In the further implementation of the subgoals, it will be necessary to increase budgetary expenditures for higher education and change the model of financing.

MILLENNIUM GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Introductory Note

According to the population census of 2001, the population of Croatia totals 4,437,000 persons, of whom 51.9% are women. The life expectancy for women is 75.90 years of age, and 68.59 years of age for men. The average age at marriage for women is 24 years, while the natural population increase in 2002 was -2.4 . The percentage of the female agricultural population in the total population of the Republic of Croatia is approximately 5.3%. Although comprising over half of the total population of the country, women in Croatia do not participate to a proportional degree in the processes of political decision making nor are opportunities equally available to them for full participation in many other areas of life in society, taking into account the various forms of social, political and economic barriers that they encounter.

Legislation and the Role of Central Government Agencies

During the past several years, a series of legal regulations have been passed in the Republic of Croatia and government bodies have been organized with the goal of promoting gender equality and eradicating discrimination against women. Pursuant to the provisions of the Constitution of the Republic of Croatia, gender equality is established as the highest value of the constitutional order. Pursuant to the constitutional provisions, the Gender Equality Act has been passed that establishes protection from discrimination and defines the prerequisites for a policy of equal opportunities for men and women in all areas of life of the society. Pursuant to the provisions of this Act, an ombudsman for gender equality has been appointed and an Office for Gender Equality has been established as the official service of the Government of the Republic of Croatia. In addition to the cited anti-discrimination legislation, the Protection from Family Violence Act and the Act on Same-Sex Unions have been passed. Also in the area of criminal, family and labor law, legal provisions have been defined to prohibit discrimination. In the Parliament of the Republic of Croatia there is the Committee for Gender Equality, and the National Policy for the Promotion of Gender Equality is in force as the umbrella document intended for the functional promotion of women's rights. The Republic of Croatia has been a party to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) since 1992.

In addition to the basic indicators crucial for the process of assessing the success of the promotion of gender equality and the empowerment of women, additional goals and indicators have been defined, without which, regarding the specific situation in Croatia, it would not be possible to implement this millennium goal further.

I. STATUS AND TRENDS

1.1. Women and Education

Croatian legislation assures equal access by female and male students to all levels of education, with compulsory elementary education. Statistical data indicate the equal representation of male and female students in elementary and secondary schools, while female students predominate in college

enrollment (53% of the total enrolled students). Differences exist in the selection of secondary schools and colleges, which reflect on the continued presence of the division of labor into male and female occupations, so that, for example, the female portion of the population shows a greater tendency to choose the social and humanistic sciences while they are less represented in the technical sciences, although in recent years there has been an increase in the number of enrolled female students in this area.

In Croatia, the literacy rate among women, as among the overall population, is high and the percentage of illiterate persons is approximately 0.99%. The ratio of literate women to men between 15 and 24 years of age is 1:1.

From the statistical indicators, it is evident that there is no gender discrimination regarding access to education.

A national priority in the area of education is the detected need to introduce gender sensitive education into the curricula and programs with the goal of eliminating gender stereotypes and the education of teachers in the direction of promoting gender equality.

The Elementary and Secondary School Textbook Act stipulates that textbooks shall not be approved that treat the relations between the sexes in an unsuitable manner, and the banning of gender discrimination is stipulated as a requirement of the Textbook Standard, a document passed by the Parliament of the Republic of Croatia. Pursuant to the Gender Equality Act, various measures are anticipated with the goal of eliminating gender stereotypes at all levels.

1.2. Women in the Area of Labor and Employment

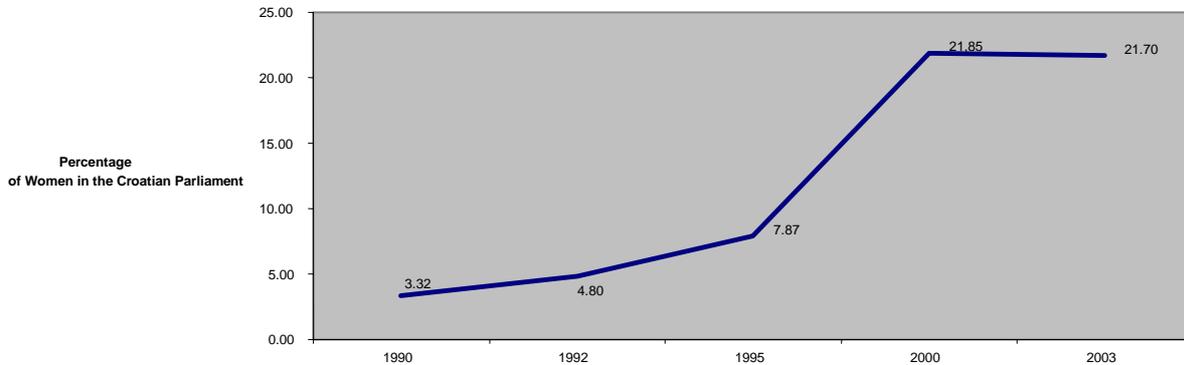
One of the most important segments in achieving full equality between men and women is improving the position of women on the labor market, as it is more difficult for women to be hired, they receive lower wages and they are segregated into sectors. Women are concentrated in more poorly paid activities. For example, they comprise the majority in the textile industry, hospitality and factory services, and education among others. The rate of employment among women is significantly lower than that of men (37.1% as compared to 50.7%), and of the total number of unemployed persons, women comprise 59%. The number of women entrepreneurs is also low, approximately 30%, and they are very rarely found in leading places on governing councils and boards of supervisors in the public sector.

In regard to the equal treatment of women and men, the most important laws that prohibit discrimination on the basis of gender in relation to employment and position on the labor market are the Labor Act and the Gender Equality Act.

1.3. Political Participation by Women

Political participation by women is not satisfactory, although there is a tendency of constant gradual growth. Since the first multi-party elections in 1990 until today, the number of women in Parliament has significantly increased so that following the elections in 2000 and 2003 it stabilized at approximately 22%. The reason is the political recognizability of the significance of this problem and the development of political tactics and strategies by government agencies, political parties and the non-government sector. Public opinion studies also record an awareness of the lack of women in politics and a markedly high percentage of readiness to vote for female candidates.

Percentage of Women in the Croatian Parliament



Currently, there are two female deputy speakers of the Parliament out of a total of five deputy speakers. The representation of women in the working bodies of the Parliament ranges from 12% of the representatives who serve as committee chairwomen to 28% of the deputy speakers and 22.73% of the membership of the parliamentary committees.

There has also been an increase in the total participation of women in the exercise of executive authority. Of a total of fourteen ministers, four are women, and a woman also exercises the function of one of the two deputy prime ministers of the government. Of the total leading positions in the government, twenty-eight or 75% are filled by women — which includes six secretaries of state, twenty-nine deputy ministers and six secretaries of ministries.

The percentage of women in representative and executive bodies in the government on the local level significantly lags behind their representation in the bodies of the central government. After the local municipal elections held in 2001, women comprised 13.38% of the municipal assemblies, 14.27% of the city councils and 6.94% of the municipal councils. In the Republic of Croatia, there are 14 women mayors, 11% of the total. In the Election of Members of the Representative Bodies of the Units of Local and Regional Self-Management Act that is still in force, there is a provision according to which the political parties that propose the lists of candidates are required to take gender equality into account. The provision is of a general character and does not include legal sanctions within the framework of the overall election process.

In most first instance courts of the Republic of Croatia, women make up the majority of judges. They comprise 65% of the total number of municipal judges, 57% of the commercial judges and 74% of the minor offence court judges. Women also comprise the majority of the judges in the Administrative Court of the Republic of Croatia (71%), as well as in the High Magistrates Court (62%). In the Supreme Court of the Republic of Croatia, 46% of the justices are women, and in the Constitutional Court 30.8%. The percentage of women trainees in the judiciary also suggests a continued trend in the increase of the number of women in judicial positions.

II. CROATIAN DEVELOPMENT MILLENNIUM SUB-GOALS FOR PROMOTING GENDER EQUALITY

<p>Subgoal 1: Introduction of gender sensitive education into curricula and programs</p> <p>Indicators:</p> <p>1.a. Elimination of stereotypes from textbooks, curricula and programs at all levels of childcare and education</p> <p>1.b. Inclusion of experts in commissions for preparing curricula and programs</p> <p>1.c. Introduction of continuing education for childcare workers and teachers</p> <p>1.d. Support of gender and women's studies</p>
<p>Subgoal 2: Increasing the participation of women in the process of making political decisions</p> <p>Indicators:</p> <p>2.a. Increasing the number of women in the Parliament of the Republic of Croatia, the Government of the Republic of Croatia, and the representative and executive bodies of the units of local and regional self-management to a minimum of 50%</p> <p>2.b. Increasing the number of women in the governing councils and supervisory commissions of the public sector</p> <p>2.c. Improving the statistical monitoring of political participation by women</p> <p>2. d. Changing election legislation</p>
<p>Subgoal 3: Strengthening women economically</p> <p>Indicators:</p> <p>3.a. Reducing the rate of unemployment</p> <p>3.b. Increasing the percentage of female entrepreneurship to 50%</p> <p>3.c. Preparation of a program for the economic strengthening of single mothers</p> <p>3.d. Elimination of all forms of discrimination against women in the labor market</p>
<p>Subgoal 4: Elimination of all types of violence against women</p> <p>Indicators:</p> <p>4.a. Passage of criminal legislation and improving the legal protection of victims of violence and trafficking in human beings</p> <p>4.b. Education of the authorized government agencies and services</p> <p>4.c. Increasing the number of shelters for victims of violence and providing free legal assistance</p> <p>4.d. Establishment of family courts</p> <p>4.e. Passage of a National Strategy for the Elimination of Violence Against Women</p>
<p>Subgoal 5: Improving the handling of statistical data</p> <p>Indicators:</p> <p>5.a. Providing systematic monitoring in the area of social security and the labor market</p> <p>5.b. Publication of statistical data classified according to gender</p>
<p>Subgoal 6: Strengthening media support for gender equality</p> <p>Indicators:</p> <p>6.a. Monitoring the implementation of the Media Act and analysis of media contents</p> <p>6.b. Increasing the number of gender sensitive programs on television and in the overall media</p> <p>6.c. Establishment of an annual award for media work</p>
<p>Subgoal 7: Harmonization of private and professional life</p> <p>Indicators:</p> <p>7.a. Increasing the number of preschool institutions and other public services</p> <p>7.b. Coordination of the work of childcare/educational institutions with the working hours of parents</p> <p>7.c. Increasing the number of men who use paternity leave</p> <p>7.d. Perform systematic studies of unpaid work</p>
<p>Subgoal 8: Strengthening institutional mechanisms</p>

Indicators: 8.a. Strengthening and networking institutional mechanisms on the national and local levels
Subgoal 9: Strengthening civil society Indicators: 9.a. Increasing the number of women involved in civil initiatives 9.b. Cooperation between the representatives of non-governmental organizations and government bodies, and securing financial support for their projects

III. EXISTING MECHANISMS FOR ACHIEVING THE SUBGOALS, GOVERNMENT SUPPORT AND ADDITIONAL RECOMMENDATIONS FOR ACHIEVING MILLENNIUM DEVELOPMENT GOAL 3

The effective activity and strengthening of the existing institutional structures, the role of the non-governmental sector and mutual cooperation on concrete projects are important for the implementation of the cited subgoals. A revision of the National Strategy for Promoting Gender Equality is underway as well as an analysis of the degree of the realization of the Peking Platform. The Office for Gender Equality of the Government of the Republic of Croatia, pursuant to the goals defined here, will prepare a new national strategy for 2005 and propose it to the Croatian Parliament for adoption. Further government support for the implementation of this Millennium Development Goal together with the preparation of concrete measures is also evident in the planned funding as well as other operative national strategies oriented toward the elimination of domestic violence and trafficking in human beings, i.e. the realization of the program for improving the position of women in the labor market. The ongoing goal is the introduction of the principle of gender equality in all areas of national policy.

MILLENNIUM DEVELOPMENT GOAL 4: REDUCE CHILD MORTALITY

I. STATUS AND TRENDS

1.1. Births and perinatal deaths in the health institutions of Croatia during the year 2002

Perinatal and infant deaths are particularly sensitive indicators, not only for healthcare but also for the socio-economic and cultural situation in a country, due to the many mutually entwined factors of a social and biological nature that affect the state of the health of the mother and child. In the year 2002 in maternity wards in Croatia, there was a total of 39,408 births registered with a total of 39,927 babies born (of whom 39,699 were live births and 228 were stillbirths – a rate of 5.7‰) – Table 1. In addition to the 228 stillbirths, during the first 7 days after birth 151 infants died (rate of early neonatal mortality 3.80‰) so that together there were 379 perinatal deaths (406 in the year 2001). Since reporting on stillbirths below 1,000 grams was not a part of the mandatory perinatal mortality statistics until the year 2001, these reports will not be completely reliable for several years, until the new provisions have been fully implemented into practice.

For international comparisons, only indicators are used for perinatal mortality regarding children with birth weights of over 1,000 grams. There were 278 deaths of perinatal infants weighing 1,000 grams at birth (of a total of 379) and the rate of perinatal mortality for infants with birth weights $\geq 1,000$ grams amounted to 6.99‰, while the rate of perinatal mortality for all births of all weight groups (birth weights ≥ 500 grams) amounted to 9.5‰.

1.2. Comparison to the year 1990, data on maternity wards and vital statistics

For the purpose of comparison, in the year 1990 in Croatian maternity wards there was a total of 55,054 registered births with a total of 55,573 children born of whom 55,313 were born alive and 260 were stillborn (rate 4.7‰). Besides the 260 stillbirths, it was recorded that another 114 newborns died in the maternity wards. Since the data on child mortality were not collected or recorded in the manner that is used in health institutions today, they were not complete because they did not record children transferred from maternity wards to better equipped hospitals. Therefore, for the purpose of obtaining complete data, the vital statistics on child mortality in the registry of death were used. According to the vital statistics (Government Bureau of Statistics), 328 children 0–6 days of age died in the year 1990 (rate 5.9‰), and a total of 591 children died the same year during the period of infancy (0–364 days). The rate of infant mortality in the year 1990 was 10.7‰. Also according to the vital statistics, the rate of stillbirth that same year was 4.4‰, and perinatal mortality was 10.3‰. Indicators of infant and perinatal mortality for the period 1980 to 2002 are presented in Tables 3–5 (Annex 1).

Table 1. The number of births, live births, stillbirths and child deaths in the health institutions of Croatia during the year 2002

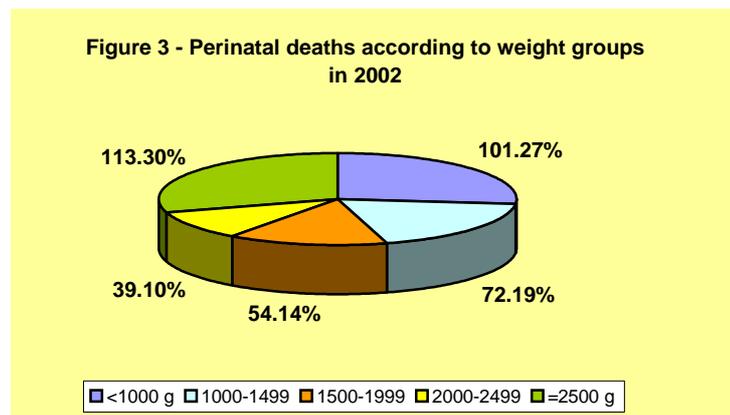
No. Births	Births			Deaths			
	Total born	Live births	Stillbirths	Total perinatal deaths	Total perinatal mortality rate	Perinatal deaths BW ≥ 1000 g	Perinatal mortality rate BW ≥ 1000 g
39,408	39,927	39,699	228	379	9.5	278	7.0

Data source: Registered births from the health institutions during the year 2002, Croatian Bureau of Public Health

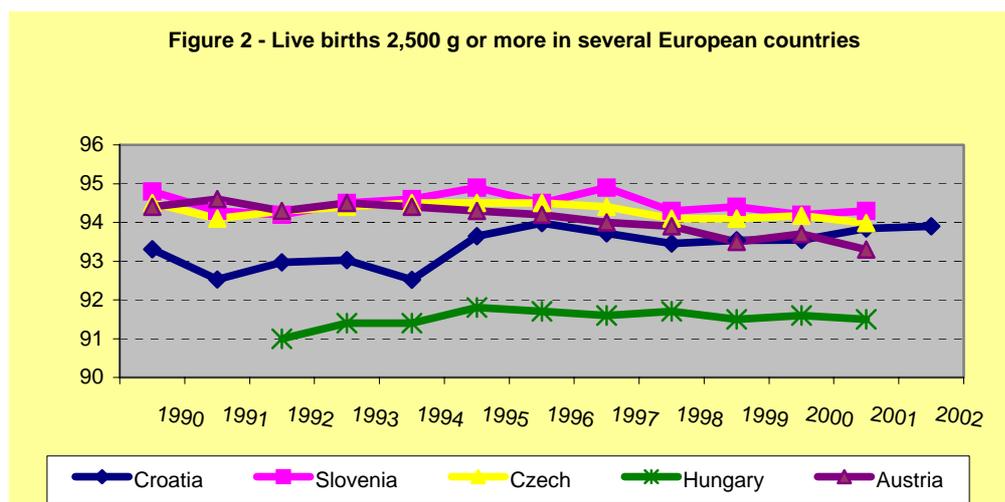
Note: *health institutions marked in which births were registered but are not maternity hospitals

1.3. Births and perinatal deaths according to weight groups

In Croatian maternity wards during the year 2002, there were 37,498 (93.9%) children born who weighed over 2,500 grams and 2,350 (5.9%) children of low birth weight, below 2,500 grams and 0.2% of unknown birth weight. Among those of low birth weight were registered 138 children with a birth weight of up to 1,000 grams (0.3%); 225 children weighing 1,000–1,499 grams (0.6%); 483 children weighing 1,500–1,999 grams (1.2%); and 1,504 children weighing 2,000–2,499 grams (3.8%). In comparison, in the year 1990, there were 2,928 (5.3%) live births of low birth weight, below 2,500 grams and 0.9% of unknown birth weight. Among those of low birth weight were registered 56 children with birth weights of up to 1,000 grams (0.1%); 265 children weighing 1,000–1,499 grams (0.5%); 618 children weighing 1,500–1,999 grams (1.2%); and 1,989 children weighing 2,000–2,499 grams (3.6%). While among all births, children of low birth weight make up a small percentage at 5.9%. Among perinatal deaths they predominate with a percentage of 70.18% (266/379).



According to data from maternity wards for the year 2002, the following were registered: 101 perinatal deaths out of 138 with birth weights of up to 1,000 grams (73.2%); 72 perinatal deaths out of 225 children weighing 1,000–1,499 grams (32%); 54 perinatal deaths out of 483 children with birth weights of 1,500–1,999 grams (11.2%); 39 perinatal deaths out of 1,504 children with birth weights of 2,000–2,499 grams (2.6%); and 113 perinatal deaths out of 37,498 children with birth weights of 2,500 grams or more (0.3%). The frequency of children born with low birth weight in Croatia does not significantly differ in comparison to the majority of European countries, according to the data from the Health for All Database of the World Health Organization (Figure 2).



However, the possibilities for the successful medical care of low birth weight infants significantly differ among countries. This is influenced by the organization of perinatal care (whether or not there is regionalization) and the technological possibilities appropriate for the planned level of care. The high rate of perinatal mortality in Croatia is, for the most part, due to the death of infants of low weight groups, particularly those that are of extremely low (500–999 grams) and very low (1,000–1,499 grams) weight at birth. Moreover, among all the perinatal deaths, it is necessary to differentiate between deaths due to congenital anomalies and deaths due to a series of perinatal causes (premature birth due to complications in the mother’s pregnancy, complications affecting the child, complications during delivery, and other conditions that can affect pregnancy or delivery).

1.4. Antenatal care (examinations during pregnancy)

Although a series of intertwined factors affect perinatal mortality, from those of socio-economic nature to biological ones, it is believed that good antenatal care, which is understood as the appropriate number of examinations during pregnancy and the quality of the examinations, can certainly affect the course and outcome of pregnancy, and thereby increase natality in the Republic of Croatia. According to data on antenatal care regarding recorded deliveries in the year 2002, it was established that 4.1% of mothers did not undergo examinations during pregnancy or receive sufficient examinations of their pregnancies with only 1–2 check-ups, and for 2.2% more the data on the number of examinations during pregnancy were unknown. Otherwise, according to questionnaires prepared by the Croatian Association for Perinatal Medicine, the percentage of pregnant mothers with uncontrolled or insufficiently controlled pregnancies was 6% among all pregnant women, regardless of the perinatal outcome.

Preliminary data for the year 2003 (on 38,602 births out of an expected 39,700) show a similar percentage of 5.5% pregnancies that were inadequately controlled and 1.5% undergoing an unknown number of control examinations during pregnancy. Besides the total number of examinations during pregnancy, the length of gestation (months of pregnancy) at the first examination is of particular significance in the evaluation of antenatal care. According to data on the first examinations during pregnancy in the year 2002, 66.7% of all pregnant women underwent their first examinations during pregnancy prior to the twelfth week of gestation. According to preliminary data, during the year 2003 this figure was 69.9%. According to data from the Women’s Health Service, during the year 1990, 51.5% of all pregnant women underwent their first examination prior to the twelfth week of gestation. These data show that pregnant women are

reporting for their first examinations earlier and therefore there is an improvement in the implementation of antenatal care.

In contrast to the reporting on fetal mortality, comparisons of perinatal mortality are more reliable because the majority of countries report on fetuses weighing over 1,000 grams at birth or after a gestational period of 28 weeks or more. According to these indicators, in the year 2002 Croatia had a rate of 7.0/1,000 birth deliveries over 1,000 grams, which is below the European average for 2002 (Europe 8.8/1,000). The average for the European Union during the year 2001 (latest available data) amounted to 6.5/1,000, and for the countries of Central and Eastern Europe (CSEC countries) in the year 2002 it amounted to 9.6/1,000. Regarding the trend of perinatal mortality in Croatia in a twenty-year series, we found ourselves in a phase of rapid reduction between 1980 and 1990. After 1990, there was a slight increase during the war years of 1991 and 1992, followed by stagnation. At the same time, some other transition countries recorded a gradual decline (Poland, Lithuania, Latvia and Slovakia) or a significant drop in perinatal mortality (5.2/1,000 in Slovenia during 2002, 4/1,000 in the Czech Republic), with the exception of the former Soviet countries, whose perinatal mortality has increased since the 1990s (CARK average 13.3).

1.5. Infant mortality

The causes of infant deaths in Croatia do not differ from the causes of infant deaths in more developed countries. In Croatia, 282 infants died in the year 2002 (mortality rate 7.0/1,000 live births). The most common causes for infant deaths are certain pathological conditions in connection with pregnancy or delivery: conditions from the perinatal period 57.7%, congenital anomalies 29.4%, due to insufficiently defined conditions 5.3%, and all other causes of total infant mortality 7.5%. Among the individual causes of death in Croatia as well as the countries of the European Union, the consequences of prematurity prevail due to premature birth or involve serious malformations and malformation syndromes. Therefore, among the leading ten causes of death, we find respiratory distress, intracranial bleeding, delivery asphyxia, neonatal aspiration syndrome and other complications in connection with low birth weight and a short period of gestation, and the highest percentage of such premature newborns die during the first day or the next few days after birth. On the first day of life, 29.4% of total infant deaths occurred, which is the same percentage who died during the period from 2 months to one year of age. Among the total infant deaths, 70.4% occurred during the newborn period (0–27 days of life) and 29.6% from 2 months to one year of age.

1.6. Child mortality between 1 and 14 years of age

The mortality rate for children between one and four years of age is low (25.04/100,000 children in the year 2000), but the structure of the causes of death indicates that more than half of these deaths could have been avoided because they are caused by various types of accidents (25 out of a total 54 deaths of children between one and four years of age). The gender distribution indicates that the total mortality is higher among boys (29/100,000 boys of that age) in comparison to girls (20/100,000 girls), and this difference can be attributed mostly to a greater incidence of fatal accidents among boys (20 of the 32 boys who died, and five of the 22 girls who died in this age group). Nonetheless, we record a continuous trend of decline in mortality during the childhood period (from 43.3/100,000 children during the year 1990, 31.5 in the year 1995, to 25/100,000 in the year 2000). There is a similar trend in the group of children from five to nine years of age, from 30.5/100,000 children of that age to 16.18/100,000 in the year 2000. In addition to injuries that cause death, among more than half of the children who died in both age groups, we find tumors and

congenital anomalies among the leading causes of death. In the age group from 10 to 14 years of age, injuries prevail as the cause of death in over 50% of the cases, followed by malignancies (22%), and all other causes which amount to 25%. Since the best way to reduce the consequences of accidents is preventative action, it is imperative to develop preventative programs from the individual level (parent and child) to the collective level (kindergarten, school and other childcare institutions).

Table 1. Violent deaths among children in Croatia during the year 2000

Cause of death	Age in Years					Total
	0	1-4	5-9	10-14	15-19	
traffic accident	2	10	14	9	50	85
Drowning	0	5	7	6	7	25
Suffocation	2	3	0	0	2	7
Fall	0	1	1	1	4	7
Electricity	0	0	1	1	1	3
Burns	0	3	1	1	4	9
Poisoning	0	0	0	0	3	3
accidents with weapons/explosives	0	0	0	1	2	3
total accidents	5	25	25	23	84	162
Suicide	0	0	0	3	25	28
Murder	2	0	1	3	9	15
total violent deaths	7	25	26	29	118	205

II. CROATIAN MILLENNIUM SUBGOALS FOR REDUCING INFANT AND CHILD MORTALITY

The trend of perinatal and infant mortality in Croatia over a twenty-year period and the causes of stillbirths and the deaths of neonates (0–27 days of life) as well as during the post-neonatal period (28–364 days of life), are generally linked with a short duration of gestation as well as low birth weight and the consequences of prematurity. Therefore, the following needs and subgoals are pointed out:

<p>Subgoal 1: Reduce the rate of perinatal and infant mortality Indicators according to which Subgoal 1 is measured: 1a. Rate of stillbirths 1b. Rate of early neonatal mortality 1c. Rate of infant mortality 1d. Rate of mortality among children with low birth weight, according to weight groups: ELBW (500–999g), VVLBW (1000–1499g), VLBW (1500–2499 g), total LBW (500–2499 g)</p>
<p>Subgoal 2: Improving antenatal care Indicators according to which Subgoal 2 is measured: 2a. Number of clinical examinations during pregnancy (optimum number of examinations during a normal, healthy pregnancy – 10) 2b. Number of ultrasound examinations during pregnancy (optimum number of examinations during a normal, healthy pregnancy – 3) 2c. Number of home visits by visiting nurses during pregnancy (optimum number of examinations during a normal, healthy pregnancy – 2) 2d. Time of first examination during pregnancy (optimum time of first examination – up to 10 weeks of pregnancy)</p>

2e. Number (and percentage) of transports <i>in utero</i> to deliveries
<p>Subgoal 3: Improvement of postnatal care</p> <p>Indicators according to which Subgoal 3 is measured:</p> <p>3a. Number (and percentage) of children transferred to health institutions providing a higher level of care</p> <p>3b. Number of approved subspecializations in neonatology by the Ministry of Health and Social Welfare (optimum number per year – 10 subspecializations)</p> <p>3c. Duration of specialization by resident pediatricians in a unit of intensive neonatal care (optimally 4 months out of a total of 4 years)</p> <p>3d. Rhythm of the procurement of capital medical equipment (optimally 15% per year of the total amount required)</p> <p>3e. Number of new specializations in pediatrics for primary healthcare annually</p>
<p>Subgoal 4: Evaluation of perinatal and child mortality at the national and county (regional) levels</p> <p>Indicators according to which Subgoal 4 is measured:</p> <p>4a. Trends in perinatal mortality and its components (early neonatal mortality and fetal mortality) and child death on the national and county (regional) levels</p> <p>4b. Reduction in “avoidable deaths” due to perinatal causes</p>
<p>Subgoal 5: Reduction in the child mortality rate</p> <p>Indicators according to which Subgoal 5 is measured:</p> <p>5a. Specific rates of child mortality at 1–4, 5–9, 10–14 and 15–19 years of age</p> <p>5b. Leading causes of violent deaths during childhood (structure)</p>
<p>Subgoal 6. Evaluation of the implementation of preventative programs for the purpose of reducing deaths from accidents during childhood at the national and county (regional) levels</p> <p>Indicators according to which Subgoal 6 is measured:</p> <p>6a. Trends in child and adolescent mortality at the national and county (regional) levels</p> <p>6b. Reduction of deaths due to accidents</p>

III. EXISTING MECHANISMS AND PROGRAMS FOR ACHIEVING THE SUBGOALS

The measures for reducing perinatal and child mortality within the framework of healthcare (according to the Croatian Association of Perinatal Medicine and the goals of the Croatian strategy “Health for All” by the year 2005)

1. Antenatal care (clinical and ultrasound examinations): 90% of all pregnant women with a minimum of 6 examinations during pregnancy (optimum number of examinations in a normal, healthy pregnancy – 10), 90% of all pregnant women with a minimum of 2 ultrasound examinations (optimum number of examinations during a normal, healthy pregnancy – 3), and 90% of pregnant women with pathological pregnancies or with a risky reproductive anamnesis with more clinical and ultrasound examinations, depending on need.

Other measures of antenatal care: antenatal transport of pregnant woman with at-risk pregnancies to appropriate health institutions.

2. Visiting nurses – 2 visits during a normal pregnancy, in connection with activities for the healthcare of women, more visits under difficult social/health circumstances.

3. Health education work with pregnant women on the individual level and through the holding of courses for pregnant women: all the activities of primary healthcare.

4. Regional organization of perinatal care (5 regionally distributed units for the intensive care and treatment of premature infants and neonates who are particularly at risk) and organized transport provided by these intensive care units to bring in neonates whose lives are in jeopardy in the event of delivery at an institution with a lower level of perinatal care (a team from a tertiary center goes to pick up the child instead of transporting the child under improvised conditions without the necessary accompanying equipment or experienced personnel under such extraordinary circumstances)

Humanization of maternity wards (rooming-in).

5. Maintaining the existing level of 99% of all deliveries in hospital maternity wards together with the securing of the necessary number of neonatologists (there is a need for 37 more according to a survey taken by the Croatian Association of Perinatal Medicine during the year 2000) and the necessary delivery equipment (a shortage of cardiographic devices, intensive care incubators and cardiorespiratory monitors and pulse oximeters — data on the shortage of equipment and personnel according to the survey by the Croatian Association of Perinatal Medicine).

6. To ensure the orientation of specialization in fetal medicine and neonatology and the ongoing education of experts who are engaged in perinatal care.

7. To secure specializations in pediatrics, and thereby a sufficient number of pediatricians in primary healthcare.

8. To secure notification and data processing on the basic indicators of perinatal care according to the international standards of the World Health Organization and FIGO (evaluation of the given goals, strategies and professional guidelines for the following goals).

9. To establish commissions at local levels in which gynecologists who provide antenatal care will participate, as well as visiting nurses, gynecologists and pediatricians/neonatologists from maternity wards, pediatricians, pathologists and specialists from public health or epidemiology who will analyze the cause of every perinatal death. For the purpose of improving perinatal care and reducing the number of avoidable deaths, it is necessary to discuss the causes of the deaths of children heavier than 2,500 grams separately, where the best results should be achieved in reducing stillbirths and early neonatal deaths in all of those cases in which the cause of death is not a congenital anomaly.

10. The same commissions should also analyze the death of every child and prepare recommendations for reducing child mortality insofar as there are specific regional data that could have an impact on the mortality rate.

The main measure for reducing mortality during childhood is the establishment of multidisciplinary commissions which will include a medical examiner's service; physicians and pediatricians, gynecologists providing primary, secondary and tertiary healthcare, forensic scientists; pathologists; public health specialists and epidemiologists; educators; social workers; and police at the national and local levels. The purpose of the multidisciplinary commissions is to analyze individual child deaths and develop preventative measures with the goal of saving the lives of other children.

Annex 1

Table 3. INFANT MORTALITY DURING THE PERIOD FROM 1990 TO 2002 AND THE RATES OF INFANT MORTALITY PER 1,000 LIVE BIRTHS

YEAR	NUMBER	RATE PER 1,000 LIVE BIRTHS
1990	591	10.7
1991	575	11.1
1992	546	11.6
1993	480	9.9
1994	495	10.2
1995	449	8.9
1996	433	8.0
1997	457	8.2
1998 *	388	8.2
1999 *	350	7.7
2000 *	324	7.4
2001 *	315	7.7
2002 *	282	7.0

Source of data: Documentation of the Government Bureau of Statistics, 2003

Note:* During the period from 1998 to 2002, data on infant mortality only included children born to mothers who had lived in Croatia for longer than the period of one year. The rate of infant mortality from 1998 to 2002 was calculated on the basis of the number of live births to mothers with Croatian residence for at least one year.

Table 4. THE PERCENTAGES OF NEONATAL AND POSTNEONATAL MORTALITY IN INFANT MORTALITY FROM 1994 TO 2002

	1994	1995	1996	1997	1998	1999	2000	2001	2002
Infant deaths	495	449	433	457	388	350	324	315	282
< 24 hours	22.8	24.9	19.9	20.57	20.88	23.71	27.2	27.3	29.4
1-6 days	28.3	30.1	34.2	31.73	29.38	33.71	29.3	31.8	27.7
7-27 days	8.8	11.6	18.3	17.94	19.59	17.14	19.7	13.0	13.5
0-27 days	69.9	66.6	72.3	70.24	69.85	74.57	76.2	72.1	70.6
28-364 days	30.1	33.4	27.7	29.76	30.15	25.43	23.8	27.9	29.4

Source of data: Documentation of the Government Bureau of Statistics, 2003

Table 5. INDIVIDUAL COMPONENTS OF PERINATAL MORTALITY IN CROATIA FROM 1981 TO 2002 (VITAL STATISTICS)

Year	Stillbirths+ deaths in 0-6 days	Perinatal mortality	Stillbirths	Stillbirths per 1,000	Deaths in 0-6 days	Early neonatal mortality
1990	574	10,3	246	4,4	328	5,9
1991	601	11,5	269	5,9	332	6,4
1992	580	12,3	261	5,5	319	6,8
1993	482	9,9	199	4,1	283	5,8
1994	474	9,7	221	4,5	253	5,2
1995	462	9,2	215	4,3	247	4,9
1996	469	8,7	235	4,4	234	4,3
1997	492	8,8	253	4,5	239	4,3
1998*	420	8,9	225	4,8	195	4,1
1999*	406	8,9	205	4,5	201	4,4

2000*	412	9,4	229	5,2	183	4,2
2001**	402**	9,8**	216**	5,2**	186	4,6
2002**	350*	8,7**	189**	4,7**	161	4,0

Source of data: Government Bureau of Statistics, 2003

Note: *During the period from 1998 to 2002, data on infant mortality only included children born to mothers who had lived in Croatia for longer than the period of one year. The rate of infant mortality for 1998 to 2002 was calculated on the basis of the number of live births to others with Croatian residence for at least one year.

Note: **The definition of stillbirth changed after 2001 according to the recommendations of the World Health Organization as well as for national statistics on stillborn gestations ≥ 22 weeks of gestation and ≥ 500 grams of birth weight. Therefore, comparisons cannot be made with previous years.

MILLENNIUM GOAL 5: IMPROVE MATERNAL HEALTH

I. STATUS AND TRENDS

1.1. Maternal mortality

Maternal mortality has been low in Croatia for years and has been reduced to sporadic cases. In this indicator of perinatal care, Croatia does not differ from Western European countries or the majority of post-transition countries. In the year 2002, four women died due to complications in pregnancy, delivery or childbed, and one woman died in 2001.

1.2. Interrupted pregnancies

Every pregnancy that does not end with a delivery is considered an interrupted pregnancy and pursuant to legal provisions they are reported to the Croatian Bureau of Public Health on the appropriate form. Under pregnancies that have been interrupted are included extrauterine pregnancies, *mola hydatidosa*, other abnormal products of conception, spontaneous abortions and legally induced abortions. Pursuant to the law in the Republic of Croatia, a woman may have an abortion legally performed without obtaining the permission of a commission up to the first 10 weeks of pregnancy. According to the same law and pursuant to a ruling of the Ministry of Health, an abortion may only be performed in authorized health institutions.

During the year 2002, there were 12,002 registered abortions (Table 1), which represent a further decline in comparison to the previous years (6.8% fewer abortions than during the preceding year). The highest percentage, 51.6%, involved legally induced abortions. There were also 19.3% spontaneous abortions (which is nearly identical to the percentage in the preceding year).

Table 1 Number of women of childbearing age, number of live births and the ratio of total abortions per live birth in Croatia from the period from 1990 to 2002

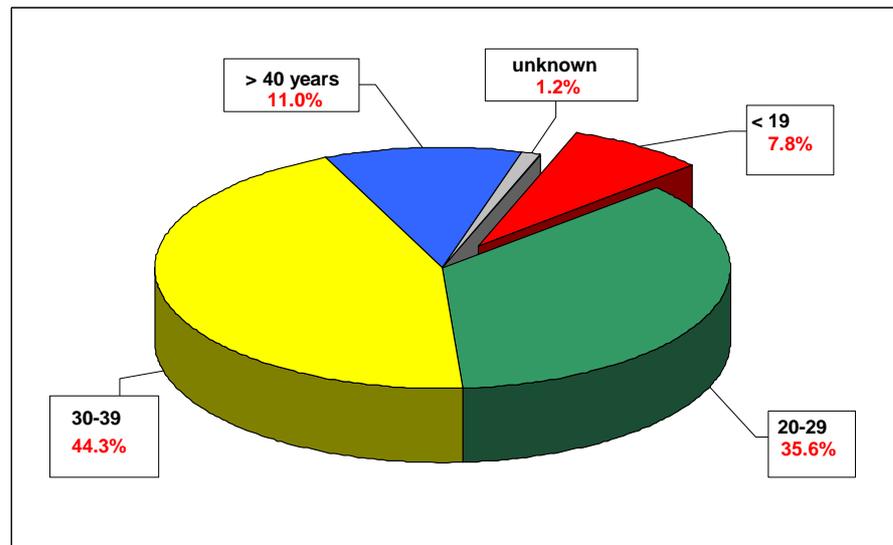
YEAR	No. women of childbearing age	No. of live births	General fertility rate	No. of abortions TOTAL	No. of abortions per live birth	No. of artificially induced abortions per live birth	No. abortions per 1,000 women of childbearing age
1990	1,138,036	55,409	48.5	46,679	0.84	0.70	41.01
1991	1,149,407	51,829	45.1	40,303	0.77	0.64	35.06
1992	1,168,456	46,970	42.9	34,906	0.74	0.56	29.87
1993	1,167,857	48,535	44.3	31,239	0.64	0.52	26.74
1994	1,167,465	48,584	44.4	26,014	0.53	0.40	22.28
1995	1,171,189	50,182	45.7	19,950	0.40	0.28	17.03
1996	1,086,025	47,792	49.5	19,634	0.41	0.26	18.02
1997	1,105,089	55,501	50.2	16,400	0.30	0.18	18.84
1998	1,087,853	47,068	43.3	15,292	0.32	0.19	14.06
1999	1,101,861	45,179	41.0	14,700	0.32	0.18	13.34
2000	1,057,247	43,746	41.4	13,870	0.31	0.17	13.12
2001	1,080,121	38,887	36.0	12,814	0.33	0.17	11.86
2002	1,080,121	39,697	36.7	12,002	0.30	0.16	11.11

Source of data: Government Bureau of Statistics
Croatian Bureau of Public Health

Other interrupted pregnancies (extrauterine pregnancies, *mola hydatidosa*, other abnormal products of conception, other abortions, unspecified abortions) amounted to 29.1% (3,498). Within the structure of these abortions, from year to year there has been a slight increase. The percentage of girls younger than 19 years of age among the women who had abortions in the year 2002 increased

slightly to 7.8% (Figure 1) from 6% during the previous year. Among the women who had abortions performed, the majority of them were between 35 and 39 years of age. Among the women who sought abortions, the majority already had two children (36.7%), which confirms the fact that abortion continues to be used as a method of contraception.

Figure 1 Legally induced abortions in Croatia during 2002 according to women's age groups



1.3. Women's healthcare

According to data from primary healthcare, until the year 1991 women reported to their selected gynecologist for examinations on an average of six times per pregnancy. From 1992 to 1994, the average amounted to 5.9–5.7 examinations per pregnancy, and from 1995 to 1999 the number of examinations was again over six. During the period from 2000 to 2002, in Croatia every pregnant woman was examined an average of 6.9 times, whether these were examinations in contracted or noncontracted private practices of primary healthcare for women.

After a drastic decline in 1991 and 1992, the total number of preventative examinations in primary healthcare for women has been consistently increasing. While in the year 1990 the rate of preventative examinations amounted to 163.6/1,000 women of childbearing age, in the year 2001 the recorded rate was 290.9/1,000. In the year 2002, a total of 308,357 preventative examinations were performed (the rate of examinations amounted to 285.5/1,000), which represents a slight decline in comparison to the year 2001. From year to year, the number of PAP tests is also increasing, which has been monitored since 1995. In the year 2000, the rate amounted to 353.2/1,000 women of childbearing age, in 2001 it was 365.5/1,000, and in the year 2002 it reached its highest level of 385.1/1,000 of childbearing age. From the total number of PAP tests performed, 7.4% revealed pathological findings. The state of the reproductive health of adolescents is unsatisfactory regarding the frequency of Chlamydia infections that amounts to 5.0–21.5%; the percentage of pathological PAP test findings of 7.5–12.0%; and intentional abortions among students up to 22 years of age. In the adolescent group, infertility, cervical cancer and breast cancer can be anticipated as a consequence of risky sexual behavior, and therefore a reduction in the potential fertility of the population.

1.4. Other causes of women's mortality

Since maternal mortality in Croatia is low, it is necessary to take into account other causes of death, which diminish the probability of giving birth. The largest number of women's deaths in 2002 was due to malignancies, 25.2% from injuries and accidents, and 12.6% from cardiac and vascular diseases (Table 2). Considered over a five-year period, for the group from 15 to 34 years of age, the main causes of death are injuries and accidents, and from 35 to 44 years of age, malignancies. It is evident that the structure of mortality from malignant diseases is most often breast cancer, cervical and ovarian cancer. Therefore, the attention of public healthcare should be oriented toward the prevention of injuries, accidents and the most frequent types of cancer.

Table 2. Women between 15 to 44 years of age who died in the year 2002 according to groups of illnesses

<i>Cause of disease</i>	<i>% Women who died</i>
Malignancies	41.24
Injuries, poisoning and some other consequences of external causes	25.24
Diseases of the circulatory system	12.62

II. CROATIAN MILLENNIUM GOALS FOR IMPROVING MATERNAL HEALTH

SUBGOALS AND INDICATORS
1. Keeping maternal mortality to a low level Indicator: 1a. Rate of maternal mortality
2. Preserving and improving reproductive health Indicators: 2a. Provide women with preventive examinations (physicians, visiting nurses) 2b. Provide pregnant women with 10 antenatal examinations
3. Continue to reduce abortions, particularly among adolescents Indicator: 3a. Abortion rate according to age and type of abortion
4. Reduction of women's mortality from the most common causes during childbearing age Indicators: 4a. Total mortality rate 4b. Mortality rate from the most common causes of women's mortality according to age groups

III. EXISTING MECHANISMS AND PROGRAMS FOR ACHIEVING THE SUBGOALS

Within the framework of the goal of improving the health of women in their childbearing years, organizational prerequisites are necessary for the following: multidisciplinary counseling centers (accessible without a physician's referral slip) that include both partners, health educational work with adolescents, taking into account those who are outside the educational system; and providing guidelines for responsible sexual behavior. It is therefore necessary to establish a uniform procedure for the gynecological examination of sexually active adolescent girls, as well as the clinical examination of their partners. All these activities are oriented toward the preservation and improvement of sexual health and the primary prevention of infertility, and thereby the increase of natality in the Republic of Croatia. Furthermore, it is necessary to achieve a reduction in the

number of all types of abortions with intensive health education and other activities directed at partners of both sexes. The Republic of Croatia is investing efforts in order to improve the demographic picture of the country and has already begun to prepare a strategy for achieving this goal.

MILLENNIUM GOAL 6: COMBAT HIV/AIDS AND OTHER DISEASES

I. STATUS AND TRENDS

1.1. HIV/AIDS

Through the systematic application of measures of prevention, from health education to the supervision of products derived from human blood, HIV/AIDS infection in the Republic of Croatia remains at a low level, one of the lowest in Europe, without signs of an increase in frequency. The total frequency of HIV infection with 0.028% positive (54 of a total of 191,253 tested persons) including AIDS patients, i.e. a value of 0.001% or 2 in 167,396 tested volunteer blood donors, is an expression of a favorable epidemiological situation. Analysis of the patients and infected persons according to epidemiological categories shows the greatest percentage of homosexual/bisexual persons (males), and a relatively small percentage of users of intravenous drugs. For the past twelve years, there have been no newly infected persons among hemophiliacs (total since 1986: 8), which means that products derived from blood are now safe and controlled. The number and percentage in the category of unknown/other continues to be low and unchanged (4.7%), which means that the transmission of the infection continues to be within the known groups of increased risk, without penetration into the general population. In addition to this favorable epidemiological situation, the prevention and eradication of HIV infection continues to be one of the public health priorities, as well as the prevention of other contagious diseases (Table 1).

Owing to the implementation of the National Program to Combat HIV/AIDS, in which the entire healthcare system participated with measures of health education for the populations and groups at increased risk of infection, measures that reduce risk from infection among persons at increased risk, especially drug addicts, measures for the prevention of the transmission of the infection in health centers and via blood and blood products, the organization of treatment and the securing of medicines (which are provided free of charge in Croatia), the extensive spread of the disease among the population has been prevented. With fewer than four new cases of AIDS annually per one million inhabitants, the Republic of Croatia is among the category of countries with a low risk of HIV infection.

Homosexual transmission has dominated the path of the transmission of the infection in Croatia since the beginning. After an initial rise in the number of infected persons, since 1994 the number of new cases in this group has stagnated, with 10 to 13 infections registered annually. Heterosexual transmission of infection is dominant among the group of men who have lived or worked in foreign countries. In this group, the dominant form of behavior is sexual relations with persons at high risk. Of these 114 registered cases, 105 or 92% were infected outside the country. Among the infected persons who received the infection from their sexual partners, women predominate, and infection generally occurred within the country. Drug addicts comprise 8.4% of those infected with AIDS in Croatia and 11.2% of all HIV positive persons (HIV + AIDS). By monitoring infections from laboratory data in the population of addicts who have been regularly tested since 1991, they represent approximately 1% or less, without a tendency to increase. In the year 2003, of the 869 addicts tested, 9 or 1.0% were positive.

Supervision over sexually transmitted diseases in Croatia shows a particularly low number of classically sexually transmitted diseases. On the basis of the trends, it is possible to predict the epidemiological situation in connection with HIV. The dramatic drop in the number of persons infected with syphilis and gonorrhea occurred with the beginning of widespread health education

campaigns in connection with AIDS and immediately demonstrated effectiveness. The availability of highly active antiretroviral therapy since 1999 has reduced mortality from AIDS, the number of days spent in the hospital per patient, as well as perinatal transmission (from the mother to the child).

Table 1 — Persons infected with HIV/AIDS during the 1985–2003 period

HIV/AIDS								
Cases		According to Sex		According to Manner of Transmission				
			%		%			
1985	9	Men 335	78.3	i.v. addiction	48	11.2		
1986	7			heterosexual	114	26,6		
1987	26			homosexual/bisexual	162	37.9		
1988	14							
1989	5							
1990	10			Women 93	21.7	blood and derivatives hemophiliacs	14	3.3
1991	16					unknown/other	20	4,7
1992	13							
1993	21							
1994	26					sexual partners HIV+ persons	61	14,3
1995	20							
1996	24							
1997	28							
1998	35	perinatally	9			2.1		
1999	28							
2000	36							
2001	26							
2002	43							
2003.	41							
TOTAL	428							

Source: Croatian AIDS Registry, Zagreb: Croatian Bureau of Public Health

Besides the significant activities and institutions that participate in the monitoring of HIV/AIDS in Croatia, it is necessary to point out that the monitoring and reporting of this disease is regulated by law. Since 1986 an AIDS Registry has been kept At the Croatian Bureau of Public Health and it proposes measures for eradicating HIV/AIDS in cooperation with all other health institutions. The Croatian Bureau of Public Health is also part of the European system of HIV/AIDS monitoring that is coordinated by the World Health Organization. The Referral Center for Aids of the Ministry of Health was established at the Dr. Fran Mihaljević Clinic for Infectious Diseases to meet the need for expert monitoring, study, providing expert assistance and establishing a doctrine and measures for diagnostics and treatment. Since the year 1990, the Commission for Eradicating HIV/AIDS has been in continuous operation (as of 2003 it has become an agency of the Government of the Republic of Croatia).

1.2. Other Diseases

1.2.1. Tuberculosis

The incidence of tuberculosis in the Republic of Croatia is in decline (33 infected per 100,000 inhabitants in the year 2003), owing to the system for monitoring tuberculosis and the implementation of measures for its eradication and prevention, characterized by the early detection of persons with the disease and those who are contagious coupled with standardized treatment and supervision. The high rate of the vaccination of children is the reason for the disappearance or very rare occurrence of the severe and disseminated forms of tuberculosis among children. The war period was specific, during which the incidence did not decline, nor did mortality caused by tuberculosis. Nonetheless, the rate of incidence in Croatia is significantly higher than the rate of the incidence of tuberculosis in the European Union (13 per 100,000 inhabitants). The age distribution of those suffering from tuberculosis in Croatia corresponds to that in more developed countries, with the highest morbidity in the oldest age group (Croatian Bureau of Infectious Diseases, 2003). In individual counties, the incidence of tuberculosis is nearly twice as high as the national average. The reason for this is the great population migration that occurred during the 1990s, including the migration of populations from neighboring countries where the incidence of tuberculosis is greater than in Croatia.

In Croatia, standardized, short-term and supervised therapy of tuberculosis is provided. Nonetheless, Croatia is not among the countries included by the DOTS program because the outcome of treatment is not monitored by the method provided by the World Health Organization (treatment outcome monitoring), which is also not applied in the majority of the countries of the European Union. However, the outcome of treatment is monitored according to one of the most significant indicators of adequate treatment — the rate of resistant tuberculosis — and the value for Croatia is among the lowest in Europe.

Table 2 Patients with active tuberculosis of any organs in the Republic of Croatia per 100,000 inhabitants

Year	Incidence	Mortality
1982	81	8.4
1990	55	8.7
2001	33	3.3

Source: Croatian Bureau of Public Health

The high vaccination rate of children (94.8% of newborns in the year 2003) is the reason that the disseminated forms of tuberculosis in children are quite rare, only one case in the group from 10 to 14 years of age in the year 2002, and not a single case in the year 2003. Tuberculosis among children (8.5 with the disease per 100,000 children) shows that this concerns an exogenous infection and not endogenous reactivation. According to data from the Registry in 2003, 42 patients were identified with resistant tuberculosis, including 8 patients with multi-resistant tuberculosis.

1.2.2. Chronic noninfectious diseases

Chronic noninfectious diseases are priority health concerns in the Republic of Croatia. They are characterized by long duration, often lifelong, and can reduce the quality of life, lead to disability and result in premature death. The demographic trend with a growing number of elderly persons

and the contemporary way of life characterized by mechanization, automation of the work place and computerization, with increasingly little physical activity, have contributed in recent decades to a significant increase in these diseases. In Croatia, primary causes for not achieving full life expectancy in the year 2001 were tumors, heart disease, vascular diseases and injuries (*Table 3*). Therefore, the number of years lost in not achieving the full life expectancy is indicators of premature death.

Table 3. General death rate (per 100,000 inhabitants) and estimated years of lost life (YLL) for individual groups of diseases in the Republic of Croatia for the year 2001

Disease Group	Total		Men		Women	
	Rate	YLL	Rate	YLL	Rate	YLL
Malignant	265.5	87,620	326.1	39,082	209.2	42,545
Cardiovascular	598.1	81,594	547.3	38,576	645.3	40,730
Injuries	61.8	54,927	88.4	38,733	37.1	12,287
Traffic accidents	15.2	20,301	24.4	14,344	6.6	4,564

In the assessment of the burden of disease, it is necessary to point out that chronic noninfectious diseases in Croatia are a leading cause of death and a reason for hospital treatment. At the top of the scale are diseases of the heart and blood vessels, with a percentage of 52.8% of total mortality during the year 2002. This is followed by the group of tumor diseases, with a share 24.0%, injuries and poisoning (5.4%), diseases of the digestive tract (4.7%) and diseases of the respiratory system (4.2%). Among the reasons for hospital treatment during the year 2002, diseases of the heart and blood vessels were in the first place (with a share of 13.8%), followed by tumors with a nearly equal share (13.1%), diseases of the digestive tract (10.0%), injuries and poisoning (8.2%), diseases of the respiratory tract (8.1%), and diseases of the genitourinary organs (8.1%).

The total number of newly diagnosed patients with invasive cancer during the year 2001 (Code COO-C97 MKB, without skin cancer — Code C44) was 19,738, of whom 10,597 were men and 9,141 women. The rate of incidence amounted to 444.8/100,000, or 496.1 for men and 397.2 for women. The ratio of men to women is 54:46. In the year 2001, 11,725 persons died of cancer in Croatia, 6,939 men and 4,786 women. The mortality rate was 264.2; i.e. 324.9 (men) and 207.9 (women) per 100,000. The ratio of men to women is 58:42, with a high incidence of cancer of the trachea, bronchi and lungs, the leading groups of cancer among men. The five most common groups of cancer comprise 54% of new cases in men: tracheal, bronchial and pulmonary (23%), prostate (11%), stomach (7%); rectal, rectosigmoid and anal (7%) and colon (6%). The five most common groups of cancer among women are as follows: breast (25%), colon 7%), tracheal, bronchial and pulmonary (6%), ovarian, fallopian and cervical (6%) and stomach (6%), which comprise 50%. Colon, rectal, rectosigmoid and anal cancer together comprise 13% of all cancers among men and 12% among women.

II. CROATIAN MILLENNIUM SUBGOALS TO COMBAT HIV/AIDS AND OTHER DISEASES

Subgoal 1: To maintain the current level of HIV/AIDS infection in the Republic of Croatia
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Indicators according to which Subgoal 1 is measured:

- 1a. rate of incidence at the level of 10/1,000,000 inhabitants annually
- 1b. 90% of young people between 15 to 25 years of age aware of the ways that infection is spread
- 1c. 70% of the population of intravenous drug addicts included in some form of healthcare
- 1d. introduction of new legal regulations in connection with the rights of HIV-positive persons

Subgoal 2: To reduce the level of the prevalence of tuberculosis

Indicators according to which Subgoal 2 is measured:

- 2a. to reduce the incidence of tuberculosis to 10/100,000 inhabitants annually
- 2b. to introduce supervision over the therapy conducted

Subgoal 3: To reduce the mortality rate from chronic noninfectious diseases among persons from 0 to 64 years of age
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Indicators according to which Subgoal 3 is measured:

- 3a. to reduce the rate of mortality from cardiovascular diseases in persons from 0 to 64 years of age
- 3b. to reduce the rate of mortality from malignant neoplasms in persons from 0 to 64 years of age

III. EXISTING MECHANISMS AND PROGRAMS FOR ACHIEVING THE SUBGOALS

3.1. HIV/AIDS

The National Program for the Eradication and Prevention of HIV/AIDS passed by the Government of the Republic of Croatia is in the process of revision and amendments are expected during the year 2004. Pursuant to the obligations from the Declaration of Commitment regarding HIV/AIDS in the Year 2001, (UNGASS), and the Republic of Croatia has identified indicators and developed a system for monitoring and assessment that will make it possible to submit a report on advances in the year 2005. Similarly, owing to a donation agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM), the realization of the project Advancing the War on HIV/AIDS in Croatia began during the year 2003. The goals of the project are identical to the goals of the National Program and include the following:

- significant increase in the level of knowledge among the secondary school population on the manner of transmission and protection from HIV/AIDS,
- increasing the accessibility of free anonymous counseling and testing, primarily in risk populations,
- reducing the risk of transmitting HIV through the implementation of a series of target preventive activities for persons under increased risk,
- raising the quality of psychosocial support and introducing "second generation supervision of HIV/AIDS infections,"
- active measures aimed at reducing the stigma and discrimination against those persons who have the disease and those who are under increased risk together with the education of the entire population are anticipated.

The program is based on cooperation among the authorized institutions and the civil society, and promotes methods of peer education oriented toward reducing the risk of HIV transmission.

3.2. Tuberculosis

In the year 1998, the Ministry of Health and Social Welfare, at the proposal of the Referral Center for Pulmonary Diseases and Tuberculosis, passed the Directives for the Eradication and Prevention of Tuberculosis. The established goals for the implementation of these directives are as follows: identify at least 70% of the persons suffering from bacterial tuberculosis, cure a minimum of 85% of the bacterial tuberculosis patients, accelerate the decline in the rate of the incidence of tuberculosis patients to an acceptable 10 cases per 100,000 inhabitants and introduce the program of continued therapy that is recommended by the World Health Organization (DOTS Program). The Program will be reviewed and amended with treatment outcome monitoring. Goals: by the year 2005, to identify a minimum of 70% of those infected and cure 80% of them, which would reduce incidence and mortality by half (by 2020 the incidence would be 1:100,000). Since the year 1999, a favorable continuation of regression in the number of tuberculosis cases has been noted after the stagnation that prevailed during the past several years (due to the wartime and postwar migrations of the population), and in 1992 the Registry of Tuberculosis Patients was introduced in the Republic of Croatia. In 1996, parallel reporting was introduced (individually for each case within a period of 24 hours with many epidemiologically relevant questions).

Monitoring treatment outcome, pursuant to the recommendations of the World Health Organization, will be conducted as a pilot project in three counties (Zagreb, Slavonski Brod-Posavina and Križevci-Koprivnica Counties), within the framework of an educational program, "Improvement of Tuberculosis Control in Croatia."

3.3. CHRONIC NONINFECTIOUS DISEASES

In the Plan and Program of Healthcare Measures from Basic Health Insurance, issued in the year 2002, measures and procedures for primary, secondary and tertiary prevention have been defined as well as the promotion of health on the basis of integrated programs for eliminating risk factors, which also have a preventive effect for many chronic diseases. Similarly, it is necessary to issue a national program for the prevention of malignant neoplasms, injuries and mental disorders as a priority. Such a program was already passed for cardiovascular diseases in 2001 but it has to be put in operation. This is pursuant to the overall Plan and Program of Healthcare Measures, which was also passed in the year 2002, as well as the Healthcare Plan of the Republic of Croatia passed in the year 2004.

MILLENNIUM GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

I. STATUS AND TRENDS

Forests and forestland, according to data from 2001, occupy 2,485,611 hectares, i.e. 43.5 percent of the total surface area of the mainland part of the national territory. The state of the forests and forest ecosystems in Croatia in comparison to those of Europe has been judged as relatively good. The management of forests and forestlands has a long tradition and is based on natural renewal through care and protection under professional supervision. Nearly 95 percent of the forest area is of natural composition.

Pursuant to the Environmental Protection Act, today *in situ* protection covers approximately 10% of government land. The Act stipulates nine categories of protection — national park, nature park, regional park, strict reserve, special reserve, monument park, protected landscape, forest park, and architectural landmark park. The largest protected areas are nature parks (approximately one quarter) and national parks (approximately one sixth), whose protection is under the supervision of the government. The structure of the national parks and nature parks illustrates variety — three are national parks on islands (Kornati, Brijuni and Mljet), including the surrounding sea; two illustrate karstic hydrography and morphology (Plitvice Lakes and Krka); and two are mountain areas (Risnjak and Paklenica). Among the nature parks, there are three mountain areas (Medvednica, Biokovo and Velebit), one is an island (Telašćica), and two present the biological variety of lowland flood areas (Kopački rit and Lonjsko polje). Plitvice Lakes are included in the UNESCO List of the World Natural Heritage. Velebit is on the UNESCO List of Biosphere Reserves, and four regions are on the list of the Ramsar Convention – Kopački rit, Lonjsko polje, Neretva Delta and Crna Mlaka. The management of national parks and nature parks is based on physical plans, and they are managed by public institutions. Pursuant to the new Environmental Protection Act, it is necessary to prepare a management plan for each region.

During the period from 1991 to 2001, the number of protected natural sites increased from 371 to 427. The area of the protected sites increased to 1,192 square kilometers. Croatia has begun to prepare a National Ecological Network, which will include all the regions that are important for the species and habitats endangered on the European and national levels. During the year 2002, the Preliminary Ecological Network of the Republic of Croatia was established, which identifies the basic elements of the ecological network (core areas, corridors and stepping stones), according to which organisms migrate and buffer zones. The key indicators of biological variety are grouped into ecological systems, species and subspecies and genetic varieties, and indicate the status, pressure and response of the society. Croatia has chosen ten such indicators, for which it is realistic to expect the regular collection of data and the establishment of a system for monitoring the state of nature. It is significant to emphasize that a national program still does not exist in Croatia for taking inventory of the biological variety.

Measures for the general protection of water are defined in detail by the Waters Act, where it is stipulated that the protection of water from pollution is implemented in order to protect life, human health and the environment, to allow the harmless and unhindered use of water for various purposes. This protection of water is realized through supervision over the state of water quality and sources of pollution, prevention, limitation and prohibition of work and behavior that could affect water pollution and the state of the environment as whole and other parts oriented toward the preservation and improvement of the qualities and use of water.

A series of provisions in addition to the Waters Act regulate the question of water protection in greater detail. The basic task for the coming period is the coordination of the legislative framework for water management and water protection with the relevant legislative framework of the European Union. Starting from the requirements of the established legal framework the European Union, integrated water management is a basic instrument for the protection of water resources, water quality and ecosystems dependent on water.

The problems in the infrastructure of waste management in the territory of the Republic of Croatia are visible from data according to which fewer than 10 dumps have a legal status, although it is estimated that in Croatia there are over 4 million tons of waste generated annually. Other types of waste disposal cover only 50,565 tons, i.e. 1.25 %.

II. CROATIAN MILLENNIUM SUBGOALS TO ENSURE ENVIRONMENTAL SUSTAINABILITY

2.1. SUBGOALS AND INDICATORS

1. To integrate the principle of sustainable development within the national policy and programs and to halt the loss of environmental resources

Indicators:

1. Forest surface areas, forestlands and their percentage in the total surface area of the mainland of the national territory
2. Protected natural areas and their percentage in the total surface area of the national territory
3. Data on the categories of water quality (rivers and lakes) and coastal sea
4. Quality of beaches along the sea

2. To reduce the number of people who do not have suitable water supplies and sanitation

Indicators:

1. Percentage of inhabitants who are connected to the public water supply system
2. Percentage of inhabitants who are connected to the public sewage system with the suitable purification of waste water

3. To improve waste management and reduce the amount of waste to be dumped

Indicators:

1. Percentage of dumped waste in relation to other types of waste disposal in the Republic of Croatia
2. Percentage of inhabitants with access to communal waste collection

III. EXISTING MECHANISMS AND PROGRAMS FOR ACHIEVING GOALS

The goal of integrating the principle of sustainable development into national policy and programs in order to halt the loss of environmental resources will primarily be achieved through the preservation of the natural qualities and stability of forests in the Republic of Croatia. This will include retaining existing forested surfaces and forest land, replacing lost forest land with new forests on unforested land. This will be especially possible with the removal of land mines from forests, therefore resulting in the inclusion of such land into regular management and protection. The Government Strategy and Program of Physical Planning anticipates an increase in the surface area of the protected natural heritage, and particular attention will be paid to the protection of water and the coastal sea, and the improvement of their quality.

A goal which the Republic of Croatia will aim to achieve by the year 2015 is to provide 94% of the population with access to the public water supply system, in comparison to the 76% who had access in the year 2001. The necessary financial means for achieving this goal have currently not been secured, so that securing funding is one of the tasks for the next period. In solving this problem, it is also necessary to take into account the functioning of the public water supply system, both existing and future, in relation to reducing the currently significant losses caused by leakages in the water supply system, as well as securing adequate measures for the protection of the public water supply system.

Another goal which the Republic of Croatia will aim to achieve by the year 2015 is to provide 65% of the population with access to public sanitation, in comparison to the 41% who have access to public sanitation with second degree purification of waste water. The necessary financial means for achieving this goal have not been secured at the moment, so that securing funding is one of the tasks for the next period. In solving this problem, it is necessary to take into account the functioning of public sanitation, both existing and future, in reducing the leakage of the public sanitation system, giving priority to protecting sanitary zones.

With the goal of reducing the percentage of waste to be disposed of, it is necessary to significantly improve the system of waste management in all its elements, including financial resources, private and public partnerships and other incentives.

MILLENNIUM GOAL 8: GLOBAL COOPERATION

I. STATUS AND TRENDS

According to the program of the Government of the Republic of Croatia, for the 2003–2007 mandate, the main priorities of the economic and development policy are the strengthening of entrepreneurship, reducing taxes, raising the level of employment, strengthening the social security system, reducing government expenditures and providing a greater role for science and new technologies in the economy.

In the context of securing the growth and opening of the development cycle of the Croatian economy, greater measures to stimulate overall economic activity are planned. This will include giving impetus to domestic production, providing a series of complementary development measures in order to strengthen entrepreneurship, agriculture, overall domestic production and services. Additionally, it will result in achieving economic growth through an increase in investments in science and technology. Linking small, medium-sized and large enterprises in order to increase the effectiveness and the international competitiveness of Croatian entrepreneurship will encourage an increase in employment, in exports and a greater export competitiveness of Croatian products. In the foreseeable future, it is necessary to create conditions for promoting entrepreneurship (favorable lines of credit for entrepreneurs, the establishment of entrepreneurial centers that promote innovation) and remove the barriers that restrain their growth.

1.1. Unemployment of Young Persons

An increase in the total employment rate is a main priority of the economic and development policy of the Republic of Croatia for the period of 2003 to 2007. The increase in the employment rate in the Republic of Croatia is influenced by existing problems, as well as the structural economic crisis. The employment of young persons between 15 and 29 years of age is a priority of the Croatian economy. According to 2001 census data, they comprise 20.25% of the total population. According to the 2002 Labor Force Survey, conducted by the Central Bureau of Statistics, the rate of unemployment among young persons between 15 to 24 years of age was 34.4%. This means that they are faced with a prospect of unemployment more than any other category of the population. This category of the population is the driving force of social development and is currently experiencing great difficulty in finding employment. Specific problems encountered are as follows: the lack of a mechanism to effect the transition from the unemployed to the working segment of the population; the lack of a process through which it would be possible to acquire the necessary experience for a first job; and the unavailability of financial support for their entrepreneurial initiatives.

1.2. Development of New Technologies

According to the Program of the Government of the Republic of Croatia, one of the priorities is the establishment of a special program of support within the framework of the budget of the Ministry of Science, Education and Sports, intended for enterprises and entrepreneurs whose activities are directed toward science and technology development. This has resulted in the preparation of a new national program of research and technology development, according to which the goals and priorities will be established and on the basis of which budgetary funds will be directed to

individual areas. Furthermore, the development of science and technology will be additionally stimulated by tax benefits. A national innovation system will start with the introduction of new technology and scientific projects in which economic and local institutions, universities and local authorities will participate. Furthermore, there will be incentives for adjusting and aligning the programs of the Republic of Croatia with the European Union program entitled “Toward the Research Area Open to the World”.

Pursuant to the recommendations of the European Union program e-Europe 2005, the government intends to undertake an elaborate, comprehensive and dynamic campaign to accelerate Croatia’s entry into the information society. To that end, the project e-Croatia 2007 has been prepared. Its aim is to provide the citizens of Croatia with timely access to information and active participation in society through an information network system. It will also enhance the strength and provide better links within the Croatian economy, as well as the comprehensive exchange of information and experiences in the world of business and entrepreneurship in order to achieve transparency and effective government administration. Within the framework of the complete modernization of the education system, Project e-Croatia 2007, will facilitate computer literacy. A system of educational programs via the Internet will be developed for broad use and continuing education. Furthermore, on-line access will be available for health services and providing quality medical assistance, regardless of where a patient is registered.

Through the project e-Croatia, a network system will be established in the period from 2004 to 2007 that will allow every citizen to use services in the public administration, health, education and judicial systems. Citizens will also be able to communicate with the public administration, request and receive various types of documents, certificates, rulings and other information.

II. CROATIAN MILLENNIUM GOALS FOR THE DEVELOPMENT OF A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Subgoal 1: In cooperation with the developing countries, develop decent and productive work for youth

Indicators:

- 1.a. The rate of unemployment among youth
- 1.b. The establishment of mechanisms that would be able to project the demands of the labor market and thereby determine enrollment quotas for secondary schools and colleges
- 1.c. Number of entrepreneurial centers for youth
- 1.d. Percentage of young entrepreneurs who have used or are using the services of entrepreneurial centers
- 1.e. Regulated mandatory work experience during school (measured by number or percentage of secondary schools and colleges that have regular practical work experience for students)
- 1.f. The amount of funding (expressed in Croatian Kunas) to support supplementary education for unemployed persons and volunteer work

Subgoal 2: In cooperation with the private sector, make available the benefits of new technologies – especially information and communications technologies

Indicators:

- 2.a. Number of telephone lines per household
- 2.b. Number of cellular telephones
- 2.c. Number of personal computers
- 2.d. Number of households with access to the Internet
- 2.e. Percentage of the contribution of IT companies to the GDP*

Note: * Companies engaged in advanced and information technology are the backbone of development for the country in the 21st century. The careful monitoring of these indicators could yield concrete programs and initiatives for the inclusion of the modern technology of the private sector within the economy of the Republic of Croatia.

III. EXISTING MECHANISMS AND PROGRAMS FOR ACHIEVING SUBGOALS

Subgoal 1: In cooperation with the developing countries, develop decent and productive work for youth

At the beginning of the year 2002, the Government of the Republic of Croatia created the Program for the Promotion of Hiring, within a framework that includes three programs directly aimed at young persons between 15 and 29 years of age, as follows:

1) From College to Work is intended for college graduates up to 27 years of age who graduate within the regular period of time from college, through the co-financing with those hiring recent young graduates.

2) From the Classroom to the Workroom is intended for qualified and highly qualified workers without work experience, who have graduated from secondary trade schools, through the co-financing of the employment of these young persons in trades.

3) From Education to Work for All is oriented toward education for the needs of the labor market, through increasing the qualifications of job seekers.

The National Program of Action for Youth, passed in the year 2004, outlines seven steps concerning the hiring of youth in the period of 2003 to 2008. By the year 2015, the youth unemployment rate should, according to these steps, be reduced to an acceptable level of 10–15%. The outline steps are the following:

providing support to projects of youth associations that prepare young people for entry into the labor market,

developing a program for the self-employment of young people,

promoting the development of local partnerships among regional bodies and local authorities, social partners and youth associations through a system of benefits and rewards to the partners,

providing targeted distribution of information on employment and entrepreneurship to young people in entrepreneurial and information centers,

securing support for programs with the goal of promoting an entrepreneurial culture among young people and in projects for young scientists,

promoting projects and programs that aim at improving information channels among existing institutions that provide support to entrepreneurs and young users,

developing a program for the social engagement of unemployed young people (volunteer work for the benefit of the community, assistance on the principle of “the young for the young”).

It is possible to achieve a solution to the problem of youth unemployment in cooperation with the national economic policy of employment and education and private initiatives. As examples of successful private initiatives by young people in the Republic of Croatia, we cite the following:

The ZUM Association of Pula was established with the goal of promoting the hiring and professional training of young people. The stated goal is achieved through organized meetings between entrepreneurs and young professionals in cooperation with universities, the chamber of trades, the chamber of commerce, the city of Pula and Istria County.

The student association, E-student of Zagreb, was established with the aim of introducing the best students from the Faculty of Economics in Zagreb to the most successful companies in Croatia. The concept of this association is to identify the best students and provide them with additional knowledge and skills that the current educational system does not provide, but which are expected of them in their future professional lives.

3) My Job (*Moj Posao*) that began operating in late 2000 with the purpose of developing the concept of on-line job recruitment in Croatia. My Job makes it possible for young people to find jobs and/or advance in their careers. It also provides them with professional advice and legal support from the area of labor legislation.

Guidelines for the future are the following: 1) the creation of mechanisms to make necessary projections of the demands of the labor market and the establishment of enrollment quotas accordingly, 2) the promotion of entrepreneurial centers for young people and encouragement of innovation among young people, 3) the regulation of mandatory apprenticeship and work experience during schooling for young people and 4) the financing of additional education and volunteer work for the unemployed.

Subgoal 2: In cooperation with the private sector, make available the benefits of new technologies – especially information and communications technologies

The promotion and development of new technologies are among the strategic priorities of the Republic of Croatia. In 2002 Croatia signed the Electronic Southeast Europe Schedule and in late 2003 the Government of the Republic of Croatia adopted the program 2007 e-Croatia in order to remain current with European technological initiatives such as e-Europe 2005. The program e-Croatia 2007 will provide the following services of e-state administration, pursuant to the recommendations of the European Union: ability to file personal income tax returns and enroll in institutions of higher education; register vehicles, police complaints and changes in residence; access to various services of the Bureau for Employment, health services, social welfare services and public libraries; apply for personal documents, building permits and registrars certificates. The Central Government Office for e-Croatia will determine the level of technology required for each of the cited services and prepare a study of the state of the development of the information sector in the Republic of Croatia.

In order to accelerate the penetration of the new technologies of the market and legally regulate their use, the Parliament of the Republic of Croatia has adopted several laws in connection with the use of the Internet. These are primarily the Electronic Signature Act of 2002 and the Electronic Commerce Act of 2003. Furthermore, it ratified the Council of Europe's Convention on Cybercrime. The current legal framework, such as the legislation on the protection of intellectual property, has provided for greater participation by the private sector in the promotion of new technologies. Moreover, Croatia is working on the promotion of the construction of an information network and greater usage of the existing infrastructure. Thus, the Strategy for the Development of Broadband Data Transmission by 2007 is being prepared. It will greatly facilitate e-commerce and e-business.

Various research institutions are included in the promotion of new technologies. The Ruder Bošković Institute, one of the first academic Internet providers, is among the founders of a Cro-Grid, a network for computerized data processing. Via Cro-Grid, it is possible to obtain and process information at high speeds and thereby capitalize on the existing 18,000 kilometers of underground optical cable in Croatia. Among the other leading institutions for the promotion of telecommunications technology, the University Computer Center (SRCE), the Croatian Academic and Research Network (CARNet) and the Faculty of Electrical Engineering and Computer Science

should be singled out. All of them, with various projects such as on-line access to student records and registration for examinations, promote the use of the Internet in Croatia pursuant to European standards.

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