

*Well-child health care standards in
Croatia*

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Introduction – historical background

- Croatia has 90 years of social medicine tradition.
- Prof Andrija Stampar's tremendous contribution to the social medicine and public health service started in 1919.
- He has introduced the subject “ Social Medicine” in curriculum of Medical Schools.
- He founded School of Public Health

- Much of Stampar's life energy and mental capacity was devoted to the creation and shaping of World Health Organization (WHO).
- From 1945 he was engaged in the formation of WHO, trying to make it as powerful as possible.
- He worked out the **Statute of WHO** and through the letters of this international document he **spread progressive ideas and fought against colonialism, racism, and for the equality of all nations and all people.**

- The First World Health Assembly was called with the ratification of the WHO Constitution. It was in session from June 24 to July 24, 1948. Stampar was **elected the President of the Assembly** unanimously.
- In following decades, public health, preventive and social medicine in Croatia flourished. Such effort was recognized internationally and Zagreb became a place of education for many professionals from all over the world.

- In following decades numerous pediatricians participated in child health care improvement. Decreased morbidity and mortality brought Croatia to the level **of well developed countries by health indicators.**
- Still, **a war** in Croatia and simultaneous **transition** from state economy to market economy, put new challenges in front of pediatric services.
- Recent **recession** has profound impact on whole society and we still struggle to protect the most vulnerable population.

Children in Croatia

Population: 4,5 mil.

- 300.000 preschoolers
- 600.000 school children

250 primary paediatric teams – **integrated health care**
1 team/ 1.000 preschool children (plan 850)

Field nurses (**polivalent care**) – 1 nurse/5.000 inhabitants

School medicine – **prevention only** (part of the CPHI), 165 teams, 1 team/5.000 children (plan 2.000)

GP- 1 team/1.700 inhabitants

Programs

All children are intitled for full health insurance

No limitations – open access – upon demand

- Health Protection Program From Basic Healthcare Insurance – **defines well child care**

Detailed preventive activities for preschool, school children and developmetaly impaired for primary paediatric, school medicine and field nurse service.

Programs

- National immunization program

BCG, hep B, DTPa, IPV, Hib, MMR – **for all**

Pneumococcal vaccines, chickenpox vaccine, RSV protection – **for high risk groups**

HPV for certain age groups **free of charge** - in **certain communities**

Rota virus, tick born ME, meningococcal vaccine, HPV - **optional**

Croatian Public Health Institute

- *Croatian Health Service Yearbook* contains the most important data and indicators concerning the work of health services within the health system, as well as indicators for the health condition of the Croatian population and selected population groups.

- *All data are collected from health facilities and practices throughout Croatia.*
- *Health indicators do more than just point to the actual condition and make **monitoring of the trends** of given determinants possible. They are indispensable for the **evaluation of the work and efficiency** of the health system, and serve as the grounds for health planning at the national and local levels.*

- *In line with government commitments and international requirements, information is **continually exchanged** with such international institutions as the World Health Organization (WHO), International Labor Organization (ILO), United Nations Office on Drugs and Crime (UNODC), United Nations International Children's Emergency Fund (UNICEF), etc.*
- *Today's health statistics undergoes a process of **harmonization** with the recommendations and requirements of the Statistical Office (EUROSTAT) and Directorate-General for Health and Consumer Protection (DG SANCO) of the European Commission.*

National strategies and programs on specific issues

- Prevention and treatment of obesity
- Mental health care
- Child rights
- Accidents prevention
- Neurodevelopmental risk
- Hearing screening

- E.t.c.

Exist, but no (significant) financing...

Side ways - development and introduction of new programs

- Preschool institutions – teams consisting of registered nurse, psychologist, Special educator/speech and voice paedagogist, pedagogist.
- Field nurses
- Ministry of Family
- Social welfare
- UNICEF, NGO's

Preschool children

- Too many children/team (upper standard limit 1.500) – sometimes up to 90 children/day to be examined
- Administrative load approx 45%

- There are still some organizational problems we are about to solve: about 23% of preschool children at the primary health care level do not have pediatrician or GP specialist with adequate training.
- Three years ago we have initiated new cycle of pediatric residency training (it was halted for more than 1 decade), and we expect in few years that this problem will be solved.

School children

- Regular general examination
- Screenings (vision, hearing and locomotor system)
- Enrollment examination
- Counselling - primary school:(chronic diseases 43%, learning difficulties 26%, mental health issues 36%); secondary school: (chronic diseases 36%, reproductive health and sexually TD 24%, risk behaviour 12%, mental health 13%)

School children

- Health education,
- Professional orientation,
- Adjusting educational programs for children with special needs
- Immunisation

School children

- Lack of coordination between curative and preventive services
- Lack of coordination between school medicine service: changing school – changing school doctor – problem in data (medical records) transfer

Perspectives of well – child care

- Professionalism and good organization of healthcare has (so far) helped to preserve good health of children. And yet, beside economical challenges, we face dramatic changes in morbidity.
- Social and preventive pediatrics has new tasks, so different from what professionals have been prepared through their regular education and training.

- Focus of interest is moving toward preconception period and pregnancy.
- An impact of numerous factors influencing health is targeted – such as psychosocial and socioeconomic issues, environmental factors, nutrition and education.
- Introduction of salutogenesis

- We are trying to find answers and understand underlying pathophysiology for dramatic changes in morbidity of some diseases (autism, depression, allergies, eating disorders etc.).
- We also think that further decrease in incidence of prematurity related mortality and morbidity cannot be significantly changed by further clinical interventions. Prevention of premature birth should be one of the priorities.

- Pediatric societies, medical schools, public health services and Ministry of Health and Social Welfare try to reshape and accordingly adjust education curriculums and modalities of health care servicing.

- Generally, there is great understanding and good cooperation between health care professionals and policy makers regarding reshaping regulative documents (laws, strategies, statements etc.), but there is not enough support in bringing those documents into practice, mostly because of the lack of funding.

- Dealing with so complex issues require holistic (comprehensive) approach at individual level and multiprofessional approach in organization.