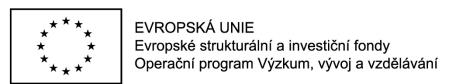
Introduction to health and social care system

Social Care and Health Systems
WS 2020/2021
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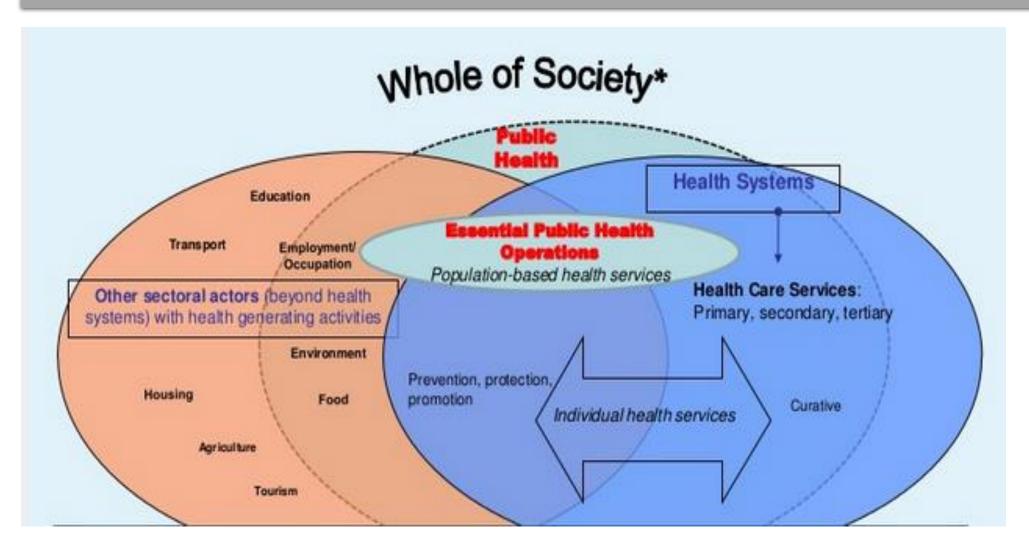




Social care and Health system

- Definition from WHO:
- "A health system consists of all **organizations**, **people and actions** whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities." (*Bulletin of the World Health Organization* 2009)
- Systems includes not only publicly owned facilities that deliver personal health services, but ALSO a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation (*Bulletin of the World Health Organization* 2009)

Public Health and health care systems scheme



- 1, health systems
- 2, public health
- 3, other sectoral actors

General principles of the health system in the Czech Republic

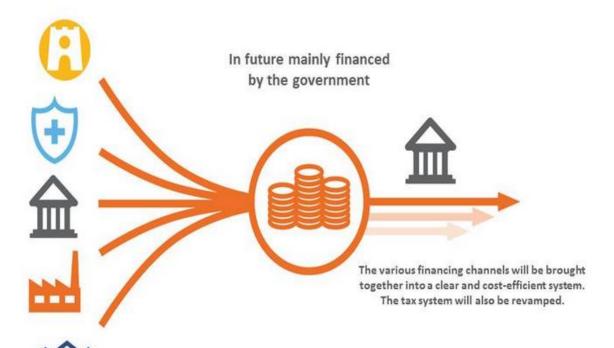
- Solidarity=solidarity between healthy and the sick people and solidarity of the economically active with the economically inactive people (Mantu S, Minderhoud P. EU citizenship and social solidarity. *Maastricht Journal of European and Comparative Law*. 2017;24(5):703-720)
- Multisource financing
- Minor share of private health insurance
- High degree of self-administration
- Equal availability of health care for all insured persons (not citizen)
- The health care system strives to create conditions in which there are no differences in the access to health care
- High rates of vaccination coverage (against infectious diseases)

1. Solidarity and personal responsibility in healthcare

- Relationship between solidarity and personal responsibility in healthcare
- The idea of solidarity in Europe began to appear after World War II.
- The concept of solidarity has both philosophical and practical dimensions, sometimes combined
- Many forms
 - "equity" (United Kingdom)
 - "equality" (Nordic countries)

2. Multisource financing of health care system

Simpler multi-channelled financial resourcing in healthcare and social welfare



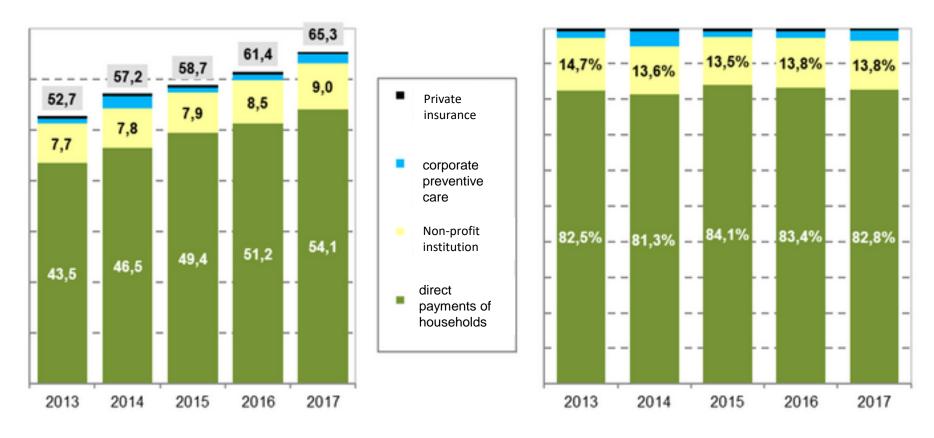
- health insurance, financing through prepayment by the employer and employee
- general taxation and social security
- Private financing or financing through non-governmental organizations
- personal out-of-pocket expenditures

3. Minor share of private health insurance

- In the long term, Czech health care has been financed primarily from public sources, primarily from public health insurance
- Public funds contributed from 83 to 85% to the financing of health care in the Czech Republic
- Private voluntary insurance resources have a very low value to finance health care
- For the business sector, participation in the financing of health care, especially preventive care, is rather ancillary, although legally necessary

3. Minor share of private health insurance

Expenditure on health care in the Czech Republic financed from private sources, 2013 – 2017 (CZK billion and structure in %)



Source: ČSÚ 2019, Zdravotnické účty ČR 2010 – 2017

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4. High degree of self-administration

- After 1989 the Health Insurance Companies (HICs) were established
- Former Existing institutions were transformed into a network of independent, relatively autonomous health care facilities (Medvěd, Němec, Vítek: SOCIAL HEALTH INSURANCE AND ITS FAILURES IN THE CZECH REPUBLIC AND SLOVAKIA: THE ROLE OF THE STATE, 2005)
- Only about 430 health care facilities in 1991, more than 22 thousand in 1995 (Medvěd, Němec, Vítek: SOCIAL HEALTH INSURANCE AND ITS FAILURES IN THE CZECH REPUBLIC AND SLOVAKIA: THE ROLE OF THE STATE, 2005)
- Many private facilities were founded in the 1990s
- State institutions were transferred to municipalities (Medvěd, Němec, Vítek: SOCIAL HEALTH INSURANCE AND ITS FAILURES IN THE CZECH REPUBLIC AND SLOVAKIA: THE ROLE OF THE STATE, 2005)
- Some hospitals have been privatized

5. Equal availability of health care for all insured persons

- The Czech public health insurance system is based on obligatory participation of insured persons (Health insurance bureau, 2021)
- There is no possibility of voluntary participation (Health insurance bureau, 2021)
- There are no derived rights ("family insurance"), every person is insured individually
- Czech citizens are automatically insured under the country's public healthcare system and pay monthly contributions (Health insurance bureau, 2021)
- The Czech Republic provides **free medical care** to Czech citizens regardless of their gender, age, economic status, etc. (Health insurance bureau, 2021)

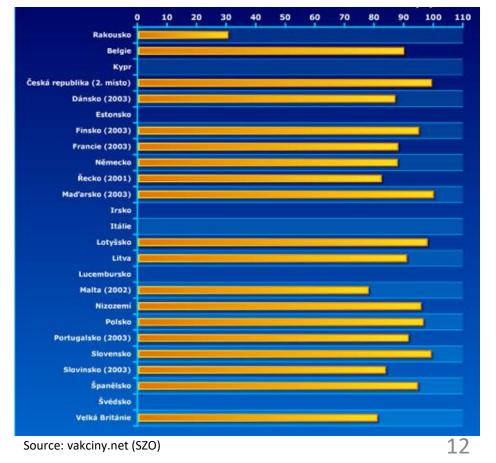
6. Conditions in which there are no differences in the availability of health care

- Access to health care is one of the important objectives of health policy
- Charter of Fundamental Rights and Freedoms (1993, https://www.usoud.cz/fileadmin/user upload/ustavni soud www/Pravni uprava/AJ/Listina English version.pdf) guarantees access to health care for all
- We distinguish between financial, local and time availability
 - 1, the affordability of health care is ensured by financing health care from insurance premiums
 - 2, In waiting times there are large differences between medical facilities
 - 3, geographic accessibility is understood as the acceptable distance of the place of health care from the patient's residence

7. High rates of vaccination coverage

- Regular and Special vaccination against infectious diseases is based on the principle of obligation and free of charge for the persons vaccinated
- Mandatory vaccination are given free of charge - paid by the government
- The Czech Republic ranks among the leading states where a high degree of vaccination is achieved (more than 95 %)

Vaccination coverage of the child population in the EU 2004 in % (diphtheria, pertussis, tetanus)



- An intuitive and subjective understanding of justice is not usually a problem on an individual level
- The concepts of justice and equality in health are closely related to the theory of distribution justice
- Health and accessibility of health services are one of the important factors in fulfilling the principle of equal opportunities
- Health equity is defined as the absence of health differences between more and less socially disadvantaged groups (Braveman, Gruskin, 2003)
- Based on the principles of justice, equity in health reflects the opportunities of individuals and groups to be as healthy as possible

- Health inequality is a term used to express the existence of differences in health status between individuals in a population
- The differences are in the social advantage of individuals or groups, which is determined by wealth, poverty, education, social prestige or power
- Equal choice vs. Equal opportunities
- Economics the term equity usually refers to justice in the distribution of goods (in this case health) and justice is meant to reduce inequalities
- Equity implies equality and/or inequality (Olsen, 2009)

- Equality in health is not the same term as equity
- Equity is a value-based concept, addressing health inequalities in terms of their causes and consequences, and underlines the wider socio-economic context of influencing health
- From the perspective of equity, health differences are considered to be unfounded and unfair or as a result of some form of injustice (Whitehead, Dahlgren, 2007)
- However, not all health inequalities can be considered unfair

- Inequalities in health are defined as systematic differences in health status between individuals and population groups
- Health inequalities and equality in health are considered to be a dimensional concept based strictly on measurable quantities
- Question: Is a description of health inequalities devoid of social context lacks meaning and does not take into account the social determinants of health?

- Socio-economic inequalities in health can be defined as systematic differences in morbidity and mortality (Suhrcke, Walters, 2005)
- the understanding of injustice is strongly culturally and historically conditioned
- Socioeconomic grades is when people in lower ranks of socio-economic status, as measured by income, job position or educational attainment, are worse than those of relatively higher socioeconomic groups

- The concepts of justice and equality relate to redistribution
- The principles of distributional (social) justice are normative principles intended for the allocation of goods
- four basic theories of distributive justice are distinguished:
 - 1. Egalitarian
 - Utilitarian
 - 3. Communitaristic
 - 4. Liberal

1. Egalitarian

- Prioritizes equality for all people
- People should get the same, or be treated the same, or be treated as equals, in some respect
- Emphasize the creation of conditions that promote the equality of citizens with others as much as possible

2. Utilitarian

- Focus on utility and effects
- Assess the health of the population as a whole
- Promotes political actions that maximize happiness and well-being (health) for the majority of a population

3. Communitaristic

- Emphasizes the connection between the individual and the community
- Community values and distribution of health care independent of individual health needs
- Community decisions on the need for the health services is crucial

4. Liberal

- Promote the freedom of the individual
- Emphasize the importance of free choice and merit
- Point out that health systems could take much more advantage of the principle of competition, as is the case in open markets

Three pillars of health care system in the Czech Republic

• 3 Pillars of health care system in Czech republic

- insured person (public health insurance)
- health care facility (provide health care)
- health insurance companies

Health insurance companies

Insured person

Health care facility

health insurance companies

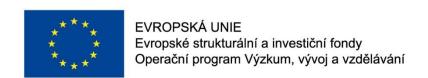
- Public health insurance in the Czech Republic is provided through 7 health insurance companies
- 1. Všeobecná zdravotní pojišťovna ČR (identification code 111) largest
- 2. Vojenská zdravotní pojišťovna České republiky (identification code 201)
- 3. Česká průmyslová zdravotní pojišťovna (identification code 205)
- 4. Oborová zdravotní pojišťovna zaměstnanců bank, pojišťoven a stavebnictví (identification code 207)
- 5. Zaměstnanecká pojišťovna Škoda (identification code 209)
- 6. Zdravotní pojišťovna ministerstva vnitra ČR (identification code 211)
- 7. Revírní bratrská pokladna, zdravotní pojišťovna (identification code 213)

Thank you for your attentiom



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