



EU Health Forum

Transforming Healthcare

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Silva Stazić
Director, Paradigma
Agency



Healthcare is no longer merely a sectoral policy issue – it has become a strategic sector that determines the competitiveness, stability, and resilience of society.

We are living in a time of major challenges – geopolitical shifts, an aging population, and the growing pressure of chronic diseases

As a society as a whole, we are faced with one fundamental question: are we prepared to build a healthcare system that is efficient, accessible, and sustainable – or will we continue following outdated patterns?

The EU Health Forum was created from the belief that we can answer this question only through a shared and collaborative approach.

I would like to thank all participants, partners, and sponsors who recognized the importance of these discussions, and without whose support this dialogue would not have been possible.

Silva Stazić,
Director, Paradigma Agency

“We can only talk about health in a friendly way. We live in a time when healthcare systems are facing a certain test – not only medical, but also civilizational.”

Marija Bubaš, State Secretary of the Ministry of Health

INTRODUCTION

This year's EU Health Forum themes clearly highlighted the key directions for development and the challenges facing health systems today. At the center of discussions were treatment outcomes, access to therapies, and the capacity of systems to efficiently manage resources amid demographic change, the growth of chronic diseases, and accelerating technological progress. There is a growing recognition that the performance of health systems is not measured by the level of investment, but by the value they create for patients.

Particular emphasis was placed on the need to strengthen system resilience and efficiency – from prevention and early disease detection to the implementation of European health regulations and initiatives, including cardiovascular health and oncological care. In this context, access to diagnostics and therapeutic options, chronic disease management, and the development of digital and organisational capacity were identified as key elements of long-term sustainability.

At the same time, health systems across Europe, including Croatia, face growing pressures arising from geopolitical change, population ageing, and increasing burdens of chronic disease. Such challenges require long-term and systemic responses, as short-term cost-containment measures are increasingly proving inadequate. It is becoming ever clearer that sustainable solutions lie in strategic investment in prevention, innovation, and more efficient care models that deliver real, long-term benefits for both systems and patients.

KEY TOPICS

- Croatia Health Profile
- Challenges of financial sustainability in the healthcare system and the role of performance measurement
- Access to innovative therapies, value-added medicines, and security of supply
- EU Urban Wastewater Treatment Directive
- The new EU Biotechnology Act – clinical trials in Europe and opportunities for Croatia
- The role of fiscal policy in shaping healthier food environments
- Rare Diseases Action Plan
- Next-generation hospital healthcare
- Outcomes and data-driven healthcare – measuring treatment outcomes

HIGHLIGHTS FROM THE EU HEALTH FORUM



State Secretary of the Ministry of Health,
Assist. Prof. Marija Bubaš, MD, PhD, Primarius
Specialist in Medicine

Healthcare today goes beyond the framework of the social system and becomes a key infrastructure of national security, especially in the context of geopolitical and climate challenges. Cardiovascular diseases are an important indicator of the efficiency of the system – from the organization of care to the timeliness of interventions.

The success of healthcare policies depends not only on strategies, but also on their implementation: early detection, management of high-risk patients, and ensuring continuous rather than fragmented care. The focus is shifting from treatment to active health management,

supported by the use of data and the monitoring of real-world outcomes.

For small countries, a model is emerging that is based on sustainability, resilience, and strong primary care, combined with a balanced public-private partnership. The system should actively guide patients throughout the entire care pathway, while aligning access to innovation with fiscal responsibility. Within this approach, healthcare is reaffirmed as an investment, while the key to success lies in a healthy population and an adaptable, resilient system.



Academician Davor Miličić, MD, PhD, Professor,
President of the Croatian Cardiac Society and Head of
the Department of Cardiovascular Diseases, University
Hospital Centre Zagreb

Croatia's plan to address cardiovascular disease starts from a broader context in which healthcare plays a central role in the country's stability and future. Cardiovascular diseases are the leading cause of mortality, and their prevalence is rising with population ageing, making them one of the main public health priorities. Alongside European guidelines, the emphasis is on a comprehensive national approach encompassing prevention, early diagnosis, access to care, treatment, and rehabilitation.

Particular focus is placed on prevention through standardised screenings, patient education, and early risk identification. Programs such as child screening for familial hypercholesterolaemia, and the development of

emergency response networks and telemedicine, contribute to a more efficient system. Strengthening primary healthcare, improving care organisation, and achieving balanced development in cardiology across regions remain priorities.

Further progress depends on quality management, the development of registries and better communication, while cardiovascular health remains a key indicator of system efficiency and resilience. Public health must remain at the center of the approach: a sustainable health system based on the public interest, with responsible resource management and a clear focus on patient outcomes.



Igor Lerman,
Director IQVIA Adriatic

The pharmaceutical industry today is strongly focused on areas such as oncology, immunology, and diabetes, alongside the rapid global rise of obesity as one of the key healthcare challenges. At the same time, the momentum of innovation is exceptionally strong - a large number of new molecules are currently in development, around 75 annually, with a steady yearly influx of new therapies and market growth projections reaching approximately USD 2.6 trillion by 2030.

Such developments raise serious questions about the sustainability of healthcare systems and encourage the introduction of outcome-based payment models, where therapies are reimbursed only if they deliver measurable results. Croatia ranks among the leading EU countries in the number of administered oncology drug doses, yet remains near the bottom in terms of patient survival rates.

The system is not inefficient because of a lack of funding - the problem lies in its design and governance. Oncology and cardiovascular diseases represent the greatest burden on both public budgets and patients, which is why data structuring in these areas should be prioritized.

In this context, digital transformation and better system organization are becoming essential, as illustrated by the example of a national oncology network that connects hospitals, standardizes treatment, and enables transparent monitoring of therapies and costs. In addition, international examples show that performance-based payment models, combined with outcome tracking and accountability of all stakeholders, can serve as an important tool for balancing innovation with the financial sustainability of healthcare systems.



dr. Bernd Rechel,
co-author „Croatia Health Profile“, European Observatory on
Health Systems and Policies, London Hub – London School of
Hygiene & Tropical Medicine

Croatia Health Profile shows that, despite a gradual increase in life expectancy and recovery after the pandemic, the country continues to face significant health challenges. Cardiovascular diseases remain the leading cause of mortality, alongside a substantial burden of diabetes and other chronic conditions, while key risk factors – primarily smoking, obesity, alcohol consumption, and insufficient physical activity – are more prevalent than the European Union average.

At the same time, the healthcare system demonstrates certain strengths, particularly in terms of accessibility of care and a high share of public financing, along with a relatively low burden of out-of-pocket costs for citizens.

However, challenges remain in the area of efficiency, as rates of avoidable mortality are still high, indicating the need to strengthen prevention, early detection, and timely treatment.

In the context of future improvements, the greatest potential lies in stronger public health measures – reducing smoking, improving air pollution control, and increasing vaccination coverage. Such interventions, together with further strengthening of system resilience and investment in human resources, represent key steps toward a more sustainable and effective healthcare system in the long term.



Peter Lindgren

Director, Swedish Institute for Health Economics (IHE)

The concept of healthcare system efficiency is increasingly based on the relationship between treatment outcomes and the resources invested, where the key question is not how much is spent, but what value is generated through that spending. The value-based healthcare approach emphasizes the need to maximize health outcomes while making optimal use of available resources, with efficiency assessed at the level of the entire system rather than within individual segments alone.

Analysis show that Croatia, despite limited resources, achieves outcomes consistent with its level of investment, indicating a relatively efficient healthcare system. At the same time, the experiences of other countries

confirm that higher spending does not necessarily guarantee better outcomes, and that there is significant room for improvement through better resource management and organization of care.

For further improvements in efficiency, it is essential to systematically define and measure treatment outcomes and to invest in high-quality data that enable informed decision-making. Without clear insight into results, healthcare systems risk making decisions without a real understanding of their effects, while outcome measurement itself is becoming the foundation for the development of sustainable and effective healthcare policies.



Mislav Vučić,
Independent Healthcare Industry Consultant

The European biopharmaceutical industry is positioned between the need for innovation, access to medicines, and increasingly demanding regulation. Europe still has a strong scientific foundation: among the 100 best universities in the field of life sciences, it has more institutions than the United States, and European researchers publish twice as many papers as their American counterparts and three times as many as Chinese researchers. However, the challenge arises in translating research into products, where Europe is losing capital and market influence.

This is also evident in clinical trials: the European Union, including Switzerland, lost 10% of global clinical trials

between 2013 and 2023. At the same time, dependence on single suppliers is high in key therapeutic areas - 86% in cardiology, 84% in oncology, 80% in mental health, and 75% in antibiotics. Market withdrawals further reduce the availability of critical medicines.

Therefore, it is crucial to find a balance between regulation and competitiveness, the green transition and industrial resilience. While bread prices increased by 45% over ten years and general consumer goods by 30%, critical medicines increased by only 2%, and generics became 8% cheaper. This illustrates how important it is to preserve European production, innovation, and supply security.



Ivana Stojčević,
Country Manager, Zentiva, HUP – Croatian
Pharmaceutical Manufacturers Association

EU pharmaceutical regulation clearly demonstrates that medicines are not ordinary market commodities, but strategic resources and a matter of public interest, essential for the functioning of the healthcare system and the protection of citizens' health.

In this context, a clear shift in the perception of medicines is needed - from viewing medicines as ordinary commercial goods to understanding that the production and supply of medicines are an integral part of critical strategic infrastructure. Such an approach must also be reflected in national policies. This means that pharmaceutical procurement should not be driven solely by the lowest price, but must also take into account security of supply, long-term sustainability, and system resilience under all circumstances, including times of crisis. The introduction of non-price criteria and multi-supplier procurement models for the same tender item is becoming a necessity rather than a choice, because systems dependent on a single supplier do not provide an adequate safety net.

At the same time, it is crucial to ensure coherence within the legislative framework. Policies that on the one hand aim

to strengthen manufacturing capacity and the stability of supply chains, while on the other hand create additional financial and operational pressures on manufacturers through regulatory instruments such as the Urban Wastewater Treatment Directive, cannot ensure a stable and sustainable market supply in the long term.

Under the current circumstances - marked by overlapping GMP challenges, climate change, and geopolitical risks - there is no reason to believe that the existing system is sufficiently robust. On the contrary, transformation is needed. In Croatia, the focus on a single winner in public procurement of medicines further increases the vulnerability of the system, where as a multi-supplier model, combined with a stronger role for the generic and biosimilar industry, would enable risk-sharing and significantly strengthen supply resilience. Ensuring the availability of medicines must be a fundamental priority of healthcare policy - not only in stable times, but especially during periods of crisis. The time to act is now, because reliable access to medicines is not merely a systemic issue, but a direct matter of citizens' safety and health.



Tvrko Dolić,
Cluster Head Croatia, Slovenia and
Hungary, Sobi

In general, access to innovative therapies in Croatia is not as bad as it is sometimes portrayed, but neither is the country among the best performers. According to so-called waiting indicators - the number of days from a medicine's approval to its availability in the country - Croatia ranks below the middle. We should be comparing ourselves with better-performing countries, not those that are worse than us.

In Croatia, there is theoretically a clear right for every patient to receive therapy that enables treatment or life extension, but in practice this works better elsewhere - for example in the Czech Republic.

According to the new EU pharmaceutical regulation, Article 56 of the Directive provides that each Member State has the right to require the marketing authorisation holder to make a medicine available. The problem is that "available" is not clearly defined. Pharmaceutical companies are too little involved in this process - in the Czech Republic, pricing is negotiated before procurement, discussions are held about individual patients, and solutions are developed jointly. In our system, patients are often charged significantly higher prices that could be used more efficiently if we were more frequently invited to the negotiation table.



Ana Gongola, President of Croatian Employers' Association – Pharmaceutical Industry Association, HUP. Member of the Management Board of Sandoz Croatia, and Director of Commercial Operations, Lek Slovenia

EU Urban Wastewater Treatment Directive, aimed at removing pharmaceutical micropollutants from the environment, is based on an important and legitimate objective of protecting water resources and public health. However, its implementation raises questions about the realism of the economic and regulatory assumptions on which it is based.

One of the key issues with the Directive's approach is that responsibility for pollution is being partially linked to the pharmaceutical manufacturing process, even though the pollutants in question are actually drug metabolites formed in patients' bodies and excreted into urban wastewater systems. At the same time, the European Commission has overestimated the share of pharmaceuticals in urban wastewater pollution and underestimated the costs of implementing quaternary wastewater treatment.

Given that generic medicines account for the majority of medicine packs consumed by patients and are subject to highly regulated and low pricing, concerns have been raised that imposing additional costs through the implementation of the Directive could make the production of certain generic medicines economically unsustainable for some manufacturers. This could lead to further market concentration and potential medicine shortages. Therefore, the need is emphasized to suspend the implementation of the Directive and adapt the model in order to achieve environmental protection goals while also preserving the availability of essential medicines.



Nikolina Dizdar Čehulić,
President of the Management Board, Pliva, HUP –
Croatian Pharmaceutical Manufacturers Association

The directive has a legitimate objective of protecting the environment and public health, but the way it is implemented could have serious consequences for the availability of medicines. According to the directive, pharmaceutical and cosmetics manufacturers would be required to cover at least 80% of the cost of quaternary wastewater treatment, with the largest burden falling on generic medicine producers.

Generic medicines are particularly exposed, as they account for around 70% of all therapies in Europe but less than 20% of total spending, often with prices lower than three euros per month. If additional costs become too

high, some medicines could become economically unsustainable, with the risk of product withdrawals, shortages, closure of production lines in Europe, and relocation of manufacturing to third countries. Smaller markets such as Croatia are especially vulnerable, where the availability of certain therapies is already under pressure due to low prices.

We must not choose between environmental protection and stable medicine supply - Europe must find a solution that enables both, in a proportional, feasible way based on real data.



Maja Puklek, MPharm, an assessor for European affairs in the Department of Pharmacovigilance and Rational Pharmacotherapy, contact point for the Republic of Croatia in the Clinical Trials Coordination and Advisory Group (CTAG) at the European Commission HALMED

The proposed Biotech Act has not yet been adopted, but it already opens an important discussion on strengthening European biotechnology, particularly through changes to clinical trial regulation. Europe has a strong scientific base and a high level of innovation – biotechnological medicines represent a significant share of new therapies and overall consumption – but at the same time it lags behind in financial investment, which is why startups often relocate outside the EU.

One of the key problems is the declining share of clinical trials conducted in Europe and the slower regulatory process compared to the United States and China. The Biotech Act aims to address this by accelerating and simplifying approval procedures, strengthening cooperation

among Member States, and introducing more flexible and innovative approaches such as risk-based assessment, the use of artificial intelligence, and regulatory “sandbox” environments. The goal is to reduce administrative burden and make the EU a more competitive location for research.

The planned measures include a significant reduction in timelines for approving clinical trials and their amendments, which is already being tested through the FEst EU pilot project. However, an open question remains whether faster processes will maintain the same level of quality, and whether these changes will truly make Europe more attractive to investors and clinical trial sponsors, which is ultimately the key objective of the Act.



Marko Lisac

Country Clinical Operations Head Adriatic, Abbvie

Drug development takes on average between 10 and 15 years and costs around 2.5 to 3 billion dollars, making speed a critical factor. China has gained a significant advantage here by reducing the approval process to 60 days. This means that a global trial sponsor gains access within 60 days to a population of 1.5 billion people, whereas Europe offers roughly half that population – around 750 million people spread across 40 countries. The consequences are evident: over the past ten years, Europe's global share of investment in clinical trials has decreased by 10%, while China's has increased by 13%.

Europe has introduced a unified system for submitting documentation and obtaining approvals, which is a strong idea in principle, but in practice it has slowed processes down to around 120 days. Croatia previously issued approvals in about 80 days and therefore did not benefit, while faster countries now have to wait for slower

ones. Due to complex procedures and extended timelines, Europe has gained a reputation as a slow and administratively burdensome market.

Today, Croatia is aligned in terms of timelines with other EU Member States. Although it cannot compete in market size, it has a long tradition of clinical trials, experienced researchers, and often includes more participants than significantly larger European countries.

A poor reputation is easy to acquire but much harder to change. From the perspective of global pharmaceutical companies, the current European regulatory framework is often perceived as slow and administratively demanding, which reduces Europe's competitiveness. Any simplification and acceleration of processes could significantly improve Europe's perception as an attractive location for clinical trials.



Nicholas Hodac,
Director General of UNESDA Soft Drinks Europe

The industry is already applying self-regulation. The average sugar content has been reduced by 35% over the past 20 years, and in Croatia by 11% over the past five years. The share of sugar-free and low-calorie beverages has increased from 9% in 2019 to 21% in 2024. Energy drinks are not advertised to children under 13, are not sold in primary schools, and in secondary schools only low-calorie versions are available in unlabelled vending machines.

A tax on non-alcoholic beverages is not a “sugar tax” because it targets only a small proportion of total sugar intake (less than 7% in some countries), and obesity continues to rise even in countries with such taxes. Product reformulations began before the introduction of taxation measures, and the WHO does not classify them among its “best buys”. A pan-European approach to nutrition data, labelling, and broader policy measures is therefore being proposed.

Healthy choices are supported by a combination of fiscal measures, regulation, and education, particularly in understanding food labels and the nutritional value of products. The problem is not only sugary drinks, but also ultra processed foods and an environment that encourages unhealthy choices, including the availability of such products to minors. This is why changing the overall food environment is important, not just focusing on individual products.

It is important to note that industry reformulates each new product to contain less sugar or have improved nutritional value, and such changes have been ongoing for the past five years. However, consumers often struggle to recognize these improvements without additional education, making clear and transparent labeling essential for informed decision-making.



Professor **Ervina Bilić**, MD, PhD, Hospital Centre Zagreb

Working with patients suffering from rare diseases brings particular professional and human satisfaction, especially in situations where a therapy exists that can slow down or halt disease progression. Although there is no “expert” for rare diseases in the traditional sense, the emphasis is on continuous learning and a dedicated approach to patients, and in Croatia very good results are being achieved that are comparable with European and global standards.

A major strength of the system lies in multidisciplinary teams that are spontaneously and effectively organized, often informally, bringing together specialists from different fields of medicine. Alongside the strong enthusiasm and commitment of physicians, an important role is played by the education of young professionals and the

continuous development of knowledge through workshops and scientific publications, thereby building long-term quality of care for these patients.

Key progress in the treatment of rare diseases would not be possible without significant investment from the pharmaceutical industry and strong collaboration with clinical centres, which enables early access to innovative therapies and contributes to global scientific knowledge. At the center of everything remain the patients and their families, and the goal is to ensure the best possible care, with the awareness that Croatia, despite its size, achieves very high-quality outcomes in this field. The National Rare Diseases Plan, which is currently in the process of adoption, will further contribute to improving the quality of care for patients with rare diseases.



Aron Grubešić, dr. med., MD, PhD.
Country Representative, Acibadem Healthcare Group

Healthcare systems in Croatia and across Europe are facing serious challenges: poor coordination of capacities, long waiting times, and increasing pressures due to an ageing population, chronic diseases, and workforce shortages. Examples such as patients waiting for surgery while capacities elsewhere remain unused highlight the need for better organization, while system costs continue to rise and already account for around 10% of public budgets, with further annual growth expected.

Additional pressure comes from increasingly expensive therapies – from oncology treatments reaching around €100,000 per patient per year to gene therapies costing several million euros. At the same time, Croatia faces significant challenges such as high cancer mortality and

long waiting lists, alongside a system of more than 60 hospitals that are not sufficiently integrated, which negatively affects treatment outcomes.

As an example of a solution, the integrated healthcare network model such as Acibadem is highlighted. It includes 29 hospitals, serves 6 million patients annually, and generates €2 billion in revenue, and is based on system integration, real-time data use, and a focus on treatment outcomes. For Croatia, a gradual transformation is proposed through regional pilot projects, greater visibility of capacities, and standardization of care, with an emphasis on the fact that digitalization is not only about technology, but an organizational shift toward a connected and transparent system.

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