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Nota di contenuto	Intro -- Contents -- I. Introduction -- II. International Comparisons of Spending on Health Care and Education and Performance . -- III. The Relative Efficiency of Government Spending on Health Care and Education -- IV. Concluding Remarks -- Box 1. Performance Indicators -- Tables -- 1. Health Expenditure and Outcomes -- 2. Selected Real Health Resources -- 3. Education Expenditure, Output, and Outcomes -- 4. Relative Efficiency of Croatia and the EU-10 in Health -- 5. Ratio of Percentile Rank of Efficiency Scores in Health to the Average of Percentile Ranks for OECD Countries -- 6. Correlations of Relative Efficiency in Health with Associated Factors -- 7. Standardized Death Rates, All Ages, 2005 -- 8. Relative Efficiency of Croatia and the EU-10 in Education -- 9. Ratio of Percentile Rank of Efficiency Scores in Education to the Percentile Rank of the Average Efficiency Score of the OECD -- 10. Correlations of Relative Efficiency in Education with Associated Factors -- 11. A Menu of Reform Measures to Increase Efficiency of Government Spending on Health Care and Education in Croatia -- Figures -- 1. Share of Private Funding in Total Health Care Spending -- 2. Efficiency Frontiers for Selected Health Outcome Indicators -- References -- Appendix Data Envelopment Analysis (DEA) -- Appendix Figures -- A.1. Illustrative Example of Applying DEA -- A. 2. The Efficiency Relationship Between Health Expenditures, Resources, and Outcome.
Sommario/riassunto	This paper assesses the relative efficiency of government spending on health care and education in Croatia by using the so-called Data Envelopment Analysis. The analysis finds evidence of significant inefficiencies in Croatia's spending on health care and education, related to inadequate cost recovery, weaknesses in the financing mechanisms and institutional arrangements, weak competition in the provision of these services, and weaknesses in targeting public subsidies on health care and education. These inefficiencies suggest that government spending on health and education could be reduced without undue sacrifices in the quality of these services. The paper identifies ways to do that.