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Zagreb, January 2025

Recommendations for Improving the Treatment of Obesity



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Introduction

Obesity has become one of the most critical public health issues of the 21st century. Its consequences extend far beyond individual health, affecting economic productivity and burdening healthcare systems worldwide. The World Health Organization (WHO) has identified obesity as a key risk factor for many chronic diseases, including type 2 diabetes, cardiovascular disease, hypertension, stroke, and a number of cancers. In Croatia, obesity has reached alarming proportions, with more than 60% of adults overweight and almost a quarter of the population living with obesity.

While the leading causes of obesity are often related to lifestyle, such as an unhealthy diet and lack of physical activity, the modern approach to the prevention and treatment of obesity requires a multidisciplinary approach. Our lifestyles are increasingly moving away from healthy patterns. At the same time, fast food and sedentary way of working and living have become the norm, while socioeconomic conditions often fail to provide adequate support in promoting healthy choices.

The health consequences of obesity are numerous and serious. Not only does it increase the risk of chronic diseases such as type 2 diabetes, cardiovascular disease, hypertension, and stroke, but it is also associated with an increased risk of several types of cancer, including breast, colon, and prostate cancer. These health problems affect the quality of life of sick people and represent a significant burden on the healthcare system, further emphasizing the need for coordinated preventive actions. The cost of treating obesity-related diseases continues to rise while labor productivity declines, which strains the economy even more.

Despite the growing awareness of the health risks of obesity, there are still major obstacles in the fight against this pandemic. A key role in the fight against obesity belongs to healthcare and education systems, i.e., public health initiatives that encourage healthy lifestyle habits from an early age. Education about proper diet, the importance of physical activity, and building a health-supportive environment are crucial to the long-term reduction of obesity rates. Early risk identification, public health programs, and monitoring can significantly contribute to the success of prevention.

Additionally, early treatment of obesity helps prevent complications and reduces the related healthcare costs of managing these complications. Therefore, a systematic and coordinated approach, with the support of all stakeholders ranging from educational institutions, the healthcare system, and the Government to civil society organizations, can create the foundations for sustainable changes.

The synergy between different sectors and a multidisciplinary approach is key to a long-term reduction in the prevalence of obesity in Croatia. Encouraging a healthy lifestyle, supporting preventive programs, and introducing new treatment approaches (pharmacotherapeutic and surgical) are critical measures in combating this growing threat to health, and all of this requires the continuous and joint efforts of all stakeholders.

Taking into account all of the above, AmCham aims to use this position paper to give a comprehensive overview of the current state of obesity in Croatia, analyze existing initiatives and policies, present the benefits of obesity treatment, and propose concrete measures to ensure a more effective response to this growing public health challenge.

Impact of obesity

Obesity is a growing public health problem in Croatia, with serious consequences for the healthcare sector, society, and the economy.

Impact on the healthcare sector

The increased prevalence of chronic diseases such as obesity, type 2 diabetes, cardiovascular diseases, and certain types of cancer significantly burdens the healthcare system. This increases the need for healthcare services and staff, prolongs hospital stays and increases treatment costs. Recent



data shows that direct costs associated with the treatment of diseases caused by obesity have increased significantly over the past decade. The complications arising from obesity create a financial burden not only for individuals but also for society and healthcare systems as a whole. In addition, complications radically reduce the quality and duration of life.

So far, there has been no local data on the economic and clinical burden of the disease, particularly regarding the impact and value of weight loss. This lack of knowledge made it difficult to recognize obesity as a chronic and curable disease and limited the understanding of its health and social and economic impacts in Croatia.

The first regional study on the significance of obesity in Croatia has been conducted recently, investigating its economic, health, and social impacts. The results of the study indicate that the unresolved issue of obesity is growing. We will not be able to solve this problem financially or clinically tomorrow.

Understanding is the first and most important step when planning specific measures that can constructively and measurably affect change.

The results of the study presented at the Congress of Pharmacoeconomics and Outcomes Research in Lovran in April this year reveal the projected costs of obesity and its complications, including diabetes, for Croatia over the next 10 years – both if no action is taken and if measures are implemented to reduce body weight¹.

This is a very conservative estimate of a total of at least EUR 1.5 billion in costs if there is no change in obesity rates and its ten complications within 10 years (the study estimated the cost for only the ten most significant complications). On the other hand, there is a huge savings potential of at least EUR 111 million with a 15% reduction in body weight in that period. Even more important are better patient outcomes reflected in lower complication rates, i.e., lower death and disability rates.

Although the results of this study are very conservative and underestimate the actual total cost of obesity and all its complications on the Croatian healthcare system, they serve as a message that investing in the diagnosis and treatment of this disease is profitable for the healthcare system, patients, and society.

Impact on the economy

The costs associated with obesity are not limited to the healthcare sector. A rise in the number of sick days, lower productivity in the workplace, and higher early retirement rates further burden the economy.

Also, disability caused by diabetes and obesity complications, as the most prevalent and most expensive complications, carries a serious human burden but is also linked to sick leave and generally lower work productivity. That part is the most difficult to estimate, especially in terms of cost for employers, cost for healthcare, and impact on GDP.

Studies from other countries indicate that this cost is quite high; some countries have calculated that in terms of tax loss only, this cost is high enough to make the investment in obesity treatment worthwhile. A study conducted in Japan this year estimated the fiscal burden of excess weight and obesity and found that the annual health costs associated with these conditions amount to 1.92 trillion yen (approximately 13.4 billion euros). It also found that reducing obesity levels could bring significant savings for the healthcare system and reduce costs by 10%. The fiscal burden of obesity includes lost tax revenue due to lower employment rates and lower incomes, as well as increased healthcare and pension costs². The burden of increased mortality rates was measured in 204 countries in the period from 1990 to 2019, with the increase in death rates and years of life with

¹ (Benković, Katavić, Baretić and Schneck, Congress of Pharmacoeconomics and Outcomes Research Lovran, Conference Proceedings, 2024)

² Igarashi A, Copeland C, Kotsopoulos N, Ota R, Capucci S, Adachi D. Assessing the fiscal burden of overweight and obesity in Japan through application of a public economic framework. *J Health Econ Outcomes Res.* 2024;11(2):125-132. doi:10.36469/jheor.2024.123991

disability and/or disease due to obesity and excessive weight³ was calculated at 148%⁴. The same authors predict a serious increase in death rates and an even greater increase in the number of years of life with disability and/or disease by 2035.

Also, a study of several European countries has shown the out-of-pocket cost of treatment for obese people to be as much as 17% of the total annual household cost.⁵

Impact on society

Obesity can lead to social stigmatization and discrimination, which increases the risk of mental illnesses such as depression and anxiety. The quality of life of obese people is significantly lower, and their physical activity is limited, which altogether has a negative impact on social inclusion and productivity.

Current state

Croatia holds the infamous first place as the leading European country in obesity, and we are also at the top of Europe in the number of diseases caused by obesity, among which diabetes is the most common. Various cardiovascular diseases also make up the largest part of mortality among Croatians. It is important to both prevent and treat obesity because it is associated with over 200 other diseases, including a number of cardiovascular, metabolic, and mechanical disorders and diseases, cancer, and mental illnesses.

According to the Croatian Institute of Public Health (CIPH), only 2% of people living with obesity have a diagnosis. Therefore, it is easy to conclude that obesity must be diagnosed. That is the first step. Every person living with obesity can and must seek help from healthcare professionals. Family medicine must take the lead in diagnosing obesity since they are the doctors who most often and first see people with obesity. Doctors need to have all possible therapeutic options for the treatment of obesity and its consequences that medicine can offer to reduce the burden and cost of obesity on individuals, society, and healthcare to the lowest possible extent.

In Croatia, as in many other countries, measures aimed at preventing and treating obesity are still fragmented and insufficiently coordinated. Although numerous strategic documents and action plans have been adopted, such as the Resolution on Obesity and the Action Plan for Obesity Prevention 2024-2027, the implementation of systematic measures is slower than expected. Insufficient cooperation between various sectors, a lack of financial resources, and weak public awareness of the importance of prevention further complicate the implementation of effective interventions.

In 2023, the Croatian Parliament adopted the Resolution on Obesity, which proposes a number of principles that competent institutions, healthcare institutions, and other stakeholders should consider when addressing the public health problem of obesity. Among other things, the Resolution proposes that institutions, in order to reduce the number of people suffering from obesity, take all the steps within their competence to prevent, diagnose, and treat obesity. It also encourages scientific institutions to do research on obesity, especially research in the field of prevention and diagnostics, as well as research on drugs and other methods of obesity treatment. The Resolution also proposes that all relevant stakeholders work in synergy with multidisciplinary teams to achieve the best way of preventing, diagnosing, and treating people with obesity. Finally, the document proposes the adoption of the Obesity Strategy, which would encompass all the principles in the Resolution.

In March 2024, the Government of the Republic of Croatia adopted the Action Plan for Obesity Prevention 2024-2027. The plan aims to reduce the prevalence of obesity and its negative impact on the healthcare sector, society, and the economy. The idea of the plan is to improve a multisectoral

³ Shinde S, Tran AT, Jerry M, Lee CJ. Work loss among privately insured employees with overweight and obesity in the United States. *Obes Sci Pract.* 2024 Jul 8;10(4):e775. doi: 10.1002/osp4.775. PMID: 38979094; PMCID: PMC11229424.

⁴ Chen Y, Ma L, Han Z, Xiong P. The global burden of disease attributable to high body mass index in 204 countries and territories: Findings from 1990 to 2019 and predictions to 2035. *Diabetes Obes Metab.* 2024 Sep;26(9):3998-4010. doi: 10.1111/dom.15748. Epub 2024 Jul 3. PMID: 38957939

⁵ Ferreira K, Kont E, Abdelkhalik A, Jones D, Baker-Knight J. The out-of-pocket cost of living with obesity: Results from a survey in Spain, South Korea, Brazil, India, Italy, and Japan. *Obes Sci Pract.* 2024 Aug 14;10(4):e70000. doi: 10.1002/osp4.70000. PMID: 39144067; PMCID: PMC11324092.



approach in the fight against obesity, following international recommendations and national strategies. However, although the Resolution on Obesity highlights the importance of a comprehensive approach to obesity that includes prevention, diagnosis, and treatment of this important public health problem, the Action Plan does not recognize treatment and a therapeutic approach as a solution but predominantly focuses on prevention.

The plan starts with a detailed analysis of the current nutritional status of different age groups in Croatia, from mothers, fetuses and newborns, children and young people to adults and the elderly. It also includes projections of the prevalence of obesity until 2030 and identifies the key factors of obesity, as well as the dietary habits and levels of physical activity of the aforementioned groups.

The action plan includes activities organized by life stages and priority interventions. Measures aimed at all age groups include promoting physical activity, a healthy diet, creating non-obese environments, education, and providing support through guidelines and counseling centers. Measures to promote physical activity include drafting physical activity guidelines and health recipes as well as organized physical activity initiatives in free time. As for measures to promote a healthy diet, the plan is to draft guidelines for a healthy diet and recipes and to encourage healthier choices with the introduction of food labeling.

Incentives for active transport, use of public transport, and regulation of food availability in vending machines in public spaces are part of creating safe environments. The educational part of the plan includes developing and distributing educational materials, informing the professional community and the public, and educating the media about appropriate public communication. The plan includes activities to strengthen counseling centers and obesity treatment centers, the organization of counseling centers for obesity prevention, and centers for obesity treatment (specialized clinics for eating disorders and obesity).

All these measures are further elaborated by life stages, i.e., age groups.

Monitoring and evaluation

The plan envisages establishing an integrated system to monitor nutrition, eating habits, and physical activity levels for all age groups. Regular data analysis and reporting at the national and regional levels would ensure continuous monitoring and adaptation of strategies and policies. Data collection through European initiatives and national research should allow for a better insight into the situation and trends and, therefore, timely intervention.

Challenges and areas of improvement of the Action Plan

The Plan takes a comprehensive approach to the planning of counseling centers and the monitoring of prevalence data. Increasing the awareness of general practitioners about the importance of treating obesity, as well as financing therapy for the active treatment of obesity are key.

Advantages of the therapeutic approach

The importance of medicines in the treatment of obesity

Since we know that obesity is a disease and that modern medicine successfully treats diseases today, there is no difference in the treatment of obesity. Obesity is treated by changing lifestyle habits, i.e., a healthy diet and exercise. However, when this does not give results, the treatment also includes medicines, surgical procedures, as well as mental health support, and maintenance of the achieved body weight. Due to the series of complications of obesity mentioned earlier, which are extremely expensive and represent a significant burden for the patient, family, society, as well as the healthcare system, obesity and its consequences must be recognized and treated on time.

Although the Action Plan for Obesity Prevention 2024-2027 includes a wide range of measures aimed at promoting healthy lifestyles, physical activity, a healthy diet, and education, it does not pay



enough attention to one key aspect of tackling obesity, i.e., the therapeutic option of modern medicines and surgical procedures.

Unlike 20 years ago, today, there are numerous modern and innovative options for obesity treatment. In addition to regular visits to a doctor, modern treatment of obesity is no longer only about reducing body weight but also preventing heart attacks, strokes, atherosclerosis, kidney health, etc. In order to achieve this, in addition to the active involvement of people with obesity, regular visits to the doctor are also important.

Modern pharmacotherapy enables patients with obesity to achieve significant weight loss while also preventing the onset of cardiovascular and cerebrovascular diseases, such as myocardial infarction, stroke, and mortality, as well as the development of chronic kidney disease.

Modern European obesity guidelines have included new drugs in their treatment regimens, given their effectiveness and effect on comorbidities independent of weight reduction. According to the European Association for the Study of Obesity (EASO) guidelines and other relevant European bodies, pharmacotherapy is recommended as part of a combined approach to the treatment of obesity, especially in patients in whom lifestyle changes (diet and physical activity) have not led to satisfactory results.

The Croatian Action Plan does not envisage specific pharmacotherapy availability and application measures to treat obesity, nor does it sufficiently emphasize the importance of operative therapy. This is a significant omission, given that pharmacotherapy can play a crucial role in achieving sustainable weight loss results, particularly in obese patients suffering from severe forms of obesity or with additional health risks. The inclusion of pharmacotherapy would also align the Action Plan with European best practices and Croatian obesity treatment guidelines⁶, allowing patients in Croatia to benefit from comprehensive and effective treatment.

The importance of bariatric surgery as therapy for obesity

Bariatric surgery is one of the most effective ways of treating severe obesity, especially in patients in whom conservative methods have not given the desired results.

One of the key advantages of these procedures is the speed of the results. Patients often lose 30%-50% of their initial weight in the first six to twelve months after surgery, which not only improves physical health but also quality of life. Also, the improvement in diabetes control is often visible several weeks after the procedure, which reduces the need for medication and disease-related complications. Additionally, robotic-assisted surgery in bariatric procedures provides better clinical outcomes, including a 90% reduction in complications, shorter hospital stays, and lower costs. The precision, safety and growing acceptance of robotic-assisted surgery make it crucial for advancing the standard of obesity treatment in developed countries.

In Croatia, bariatric surgery is fully covered by the Croatian Health Insurance Fund (CHIF), which makes this therapy available to a wider population. A developed network of specialized surgeons across the country allows patients to receive top-quality care. However, primary care physicians still need to develop a higher awareness of this issue and refer more patients to this form of treatment in a timely manner.

Examples of good practice from abroad show successful results of systematic approaches. In Sweden, bariatric surgery has been integrated into the healthcare system as a standard therapy for severe obesity, with an emphasis on primary care physician education and postoperative support. Systematic patient monitoring and individual care plans bring excellent long-term results in reducing obesity and improving quality of life.

In order for Croatia to ensure even better results, greater cooperation between family medicine and specialists is needed, as is the education of doctors about the benefits and indications of bariatric surgery. This would enable timely patient referral, reduce the burden of obesity on the healthcare system, and improve treatment outcomes. Investment in bariatric surgery can bring significant long-

⁶ Štimac, D., Klobučar Majanović, S., Baretić, M., Bekavac Bešlin, M., Belančić, A., Crnčević Orlić, Ž., i sur. (2022). Hrvatske smjernice za liječenje odraslih osoba s debljinom (Croatian guidelines for the treatment of adults with obesity). *Acta Clinica Croatica*, 61.



term economic benefits to the healthcare system. Although the initial costs of surgery are high, the long-term reduction in comorbidity treatment costs can offset those costs.

To sum up, guidelines for the use of pharmacotherapy and surgical treatment should be an integrated part of a comprehensive strategy for obesity prevention and treatment in Croatia, in accordance with European guidelines and the Resolution on Obesity of the Croatian Parliament. This would make the existing measures more effective, allow for better control of this complex condition, and improve the health outcomes of sick persons. Therefore, it is essential to recognize the advantages of the therapeutic approach and include it in the existing Action Plan for Obesity Prevention or to **draft an Action Plan for Obesity Treatment** that would include them.

Examples of good practice

Examples of good practice in the treatment and diagnosis of obesity in Europe and the world

1. Public Health England (PHE)⁷

In the United Kingdom, Public Health England runs a comprehensive “Change4Life” program aimed at promoting healthy lifestyles among children and adults. The program includes educational campaigns to raise awareness of the importance of a healthy diet and regular physical activity. In addition, the plan has a part related to school support in the form of educational programs and resources for teachers to promote a healthy diet and physical activity among pupils. The plan also includes mobile applications that help families monitor calorie intake, choose healthy foods, and encourage activity through digital games and similar activities.

2. Danish National Action Plan Against Obesity⁸

Denmark has developed a National Action Plan Against Obesity with a rather holistic approach. It designed an integrated healthcare system in which general practitioners, nutritionists, and physiotherapists work together to provide comprehensive care for obese patients. They take a multisectoral approach and include education, sports, and transport sectors to create environments that support healthy choices.

An interesting part of the plan is the workplace programs, where companies are encouraged to provide their employees with access to physical activity programs and healthy meals.

3. Swedish Obesity Health Initiative⁹

Sweden’s model combines the general healthcare system and special obesity treatment centers. There are specialized obesity treatment centers within hospitals that offer a multidisciplinary approach, including nutritional counseling, psychologists, and physical activity programs. Patients have access to digital platforms to track progress and stay in touch with doctors and nutritionists. No less important is a system of weight loss program subsidies for low-income patients.

4. National Obesity Strategy in Australia¹⁰

Australia has a national plan to tackle obesity through public health campaigns. National campaigns such as “LiveLighter” aim to educate the public about the dangers of obesity and provide tips for healthy living. Health programs are included in the school curriculum to raise children’s awareness of the importance of physical activity and a healthy diet. There are also programs to support the local community, including workshops, cooking classes, and local fitness initiatives.

⁷ Public Health England. (2021). Change4Life. <https://www.nhs.uk/change4life>

⁸ Ministry of Health Denmark. (2014). The National Action Plan Against Obesity. <http://www.sum.dk>

⁹ Swedish National Institute of Public Health. (2020). Tackling obesity in Sweden. <https://www.folkhalsomyndigheten.se>

¹⁰ Australian Government Department of Health. (2019). National Obesity Strategy 2019-2029. <https://www.health.gov.au>



5. National Healthy Lifestyle Program in Singapore¹¹

The plan includes clear, publicly available guidelines on diet and physical activity. Regular health check-ups are also encouraged to detect obesity-related diseases early. Through public campaigns, digital tools, and support from healthcare professionals, residents have access to resources that teach them how to adopt and maintain healthy lifestyle habits.

These examples indicate the importance of a multisectoral approach, education, early detection, and integration of specialized obesity treatment centers. Implementation of similar measures and adaptation to local needs and contexts can significantly reduce the prevalence of obesity and improve health outcomes in Croatia.

AmCham recommendations

Treating obesity can significantly improve the health status of the working-age population, increase their work capacity, and reduce sick leave rates. A lower sick leave rate and higher employee productivity can bring additional economic benefits to society. Employees who undergo weight loss treatments often experience physical and mental improvement, which also leads to lower absenteeism rates and higher productivity. This brings significant economic benefits to employers and reduces the burden on the healthcare system.

Investing in modern and effective drugs for obesity treatment makes it possible to prevent severe and expensive complications, brings additional years of healthy life, and reduces mortality. Fewer hospitalizations, reduced use of medications to treat obesity complications, and generally less need for chronic disease treatment can result in substantial savings.

Support for research and development of new surgical techniques and technologies can improve existing methods and make them safer and more effective. Developing integrated teams that include all obesity physicians, including family physicians, surgeons, nutritionists, psychologists, and other healthcare professionals, can improve a comprehensive approach to obesity treatment. The key is to raise awareness among general practitioners about the importance of treating obesity.

In order to prevent a sizeable economic burden not only on healthcare but also on the tax system, it is necessary to recognize the need to finance therapy for the active treatment of obesity early on. The entire healthcare system needs to be engaged. This points to the importance of coordination of the primary, secondary, and tertiary levels of healthcare, prevention, and diagnostics, as well as the cooperation of the Ministry of Science, Education and Youth and the Ministry of Finance in order to implement measures at all necessary levels.

Recognizing the therapeutic approach in strategic documents

A comprehensive strategy for obesity prevention and treatment in Croatia that aligns with European guidelines and the Resolution on Obesity of the Croatian Parliament requires guidelines on the use of pharmacotherapy and surgical treatment in the form of strategic documents concerning obesity prevention and treatment.

- **AmCham's proposal:**

Revise the existing Action Plan for Obesity Prevention or draft a new Action Plan for Obesity Treatment to include the possibilities of a therapeutic approach to obesity treatment.

Education and awareness of primary care physicians

Primary care physicians play a key role in identifying and referring patients to further treatment. It is crucial to raise awareness and educate doctors about the significance of recognizing obesity as a serious health issue and the importance of promptly referring patients for specialist evaluations and treatments, including pharmacological therapies and bariatric surgery. This recommendation

¹¹ Health Promotion Board Singapore. (2021). National Healthy Lifestyle Program. <https://www.hpb.gov.sg>



strengthens the role of primary healthcare, which is in line with the objectives of the Work Program of the Government of the Republic of Croatia 2024-2028.

- **AmCham's proposal:**

Organize training for primary care physicians with the aim of raising awareness of the importance of recognizing obesity as a disease and the benefits of its timely treatment.

Development of integrated obesity treatment teams

Developing multidisciplinary teams that include primary care physicians, surgeons, nutritionists, psychologists, and other specialists is essential for effective obesity treatment. These teams provide a comprehensive approach that includes personalized nutrition plans, psychological support, and medical interventions, thereby increasing the long-term success of therapy.

- **AmCham's proposal:**

Encourage the development and cooperation of multidisciplinary medical teams for more successful long-term results in the treatment of obesity.

Timely funding of obesity therapies

Considering the serious burden that obesity puts on the healthcare system and the economy, it is vital to recognize the need for the timely financing of targeted therapies for the treatment of obesity. Investing in obesity treatment can reduce future costs associated with complications, hospitalizations, and chronic disease management.

- **AmCham's proposal:**

Introduce the possibility of financing targeted therapies for the active treatment of obesity, such as pharmacotherapy, and allocate funds for the implementation of the Action Plan.

Coordination within the healthcare system

The healthcare system must be coordinated at all levels, from primary through secondary to tertiary healthcare. Joint cooperation between different healthcare sectors is essential for the success of obesity prevention and treatment. At the same time, the cooperation of the Ministry of Health with other ministries, such as the Ministry of Science, Education and Youth and the Ministry of Finance, is necessary in order to implement measures that will improve the obesity situation in the long term.

- **AmCham's proposal:**

Involve all relevant stakeholders and encourage their cooperation during the implementation of measures aimed at the prevention, diagnosis, and treatment of obesity.



Recognizing the therapeutic approach in strategic documents

- Revise the existing Action Plan for Obesity Prevention or draft a new Action Plan for Obesity Treatment to include the possibilities of a therapeutic approach to obesity.

Education and awareness of primary care physicians

- Organize training for primary care physicians with the aim of raising awareness of the importance of recognizing obesity as a disease and the benefits of its timely treatment.

Development of integrated obesity treatment teams

- Encourage the development and cooperation of multidisciplinary medical teams for more successful long-term results in the treatment of obesity.

Timely funding of obesity therapies

- Introduce the possibility of financing targeted therapies for the active treatment of obesity, such as pharmacotherapy, and allocate funds for the implementation of the Action Plan.

Coordination within the healthcare system

- Involve all relevant stakeholders and encourage their cooperation during the implementation of measures aimed at the prevention, diagnosis and treatment of obesity.

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