



MINISTRY FOR REGIONAL DEVELOPMENT  
CZECH REPUBLIC



MINISTRY OF HEALTH  
CZECH REPUBLIC



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## INVESTMENT FOR HEALTH IN THE CZECH REGIONS

### ACTION LEARNING INITIATIVE 2004-2007

#### EXECUTIVE SUMMARY

Project "Health support on regional level - Investment for health and Development" (IFH) was implemented in 2004-2007 following the recommendations from the report "Evaluation of the Health Promotion Policy and Infrastructure in the Czech Republic" (2003). The report concluded how the attainment of the Czech Health 21 Policy could be significantly realised through the integration of population health goals into regional planning and development process.

This conclusion has been verified in three selected regions of the Czech Republic by way of *action learning*. The *Investment for health* paradigm, i.e. mutual interdependence between economic, social and health factors, was tested in Liberec Region, South Moravian Region and South Bohemian Region. Over a period of 2 years the regions 'piloted' the approach, using a common framework but adapted to the specific priorities, opportunities and organisational conditions in each region.

Common experiences learning and impact emerged from across the 3 pilot regions. This Evaluation report documents the main learning and impacts to date and sets out options for strengthening future approaches and priorities for integrating health social and economic development at the Regional Level in Czech Republic.

In all 3 pilot regions in the early stages of implementing the approach, there was a tendency to utilize investment for health as a potential component of the existing policies or programmes within the scope of the health sector. However as time and learning accrued the wider context was recognized and a stronger focus on 'integrated' policies programmes and planning mechanisms emerged. For example

- The project seems to have helped focus existing thinking on intersectorality and proved to be a trigger for strengthening implementation of already prepared programmes.
- The primary tendency, i.e. transferring a programme put forward by the representatives of health service to the scope of competence and responsibility of regional department of health, or even regional health care institutions, established by the regional authorities or other bodies, was experienced in all regions. With time, the principle of multi-disciplinarity and shared opportunity and responsibility for implementation of the programme focused equally - on health, social and economic issues, and was increasingly part of the discourse in programme and policy development

- At first, the most important and most active team members were those from the health sector, later on, representatives of the department of regional development and development agencies were involved. In addition, the representatives of these departments allowed extension of the original health-focused attitude and developing awareness of the synergy of three factors and aims of projects implemented in the regions.

A key objective set by regions when they were selected to 'pilot' the IFH approach was to strengthen the position of health and factors affecting health in existing regional policy and decision making mechanisms. There is promising evidence of impact in partly achieving this objective as observed by the implementation of many resolutions which reference IFH. The result is an increase in observed reference to health & health conditions in regional processes which have been pushed through and formally endorsed by regional councils and authorities. In addition there has been particular success in incorporating identified health problems and risks into regional priorities. However challenges still remain with regard to making the case and systematically orientating policies and investments on addressing the underlying social and economic determinants of health and health opportunity.

This limitation is attributable in general to capacity gaps in know how to articulate the relations between economic, social and health factors and more specifically to the strong tendency to regard the relations within this triangle as linear. These together led to a primary focus on health conditions as opposed to actions on the determinants of health and health opportunity in a region. As such, it is fair to say that to date, the relevance of social factors in producing health and therefore in the IFH approach across all 3 regions, has been less considered or possibly underestimated. However this does not negate the IFH progress and impact to date in the Regions, and should therefore be seen as a future priority for action.

These findings should be anticipated as part of the ongoing governance and stewardship of health and development within regions and can serve as a reference to guide future action and impetus for: -

- Reflections of wider connection between health and health service, primarily the connection between health, regional economic
- Co-operation between individual sectors, organizations and institutions on regional level and within the region inspiration for development of a comprehensive regional policy, encompassing all inter-connected health, social and economic aspects.