



www.amcham.hr

Američka gospodarska komora u Hrvatskoj | American Chamber of Commerce in Croatia

Zagreb, October 2026

The Value of Innovation in Healthcare



Table of Contents

Introduction	2
National and European Context	2
Innovation as a Strategic Investment in Health and the Economy	3
Innovation as a Driver of Better Health Outcomes	4
Medical Devices as an Equal Pillar of Innovation	4
Value Assessment Tailored to Medical Devices	5
The Value of Innovation Across the Entire Patient Pathway	5
Examples of the Positive Impact of Innovation on Patients' Lives	6
AmCham Recommendations	8
1) Focus on Value for Patients	8
2) Faster Access	8
3) Data Infrastructure	9
4) From Spending to Investment	9
5) Value-Based Procurement	9

Introduction

The American Chamber of Commerce in Croatia (AmCham) has consistently supported the development of a modern, sustainable, and patient-centered healthcare system. We believe that innovation in healthcare represents one of the key areas for investment, given its positive impact on health outcomes, citizens' quality of life, the resilience of the healthcare system, and Croatia's long-term economic competitiveness.

Despite this, discussions on access to innovative therapies and medical technologies often focus primarily on their short-term financial impact. Such an approach overlooks the broader value of innovation, including reductions in mortality, disability, and disease-related complications, increased workforce productivity, more efficient use of healthcare resources, and a lower long-term burden on the healthcare and social care systems.

In recent years, European healthcare policies have increasingly promoted the concept of Value-Based Healthcare, under which decisions on healthcare funding and access are made through open and structured dialogue and should reflect the overall value delivered to patients, the healthcare system, and society. Croatia has an opportunity to follow this direction and begin viewing healthcare spending as an investment in human capital, rather than solely as a budgetary cost.

National and European Context

Croatia, like most European countries, is facing simultaneous demographic, health, and fiscal challenges that are putting the long-term sustainability of its healthcare system under increasing pressure. Population aging, the rising prevalence of chronic diseases, and a shrinking working-age population are placing growing pressure on healthcare budgets, the labor market, and public finances.

These challenges are particularly pronounced in Central and Eastern Europe (CEE). The region's working-age population is expected to decline by approximately 20% by 2050, which, if current patterns persist, could reduce annual personal income tax revenues by EUR 14.6 billion compared with 2023. At the same time, average per capita healthcare expenditure increases approximately threefold between the ages of 55 and 85.¹ The total economic burden of stroke, ischemic heart disease, type 2 diabetes, chronic obstructive pulmonary disease, and breast cancer in the European Union was estimated at approximately EUR 530 billion in 2023, equivalent to 3.13% of EU GDP.²

A lack of innovation poses a direct threat to the economy. According to the latest 2026 report by the European Federation of Pharmaceutical Industries and Associations (EFPIA), countries that are slower to adopt innovative therapies bear disproportionately high economic costs. Delays in access to new medicines directly result in poorer health outcomes, reduced workforce productivity, and slower economic growth, making this one of the major macroeconomic challenges facing Europe today³.

Against this backdrop, health policy can no longer be viewed solely through the lens of cost containment. The EU increasingly recognizes healthcare, research, and innovation as key drivers of competitiveness, productivity, and long-term economic resilience. Studies show that every euro invested in the early detection and effective treatment of non-communicable diseases generates between EUR 1.10 and EUR 4.90 in returns through increased productivity and lower healthcare costs⁴.

The consequences of insufficient investment are particularly apparent when the CEE region is compared with Western Europe. On average, CEE countries spend only EUR 218 per capita on publicly funded pharmaceuticals, compared with EUR 487 per capita in the EU4 countries (Germany,

¹ EFPIA, Healthcare Investment and Outcomes in Central and Eastern Europe, April 2026, p. 13–14. Available at: <https://www.efpia.eu/media/ihyksu2g/healthcare-investment-and-outcomes-in-central-and-eastern-europe-2026.pdf>. Accessed on: September 1, 2026

² R-Health Consult, The Case for Investing in a Healthier Future for the European Union, Report produced for EFPIA, 2025, p. 14. Available at: <https://www.efpia.eu/media/xpkbiap5/the-case-for-investing-in-a-healthier-future-for-the-european-union.pdf>. Accessed on: September 1, 2026

³ Available at: <https://www.efpia.eu/media/iymhhttr/how-innovation-drives-health-and-growth-in-europe-assessing-the-return-on-investment-of-innovative-medicines.pdf>. Accessed on: July 6, 2026

⁴ Available at: <https://www.efpia.eu/media/xcwpczch/investing-in-a-healthier-more-resilient-europe.pdf>. Accessed on: June 15, 2026

France, Italy, and Spain). As a result of this structural investment gap, the CEE region has approximately 41% higher disability-adjusted life years (DALYs) and a 137% higher rate of treatable mortality than the EU4 average. Bringing investment in innovation across the region up to EU4 levels could prevent more than 13 million DALYs and save more than 101,000 lives from treatable causes, generating potential macroeconomic savings of up to EUR 300 billion⁵. Analyses also indicate that better health outcomes and fewer premature deaths in Croatia could generate up to EUR 9 billion in additional annual GDP by 2040 through greater workforce participation and higher productivity⁶.

In recent years, Croatia has made significant progress in life expectancy and treatment outcomes, as a result of modern therapies and advances in medical care. However, it continues to lag behind more developed European countries in investment in innovation and the speed at which patients gain access to new therapies. Progress in oncology in Croatia demonstrates that investment in early detection and innovative treatment delivers measurable results. Five-year cancer survival rates have increased from approximately 44% in the early 2000s to 59% today, while cancer mortality has declined significantly. This progress reflects the combined effects of earlier diagnosis, organized screening programs, and access to innovative therapies, which together have helped save tens of thousands of lives⁷.

Another significant challenge is the persistent delay in settling payment obligations to suppliers of medicines and medical technologies. This practice is inconsistent with European principles of financial discipline, threatens security of supply, and, over the long term, reduces the attractiveness of the Croatian market for the introduction of new therapies and technologies. Given that healthcare innovation requires long-term, high-risk, and capital-intensive investment, a stable, predictable, and innovation-friendly healthcare and financing framework is essential to sustaining investment and ensuring timely access to new solutions for patients in Croatia.

Innovation as a Strategic Investment in Health and the Economy

To address future challenges, Croatia must gradually move from a model focused primarily on cost containment to one that actively manages and rewards value. This requires timely access to new therapies and technologies, systematic monitoring of treatment outcomes, and the use of health data to support better-informed decisions on healthcare funding.

The current reliance on short-term measures, outdated financing models, and restrictions on access to innovation does not address the structural challenges facing the healthcare system; it merely postpones them. Long-term sustainability requires reforms that will enable the more effective integration of innovation, more efficient use of resources, and a stronger focus on treatment outcomes.

Health data plays a particularly important role in this regard. Innovative therapies and technologies can reach their full potential only when supported by robust systems for collecting and analyzing data. Such systems enable the monitoring of treatment outcomes, more effective resource planning, and better management of health risks. Non-adherence to treatment and the lack of integrated patient monitoring cost Europe tens of billions of euros each year and are associated with hundreds of thousands of premature deaths. By contrast, digital health technologies and remote patient monitoring tools have the potential to reduce overall healthcare system costs by 15% to 20% by improving operational efficiency and strengthening the management of chronic diseases⁸.

Modernizing data infrastructure, developing disease registries, integrating with the European Health Data Space (EHDS), fostering a culture of health data sharing, and reducing administrative barriers are key prerequisites for the development of a value-based healthcare system. Such an approach is

⁵ Available at: <https://www.efpia.eu/media/ihyksu2g/healthcare-investment-and-outcomes-in-central-and-eastern-europe-2026.pdf> Accessed on: June 15, 2026

⁶ Available at: [Achieving Croatia's Health Potential - PART 1](#) September 2023, McKinsey & Company Accessed on: June 15, 2026

⁷ Available at: [Cancer in Croatia 2023/2024 - Croatian Cancer Registry](#) Accessed on: July 9, 2026

⁸ Available at: <https://www.efpia.eu/media/xcwpczh/investing-in-a-healthier-more-resilient-europe.pdf> Accessed on: June 15, 2026

essential to ensuring the long-term sustainability of the healthcare system while giving patients in Croatia timely access to innovations that have been proven to improve and extend lives.

AmCham believes that decisions on access to and funding of innovative therapies and technologies should be based on their overall value to patients, the healthcare system, and society, rather than solely on their short-term budgetary impact.

Innovation as a Driver of Better Health Outcomes

Over recent decades, innovative medicines have enabled significant advances in the treatment of numerous diseases that were once associated with high mortality, permanent disability, or severe impairment of quality of life. At the same time, they can reduce the need for hospitalization, surgical procedures, and treatment of disease-related complications, thereby generating additional value for the healthcare system. These effects have been quantified at the European level: **the use of innovative medicines between 2014 and 2022 was associated with a reduction of as many as 20.9 million hospital days.** Analyses indicate that savings on hospitalization costs alone offset around EUR 0.80 for every euro invested in innovative therapies, while around 1.83 million years of life lost before the age of 85 were avoided⁹.

A study based on data from 26 high-income countries estimates that the use of newer medicines between 2006 and 2016 contributed 1.23 years to the increase in the average age at death, accounting for 73% of the observed improvement.¹⁰ The OECD also notes that following the global financial crisis, pharmaceutical expenditure in many member states grew more slowly than expenditure in other parts of the healthcare system. It further highlights that medicines can improve survival and quality of life while reducing the use of other, more costly healthcare services.¹¹

The benefits of pharmaceutical innovation extend beyond individual therapies and can contribute to broader improvements in population health. In Croatia, life expectancy at birth increased from approximately 75.9 years in 2006 to 78.9 years in 2024.¹² This improvement reflects the combined effects of numerous factors, including prevention, earlier disease detection, the organization of healthcare, and advances in treatment. Innovative medicines can be an important contributor to longer, healthier lives, while also reducing the need for other forms of healthcare.¹³

Medical Devices as an Equal Pillar of Innovation

AmCham believes that medical devices, alongside medicines, should be explicitly and equally reflected in policies that recognize the value of healthcare innovation. These include diagnostic and therapeutic equipment, implants, instruments, medical consumables, and software solutions that meet the definition of a medical device. In vitro diagnostic medical devices enable the analysis of samples and support disease detection, treatment selection, and the monitoring of treatment response. Their contribution should therefore be assessed across the entire patient pathway, from prevention and diagnosis through treatment and rehabilitation to care at home.¹⁴

The value of a medical device cannot be assessed solely on the basis of its purchase price. Decision-making should take into account clinical benefit and safety, quality of life and patient independence, complications, repeat procedures and hospitalizations, and the overall cost of care. It should also consider implementation and training costs, consumables, maintenance, digital integration, and the impact on the workload of healthcare teams. Productivity gains and benefits for informal caregivers

⁹ Available at: <https://www.efpia.eu/media/iyhnhtr/how-innovation-drives-health-and-growth-in-europe-assessing-the-return-on-investment-of-innovative-medicines.pdf>. Accessed on: July 6, 2026

¹⁰ Lichtenberg, F. R., "The Effect of Pharmaceutical Innovation on Longevity: Evidence from the U.S. and 26 High-Income Countries", *Economics & Human Biology*, vol. 46, 2022, 101124. Available at: <https://pubmed.ncbi.nlm.nih.gov/35344806/>. Accessed on: September 1, 2026

¹¹ OECD, *Pharmaceutical Innovation and Access to Medicines*, 2018, Chapter "Medicines in Health Systems and Society". Available at: https://www.oecd.org/en/publications/pharmaceutical-innovation-and-access-to-medicines_9789264307391-en/full-report/component-5.html. Accessed on: September 1, 2026

¹² Eurostat, *Life expectancy by age and sex (demo_mlexpec)*. Available at: https://ec.europa.eu/eurostat/databrowser/view/demo_mlexpec/default/table. Accessed on: September 1, 2026

¹³ OECD, *Pharmaceutical Innovation and Access to Medicines*, 2018, Chapter "Medicines in Health Systems and Society". Available at: https://www.oecd.org/en/publications/pharmaceutical-innovation-and-access-to-medicines_9789264307391-en/full-report/component-5.html. Accessed on: September 1, 2026

¹⁴ European Medicines Agency. Medical devices. EMA European Commission. Medical Devices – Sector. European Commission Accessed on: August 28, 2026

should be assessed separately from the impact on the healthcare budget, using clearly stated assumptions and an appropriate time horizon.

Digital and automated healthcare solutions should be assessed for their contribution to patient safety, quality of care, workforce efficiency, supply chain resilience and sustainability.

Value Assessment Tailored to Medical Devices

Health Technology Assessment (HTA) should take into account incremental technological improvements, user experience, healthcare team training, and the organization of care delivery. Evidence requirements should be proportionate to the risk profile of the device, its indication, and the decision being made, with comparisons against the relevant standard of care. Randomized controlled trials should be used where feasible and appropriate, while registries and real-world data should support the monitoring of long-term outcomes, safety, and use within the Croatian healthcare system. For diagnostic devices, assessments should also consider the impact of test results on clinical decision-making and patient outcomes.

CE marking confirms compliance with applicable regulatory requirements, but does not in itself demonstrate superiority over alternatives or guarantee reimbursement under the compulsory health insurance system. Regulation (EU) 2021/2282 provides for joint clinical assessments of selected high-risk medical devices and in vitro diagnostic medical devices; it does not automatically apply to all devices, nor does it replace national decisions on pricing and reimbursement. Croatia should make use of available European-level assessments and complement them with a transparent national assessment process.¹⁵

Funding mechanisms must ensure that demonstrated clinical value can be realized in practice. Existing Croatian Health Insurance Fund (HZZO) diagnostic-related groups (DRGs) and diagnostic-therapeutic procedures (DTPs) should be regularly updated to reflect developments in medical practice. Where existing reimbursement rates do not cover the justified cost of a new technology, targeted additional or temporary funding should be considered, based on clearly defined indications, accompanied by outcome monitoring, and subsequent reassessment. This would reduce the risk that the budget constraints of an individual healthcare institution prevent the adoption of a technology that delivers benefits to the healthcare system as a whole.¹⁶

The Value of Innovation Across the Entire Patient Pathway

The value of innovation lies not only in the technology itself, but also in its ability to transform the entire patient pathway. Rather than functioning as isolated interventions, innovative solutions can connect the different stages of the disease into a coherent whole, thereby delivering better outcomes while rationalizing costs.

Innovation today enables:

- Earlier detection of disease through prevention and screening programs;
- More precise diagnosis based on the molecular and genetic characteristics of the disease;
- Targeted treatment tailored to the individual patient;
- Continuous monitoring of outcomes through digital tools and telemedicine.

Innovation is redefining value in healthcare by shifting the focus from the volume of services provided to the treatment outcomes achieved. For diseases that are among the leading causes of mortality, such as lung cancer and cardiovascular diseases, integrating innovation across the entire patient pathway can improve survival rates, enhance quality of life, reduce pressure on hospital capacity, and contribute to long-term economic sustainability. Innovation should therefore be viewed as an integral part of the transformation toward a healthcare system that rewards treatment outcomes rather than the volume of services delivered.

¹⁵ European Medicines Agency. Medical devices. EMA Regulation (EU) 2021/2282 on Health Technology Assessment, Articles 1 and 7 EUR-Lex Accessed on: August 28, 2026

¹⁶ Croatian Health Insurance Fund (HZZO). HZZO Codes: DRGs and DTPs. HZZO Accessed on: August 28, 2026

Examples of the Positive Impact of Innovation on Patients' Lives

1) Oncology – A Shift Toward Long-Term Survival

The introduction of immunotherapy in the treatment of melanoma, lung cancer, kidney cancer, and other solid tumors has led to significant improvements in overall survival and made long-term disease control possible for some patients. Particularly striking progress has been achieved in the treatment of advanced melanoma: among patients who were alive and progression-free three years after starting immunotherapy, between 88% and 97% had not died from melanoma even ten years after treatment began.¹⁷ Such an outcome would have been almost unimaginable two decades ago, when, before the introduction of modern immunotherapy, median overall survival for patients with advanced melanoma was less than one year. Significant progress has also been made in the treatment of metastatic breast cancer. Survival has increased several-fold over the past three decades and, in certain biological subgroups, has increased by as much as fourfold as a result of targeted and other innovative therapies.¹⁸

2) Hepatitis C – From a Lifelong Chronic Disease to Functional Cure

The introduction of direct-acting antivirals has made it possible to cure hepatitis C in the vast majority of treated patients, without the need for interferon and with shorter treatment courses. These therapies have led to dramatic reductions in cirrhosis and hepatocellular carcinoma, decreased the need for liver transplantation, and lowered the long-term costs associated with treating complications.

3) CAR T-Cell Therapies in Hematology – Potential for Cure in Previously Refractory Diseases

CAR T-cell therapies have transformed the treatment of aggressive hematological malignancies, including diffuse large B-cell lymphoma and acute leukemias. Patients for whom all previous therapies had failed can now achieve durable remissions and a quality of life comparable to that of the general population.

4) Cystic Fibrosis – Transforming a Disease Associated with Early Mortality into a Chronic Condition

CFTR modulators have made it possible to target the underlying cause of cystic fibrosis rather than merely treating its symptoms. Patients have experienced substantial improvements in lung function, fewer hospitalizations and infections, and significantly longer expected survival.

5) HIV – From a Fatal Disease to a Chronic Condition

Thanks to innovative antiretroviral therapies, HIV has become a chronic condition that can be effectively controlled over the long term. Patients receiving treatment can have a near-normal life expectancy, while sustained viral suppression prevents transmission of the virus. As a result, the focus of care has shifted from survival toward quality of life and healthy aging.

6) HPV Vaccination – Eliminating Cervical Cancer

Countries with high HPV vaccination coverage have recorded substantial reductions in the incidence of cervical cancer among cohorts vaccinated in early adolescence. In England, cervical cancer incidence among women who were offered HPV vaccination at the age of 12 to 13 was 87% lower than in the unvaccinated population.¹⁹ High vaccination coverage, combined with organized

¹⁷ Wolchok JD, Chiarion-Sileni V, Rutkowski P, et al. Final, 10-Year Outcomes with Nivolumab plus Ipilimumab in Advanced Melanoma. *New England Journal of Medicine*. 2025;392(1):11–22. doi:10.1056/NEJMoa2407417. Available at: <https://doi.org/10.1056/NEJMoa2407417> Downloaded on: September 1, 2026

¹⁸ Miglietta F, Bottosso M, Griguolo G, Dieci MV, Guarneri V. Major advancements in metastatic breast cancer treatment: when expanding options means prolonging survival. *ESMO Open*. 2022;7(2):100409. doi:10.1016/j.esmoop.2022.100409. Available at: <https://doi.org/10.1016/j.esmoop.2022.100409> Downloaded on: September 1, 2026

¹⁹ Falcaro M, Castañón A, Ndlela B, et al. The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study. *The Lancet*. 2021;398(10316):2084–2092. doi:10.1016/S0140-6736(21)02178-4.

screening programs, creates the possibility of eliminating cervical cancer as a public health problem while reducing the need for costly cancer treatment and long-term follow-up.

7) Coronary Heart Disease (CHD) – A Significant Reduction in Mortality

Innovative medicines and other evidence-based treatments have contributed to approximately half of the reduction in mortality from coronary heart disease over recent decades²⁰.

8) Rare Genetic Neuromuscular and Ophthalmic Diseases – A Turning Point in Outcomes

In genetic diseases that cause severe disability, loss of essential functions, or premature death, the introduction of innovative therapies has led to significant improvements in treatment outcomes. In Croatia, systematic newborn screening now enables spinal muscular atrophy to be detected immediately after birth, allowing timely intervention, preservation of motor function, longer survival, and significantly greater functional independence.

In inherited retinal dystrophies caused by specific genetic mutations, innovative therapies have made it possible to target the underlying cause of the disease, altering the course of conditions that previously led inevitably to progressive vision loss and blindness and helping preserve visual function and patients' independence in daily life.

9) Multiple Sclerosis – From Disability to Disease Control

Once a disease that inevitably led to severe disability, multiple sclerosis (MS) can now be effectively controlled as a chronic condition for many patients. The key breakthrough has come from innovative therapies that, when introduced early, not only reduce the frequency of relapses but also actively protect the brain from degeneration and preserve patients' ability to work and live independently.

10) Diabetes and Automated Insulin Delivery

In a six-month randomized trial involving people with type 1 diabetes, a system combining continuous glucose monitoring with automated insulin delivery increased time in the target glucose range by 11 percentage points compared with a sensor-augmented pump without automated insulin delivery. This corresponds to approximately 2.6 additional hours per day spent within the target range.²¹

11) Stroke and Mechanical Thrombectomy

In the ESCAPE trial, among selected patients with acute ischemic stroke and large-vessel occlusion, adding rapid endovascular thrombectomy to standard treatment increased the proportion of patients who were functionally independent at 90 days from 29.3% to 53.0%. This example demonstrates that the value of a medical device is realized in combination with timely diagnosis and well-organized care.²²

12) Heart Disease and Transcatheter Procedures

Transcatheter aortic valve implantation (TAVI) has made treatment possible for patients with severe aortic stenosis who were not candidates for surgery. In the PARTNER trial, it improved survival in this population compared with standard treatment, while highlighting the need for careful assessment of procedural risks and patient selection.²³

The results presented above relate to the specific technologies, patient populations, and conditions of use studied. They do not imply that every new product will automatically deliver better outcomes or generate cost savings. Similarly, hospital capacity freed up through innovation does not

²⁰ Ford ES, Ajani UA, Croft JB, et al. Explaining the Decrease in U.S. Deaths from Coronary Disease, 1980–2000. *New England Journal of Medicine*. 2007;356:2388–2398. doi:10.1056/NEJMsa053935.

²¹ Brown SA et al. Six-Month Randomized, Multicenter Trial of Closed-Loop Control in Type 1 Diabetes. *N Engl J Med*. 2019;381:1707–1717. Source Accessed on: August 28, 2026

²² Goyal M et al. Randomized Assessment of Rapid Endovascular Treatment of Ischemic Stroke. *N Engl J Med*. 2015;372:1019–1030. Source Accessed on: August 28, 2026

²³ Leon MB et al. Transcatheter Aortic-Valve Implantation for Aortic Stenosis in Patients Who Cannot Undergo Surgery. *N Engl J Med*. 2010;363:1597–1607. Source Accessed on: August 28, 2026

necessarily translate into immediate financial savings, but it may allow more patients to be treated and help reduce waiting lists.

AmCham Recommendations

Innovative medicines, medical technologies, and health data are already transforming treatment outcomes and the quality of life of millions of patients. To fully realize the potential of healthcare innovation, Croatia needs a system that promotes timely access to these innovations, recognizes and measures their real-world value, and supports evidence-based decision-making. In this context, AmCham proposes the following recommendations.

1) Focus on Value for Patients

The focus should shift from the initial cost of introducing innovative treatments toward assessing the value of therapies based on demonstrated patient outcomes, including survival, quality of life, and reduced burden on the healthcare system. This would support more efficient allocation of resources and more sustainable long-term healthcare financing, while generating savings for the healthcare system and other sectors over time.

Funding decisions should explicitly include medical devices and be supported by HTA approaches tailored to their specific characteristics. Outcomes and the total cost of care should be evaluated over an appropriate time horizon, taking into account complications, repeat procedures, patient independence, and the burden on healthcare capacity. Clinical experts and patient representatives should also be involved in the assessment process.

- **Recommendation:**

Funding decisions for innovative therapies and medical devices should be based on their demonstrated value for patients and the healthcare system rather than solely on their initial cost.

2) Faster Access

Flexible and predictable mechanisms for access to innovative medicines should be developed in line with EU practices in order to reduce the time lag between scientific advances and their adoption in clinical practice. According to the latest data from the 2025 EFPIA W.A.I.T. Indicator, the average time to access innovative medicines in the European Union has increased to 597 days. The current innovation gap is a significant concern, as **patients in Croatia wait an average of 751 days for access to innovative therapies**, substantially longer than the European average. Furthermore, **the availability rate of innovative medicines in Croatia is only 32%**, highlighting a significant disparity in access compared with other European countries.²⁴

Accelerating these processes and narrowing the access gap in Croatia is crucial to improving treatment outcomes, reducing mortality, and ensuring health and economic equality for Croatian citizens in the European context.²⁵ Timely access to therapies is a key prerequisite for improving treatment outcomes and reducing preventable mortality.

For medical devices and related procedures, transparent funding pathways should be established or further developed, with published criteria, clearly defined responsibilities, and specified decision-making timelines. These pathways should be linked to regular updates of diagnosis-related groups (DRGs), diagnostic and therapeutic procedures (DTPs), and the relevant lists of medical devices. Where justified, transitional funding should be provided while additional evidence is collected, followed by a predefined reassessment, ensuring equal access based on clinical need.

²⁴ Available at: <https://www.efpia.eu/media/mnfdwzax/efpia-patients-wait-indicator-2025.pdf> Accessed on: July 6, 2026

²⁵ Available at: <https://www.efpia.eu/media/ihyksu2g/healthcare-investment-and-outcomes-in-central-and-eastern-europe-2026.pdf> Accessed on: June 15, 2026

- **Recommendation:**

Reduce the time lag between the approval of innovative therapies in the European Union and their availability to patients in Croatia. For medical devices and related procedures, establish transparent and predictable funding pathways supported by regular updates to DRGs, DTPs and medical device lists.

3) Data Infrastructure

A value-based healthcare system requires stronger health data infrastructure, including disease registries, high-quality data, and the use of real-world clinical data. Alongside modernization of the existing Cancer Registry, it is also essential to establish national registries for rare and other diseases.

Disease registries should be expanded to include data on the medical devices and procedures used, as well as related outcomes, complications, and repeat interventions. Clinical data should be linked with data on resource use, while ensuring interoperability, personal data protection, and appropriate governance of data access. Both outcomes and patient-reported experiences should be measured, while minimizing any additional administrative burden.

- **Recommendation:**

Develop national disease registries and interoperable digital health infrastructures that link therapies, medical devices, healthcare processes, and patient outcomes, while ensuring data protection and the secure exchange of information across the health system.

4) From Spending to Investment

Healthcare spending should be viewed as an investment in human capital and long-term socioeconomic sustainability and resilience, rather than solely as a cost. Recent economic assessments support this approach. At the European level, **every euro invested in innovative medicines generates an average of EUR 5.67 in measurable socioeconomic benefits**. In Croatia, this return is particularly significant: according to the latest report, **an additional EUR 74.18 million invested in innovative medicines generated EUR 421.17 million in total socioeconomic benefits**. This return on investment comprises EUR 198.13 million in preserved productivity in paid employment, EUR 196.85 million in unpaid work, and EUR 26.19 million in direct savings on hospital care²⁶. Closer cooperation between health and finance authorities is needed to establish a framework that recognizes the long-term benefits of investment in prevention, innovative therapies, and improved treatment outcomes.

A stable and predictable financing framework should support realistic multi-year planning for therapies and medical devices, including the staff training, qualified personnel, infrastructure, maintenance, and consumables needed for their use. Timely settlement of payment obligations is essential to continuity of supply and access to new therapies, particularly in Croatia's relatively small market, where reimbursement procedures are already lengthy. Assessments should distinguish health benefits, cost-effectiveness, and budget impact without assuming that every benefit immediately produces monetary savings.

- **Recommendation:**

Assessments of healthcare spending should take into account the long-term health and economic benefits of investment in prevention, innovation, and improved treatment outcomes. Investment in medical devices should be planned on a comprehensive, multi-year basis, including staffing, infrastructure, maintenance, and continuity of supply. Ensure realistic multi-year healthcare budget planning and timely settlement of payment obligations to suppliers as prerequisites for continuity and security of supply and for preserving the ability to introduce new therapies to the Croatian market.

5) Value-Based Procurement

²⁶ Available at: <https://www.efpia.eu/media/iyhmhtrr/how-innovation-drives-health-and-growth-in-europe-assessing-the-return-on-investment-of-innovative-medicines.pdf>. Accessed on: July 6, 2026



Public procurement of medical devices should consistently apply the best price-quality ratio and, where appropriate, life-cycle costing. Award criteria should be published in advance, measurable, linked to the subject matter of the procurement, and non-discriminatory.

Procurement decisions should also recognize the broader value generated by technologies that improve operational performance and healthcare system efficiency. In addition to clinical benefit and quality, assessment criteria should consider the contribution of technologies to workflow optimization, medication safety, inventory visibility, reduction of avoidable waste, digital interoperability, workforce sustainability, and environmental performance throughout their life cycle.

- **Recommendation:**

In addition to price, assess demonstrable clinical and functional quality, maintenance, training, and reliability of supply, while allowing suppliers to demonstrate equivalence and preserving market competition.²⁷

For additional information, please contact: American Chamber of Commerce in Croatia

Andrea Doko Jelušić | Executive Director

T: 01 4836 777 | E: andrea.doko@amcham.hr

²⁷ Directive 2014/24/EU on public procurement, Articles 67 and 68 (award criteria and life-cycle costs). EUR-Lex Accessed on: August 28, 2026