

Interview: Svatopluk Němeček â?? Minister of Health, Czech Republic



Creation of partnerships is essential for improving the health condition of the Czech population.

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The Czech Minister of Health reviews his achievements in his first two years as minister and elaborates on the National Strategy "Health 2020" implemented in early 2014. He furthermore comments on the financial situation of the Czech health system and names spending as percentage of GDP in comparison to the OECD average as marginal.

You have been a minister since 2014: what are the most important achievements you have been able to achieve in this position?

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First of all, I have to mention the cancellation of the charges for stays in hospital and physicians's visits. In fact, these charges, also called "regulatory," regulated nothing and had no other positive impact. We were also successful in increasing state-paid premiums to the Public Health Insurance scheme twice and decreasing VAT on medicaments. Another significant achievement, in my view, is the rescue of the Czech spa industry that had gone through a deep crisis in 2013. As for that, I am very proud that we have been able to get the patients back to spa resorts where they may receive treatment enabling their recovery and returning to everyday life. A crisis also affected hospitals that were then economically stabilized thanks to our new growth-supporting reimbursement regulations. Every day, Czech physicians and nurses perform a dedicated and demanding job and I am very pleased that we have twice furthered the increase of their salaries by five percent, with another 10 percent increase in the following year. Another important step forward is the adopting of an amendment to the Healthcare Services Act providing among other things the establishment of the National Medical Information System. This system can help us lessen the administrative burden of healthcare workers and get a precise overview of the costs for each diagnosis, or get figures on how many healthcare workers we have within specific specializations and areas. The last thing I would like to mention here is the "DRG Restart" project aimed at securing a truly fair system of reimbursements for in-patient care.

While fulfilling your ministerial job, the Ministry of Health of the Czech Republic has issued the National Strategy "Health 2020". What strategic steps must be implemented during the present legislative term and at what point has the strategy arrived at this moment?

Health 2020 – the National Strategy for Health Protection and Promotion and Disease Prevention 2020 – is a framework document approved by our Government in 2014. Its goal is to stabilize the system of disease prevention, protection and promotion of health and to launch an efficient mechanism for improving public health in a way, which shall be sustainable in the long term. In 2015, the strategy was further developed into a series of action plans covering the particular specific fields. At present, we have 20 action plan documents:

1. [*Promotion of physical activity](#)
 2. Good nutrition and eating habits (*AP Good nutrition and eating habits; *AP Prevention of obesity, *AP Food safety)
 3. [*Mental health](#)
 4. Reducing health risk behaviours (*[AP Creating an interdisciplinary multi-resort framework of a primary prevention of risk behaviour of highly endangered groups of children in the Czech Republic](#); *[AP Tobacco control in the Czech Republic](#); *[AP Reducing harms caused by alcohol](#))
 5. [*Reducing environmental and occupational health risks](#)
 6. Infectious diseases management (*[Pro-vaccination AP](#); *[AP Tackling infectious diseases, esp. newly emerging and re-emerging infections, nosocomial infections, measures against antimicrobial resistance](#))
 7. [*Development of screening programs in the CR](#)
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8. [Increasing the quality, availability, and efficiency of aftercare, long-term care and home care](#) (*
[AP Increasing the quality, availability, and efficiency of the aftercare, long-term care and home care](#); *[AP Increasing availability of follow-up care](#))
9. *[Securing quality and safety of provided healthcare services](#)
10. Lifelong learning of healthcare workers (*[AP Lifelong learning of physicians](#); *[AP Lifelong learning of non-physician healthcare workers](#))
11. *[Electronization of health care](#)
12. *[Development of health literacy](#)
13. *[Development of indicators for residents' health condition](#)

These action plans have been prepared by the Chief Public Health Officer of the Czech Republic appointed for this purpose by working groups attended by representatives of various sectors and interest groups from non-governmental and private organizations, as well as from professional associations, universities, and public health institutions. The implementation stage started in August 2015 when the action plans were approved by the Government and the working groups could step forward to the preparation of the specific projects aimed at the implementation of the particular action plans. An essential task is to engage all affected interest groups and the governmental sector to work together in the promotion of health and to mobilize the resources for the implementation of these action plans. We will also welcome any opportunity to promote some of the activities by their financing from European structural and investment funds.

One of the projects co-financed from European Structural and Investment Funds (ESIF), currently in the preparatory phase, is the establishment of Centres for Public Health Promotion (in Czech: CPVZ). This project, efficiently amalgamating the priorities of several different action plans, covers the establishing of one CPVZ in each of the 14 regions of the Czech Republic. The CPVZ should ensure the availability of public health promotion and primary prevention services for the general public as well as the opportunity of close cooperation with the primary health care providers—physicians and healthcare centres—that often lack follow-up care which would be systematically focused on risk factors related to the lifestyle and the health of patients. The CPVZ should also guarantee the quality and professional level of such services provided within the region or locally. In each region, the activities of the CPVZ will focus on specific issues of priority pertinent to the respective region in order to gradually reduce the current regional differences. At the same time, the centres should interconnect their activities with the activities of the regional governments and public health offices, healthcare centres, non-governmental organizations and other institutions which are active in this area—and thus create a network of effective public health promotion and disease prevention. This project should run from 2016 to 2021 and if all seems to be working, we will operate the centers in the long perspective.

As far as the 'Health 2020' National Strategy and the Study on Public Healthcare developed by the ministry in 2014 are concerned, to what extent are, in your opinion, the medical and biomedical sciences viewed as a strategic partner for improving the results of the Czech health system as a whole?

Creation of partnerships is essential for improving the health condition of the Czech population. The relevant interest groups include various sectors of public administration at all levels (incl. the regional and local level), public institutions, NGOs, private sector and industry, universities and research institutions, professional associations, corporations, and individuals. The measures should correspond to the best scientific evidence available and be supported by research results and innovations combined with the focus on disease prevention and promotion of health. Better quality in gathering the healthcare data must be also considered as a key prerequisite for an effective monitoring of public health trends and for the assessment of the efficiency of the applied measures.

The 2016 Czech health system budget was the largest in history. On what main areas will the money be spent and what results do you expect?

The health system in the Czech Republic is funded primarily from premiums on the Public Health Insurance scheme, amounting approximately to 84 percent of all healthcare expenses. Total expenses on the health system in the Czech Republic amount to more than seven percent of GDP which is significantly less than the average of the developed European countries. The largest portion of health system expenses consists of the expenses on healthcare, amounting to CZK 242 billion (USD 10.08 billion) in 2015. Considering the particular segments of health care, the largest amount is spent on in-patient care, amounting to more than 50 percent of the total expenses. Another quarter of the expenses are costs of out-patient care, and 14 percent is spent on medicaments. Operating expenses of the health insurance companies amounted to CZK 7,3 billion (USD 3.04 billion) and more than CZK one billion were invested into prevention programs.

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Some people hold that problems cannot be solved just by spending more money unless the non-effective parts of the system are recovered. What is your view of the financial situation of the Czech health system and how will you ensure the economic sustainability in the future?

Of course, the long-lasting problems of the health system cannot be solved by a miracle or with a lump-sum financial injection. On the other hand, the truth is that in comparison with other European countries, the total health system expenses in the Czech Republic amount to only 7 percent of GDP whereas the average of OECD is 9 percent. In spite of that, the Euro Health Consumer Index Study 2015 shows that, if we refer the health system expenses to the results achieved, the Czech health system is the third most effective among the European countries which is a great achievement in my opinion. Also, the insurance companies manage their financing in a consistent way and fulfil their commitments towards the healthcare providers. In the future, we will fight for another increase of state-paid premiums within the Public Health Insurance scheme and we will submit a draft for a regular valorisation of these premiums, thus providing the system with a regular income. As I suggested before, the solution of the problematic parts of the health system is not just a question of financing. Recently, we have also tried to simplify the educational system of physicians and nurses so that they could join the practice as early as possible.

The main industrial interest groups suggest that dialogue between the government, the regulatory institutions, and bio-medicine industry representatives has never been better. To what extent do you reflect the interests of the biomedical industry in your political views?

I regard the communication with all the stakeholders as very important and inspiring. My intention is to ensure that these corporations serve the interests of the patients, not the other way round.

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