Country Study Paper (the Czech Republic)

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The principal goal of this paper is to contribute to a working group research objectives. We describe existing public health administration, management and policy education and training programmes in the Czech Republic and a short history of their development in respect of a real development of the Health Care system and the Public Administration as the key factors determining the need for such a specific knowledge and skills. We would like to point out main shortages as well as potential strong features here. We assume there is a strong difference between mainly business and management oriented programmes and public policy and administration ones in terms of their number, capacity, quality, and attractiveness. That has several unpleasant consequences for the ability of the nation to deal with complex issues of transition.

We start with a short overview of the topic, trying to show the bottom-line of the paper – the relation between more or less independent "markets" with educational and training programmes and some changing features and challenges of social and economic transition. A country profile is given in the section 2. The Czech Republic is a country dealing hard with a complex reform of the Public Administration. It increases a pressure onto the system of Health Care that has been already in a tension mainly because of financial shortages. Section 3 presents Health Care system of the Czech Republic and its reform. The role of Public Administration seems to be one of the most poorly elaborated parts of the reform and the current government seeks desperately for an increase if its ability to control the branch. Section 4 provides an overview of public administration education practices. We can find various programmes within the country differing in terms of length, content, obtained degree, and graduates profile. Final section 5 maps current education activities in the area of health care administration, management and policy.

1. Introduction

A general status of the health care (HC) system in the Czech Republic is determined by a quite radical and rapid reform that started from early 90s, relatively high capacities of an old Czech HC system, and widely shared willingness to increase HC resources in the first year of the reform. The reform itself has introduced a new system of public health insurance, changed completely a situation of HC providers in terms of their autonomy and financial conditions. It also reversed the set of measures and tools available for public authorities implying health policy totally at the same moment. It brought up a new player to the system – an independent payer – health insurance companies (HICs). (For more details see section 3…)

An ability to reflect major system changes has approved to be quite remarkable within the community of health care providers as well as HICs. In spite of constant concerns of many interest groups including politicians and minor patients´ associations there has not any real deep crisis of the system occurred. On the contrary, the quality of care was evaluated as "good" in many public pools in the first years of the reform. Needless to say there are certainly many shortages and issues in the Czech Health Care system. Wasting funds, growing indebtedness of many health providers especially hospitals, not quite clear role of brand new regional authorities in the system ought to be mentioned among others.

The reform surely has not been completed yet and instead of its working off we can see clear government's attempts to reverse some of fundamental principles now i.e. putting the control over the whole system back to the government's hands, bringing back a larger role of the government, diminishing "harmful and contradictory" competition that is no longer ideologically desirable in Public Services etc.

Education and training programmes seemed to have a growing influence on enhancing capacities and skills necessary for managing such changes. First programmes were mainly run by foreign aid agencies (i.e. project HOPE) and they addressed top-management, directors of large health facilities, in order to provide them managerial skills important for a new "market" economy. In a few years, several national institutions (universities and others) developed their own programmes. Most of them combined business and management education and training[1] with an introduction to the Health Care Economics. Their target groups were current and/or future (potential) managers and administrators of the health care facilities as well as health professionals (physicians and nurses). This orientation was quite understandable. It was an impact of a rather unilateral increase of an autonomy and decentralisation in the system.

The other relevant field of competence - public health administration and policy, seems to fall behind somehow (not only in a number of programmes and their graduates, but mainly comparing their real impact on the system…). There is a widespread belief that the public authorities' abilities to create and implement visions, strategies and policies, and to set up prefferences resulting from thoughtful analysis, are

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[1] For example: human resource management, planning, financial manangement, …

rather limited. Naturally, there are a lot of reasons for this unpleasant fact and a failure of education and training programmes in this field is not necessarily one of them and definitely it is not the main one. However we can assess current situation in the public health administration, management and policy education and training programmes ambiguously. Increasing the quality and availability of "pure" public health administration and policy programmes for (mainly) public officers at the regional and the central level should be a priority for next years.

2. Country profile

2.1 Public administration reform in the Czech Republic – its principles and a history

The Czech Republic and its public administration (PA) followed the same orientation as well as ideology as other socialist countries from Central and Eastern Europe after the World War II. There was a centralised, hierarchically organized system of regional, district, and local "National committees (NCs)". Formally, it was a joint model of a public administration (NCs was institutions of self-government as well as a state administration), however since there was virtually no split between a professional administration and communist party structures, the self-government part of this model was marginal.

After the November 1989, there was a strong need to rebuilt whole system. The democracy could not be fully reached within an old environment. An increase in the role of local self-governments, de-centralisation and de-concentration of government responsibilities, financial means, etc. were declared as the main means for reaching following objectives:

- to give a higher credit to the PA within the public;
- to change PA from a tool of the state power to a modern concept "PA as a service for citizens";
- to fight corruption, and improve accountability.

2.1.1 Regional public administration and its reform

The structure of National committees was abolished in 1990. A new Municipality Act (367/1990 Sb.) was adopted in the same year. There was just only one - municipal - level of regional self-government in that time. An issue of a potential second level of public administration was largely discussed. The major issues here were following:

- what should be the main principal – to respect just a territorial aspects or to renew historical "countries" – Bohemia, Moravia, Silesia;
- number and size of regions (including very controversial issue of a "capital" of region...);
- use a traditional joint model or to apply a separate model of divided self-government and state administration onto two different bodies.

It took several years to reach a political consensus in those issues and there was a strong political battle in it.

On the other hand, state administration itself was executed at three levels in that time:

- local one, executed by municipalities (it was again a so called joint model of PA...);
- district level, where new District Offices (DOs) as executive bodies with a general jurisdiction, were established;
- central level – a Cabinet.

Note, there were also other special (so called "de-concentrated") executive bodies in districts and even former regions founded an run by particular Ministries (Labour Offices, Offices for Social Security and many others). There was no coordination between Ministries and this vertically organised scheme of the state administration suffered mainly from lack of cooperation between different branches of the state administration.

There was a clear disproportion here, not to speak about a lack of space for a real comprehensive regional development. This was formally accepted by each of following Cabinets. As a result, regional level was finally established as a second level of self-government. 14 regions were set up (2000). The government has chosen the joint model of PA. The logical consequence was an abolishment of District Offices (2002). This step raised a serious concern and it was heavily criticised as too risky. DOs were probably the most stable and well skilled part of state administration. There is still a concern about an ability of municipalities to handle all necessary agendas.

Although it is too early to evaluate an outcome of these changes, we can identify main issues linked to this part of a PA reform:

- property matters - the whole process consists numerous and complex transfers (mainly top-down) of an ownership, liabilities, and rights among various levels of the government;

- financial flows – setting the proper share from centrally imposed taxes to regional budgets in respect to all brand new responsibilities of this level seems to be a task for several years of negotiations, evaluations, and analysis;
- delimitation of former districts´ officers can be shown as an example of naturally colliding interests of different levels of the government. The Regions and municipalities fought hard against centrally managed simple shift[2];
- the "State" (the central level) has to learn how to pursue national priorities and policies within a different environment. The number of former "state" institutions changed towards regional ones. The government seems to be little bit behind with the effort to prepare a legislation enabling it to keep national standards in various branches of Public Services.

2.1.1 The reform of the state administration on a central level

The central level of a state administration was somehow out of a main focus for a long time, although European Commission, OECD, or the Council of Europe repeatedly criticised decision-making processes as over-centralised, too complicated, and unclear. Human resources here were criticised too. Eventual changes were just marginal until 2001. "There was a fundamental failure in a wrong belief (of a government), that there is no need for a reform on a central level …" (VIDLAKOVA, 2001: 41).

New material "Conception of modernising the central state administration…" was adopted by the Cabinet in 2001. Short-term and middle-term priorities were presented there. A harmonisation of an internal organisation of ministries and other central offices was supposed to be achieved in a year, till 2002. An increase in efficiency and co-ordination of horizontal responsibilities and processes, better management, and enhancing of strategic and conceptual functions was set as middle-term priorities[3].

The new Government (from 2002) has declared the "beginning" of central state administration's modernisation as its programme priority. Higher level of efficiency, more rational decision-making, broader usage of hi-tech technologies (including e-government), and introduction of managerial methods are the main objectives for the Government.

2.2 Education and training for the public officials

Even in the year 2001, the European Commission criticized the Czech Republic for "regrettable" absence of a proper legislation declaring sufficient professional status for public officials including the system of a permanent education and training. There were several attempts to pass through the Public Service Act dealing with this issue, but Parliament always blocked government's proposals, although major political forces generally agreed about the necessity of increasing the professional abilities of the officials. There was no co-ordinated system of education and training for PA and the human resources management was poor. One of essential objectives of the PA reform was to solve these issues. The quality of public administration was to be improved by compulsory education and training of public administration officials.

The year of 2002 represents a breakthrough in this respect. Two major acts were passed: State Administration Service Act (218/2002 Sb.) and Public Administration Officials Act (312/2002 Sb.). The position of public officials has become more solid, and on the other hand, a compulsory education and specific duties were imposed on them.

A sophisticated system of a permanent education and training was established in the latter act. Officials have to take part in specific programmes that are approved and monitored by a special government agency but that can be provided by many various accredited institutions. The accreditation process of institutions and programmes began in 2002; the programmes themselves start this year. See section 4 for more details.

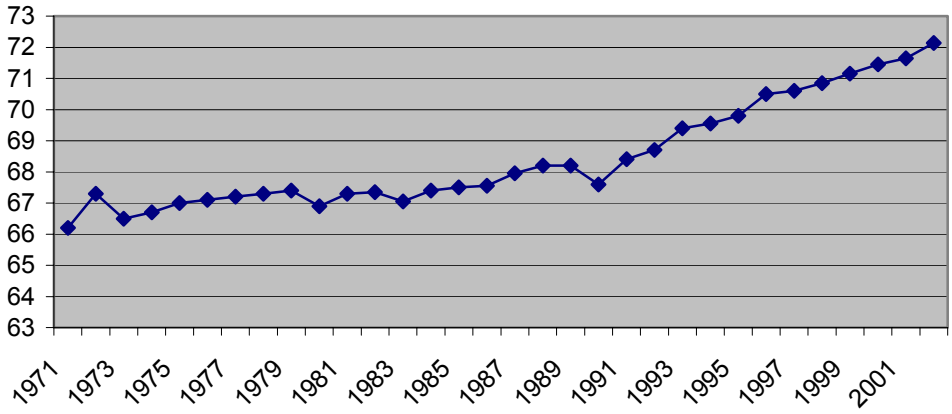
3. Health Care System

3.1 Introduction

Although the transformation of a Czech health care system has not been completed yet, we can describe it as a relatively well equipped system, providing high quality medicine, as well as quite solid equity of an access to care. The health status of a population is getting improved, a significant prolongation of expected life span has occurred (see the graph no.1).

[2] More than 14 000 working places had to be shifted.
[3] Project PHARE is essential for this effort…

Graph no.1: Life expectancy at birth, in years, males



Source: UZIS, 2002

There is definitely no alarming crisis of a HC system in the CR. However there are a lot of unpleasant failures of the system. Whole system seems to suffer from growing financial instability. The Ministry is accused for insufficient ability to control the system. The same (or perhaps even worse situation) can be found at the level of newly created regions. Their role and responsibilities are not quite clear.

Presenting main characteristics of the current system, we start with a brief description of a reform and its major changes.

3.2 The Reform

There was a need for significant changes even before 1989. Health professionals spoke openly about rising crisis of the system. The fall of former communist regime opened the door for a radical reform. The first reform proposal was published in 1990. Working Group for Reform (SKUPR) representing large part of health professionals´ communities, mainly physicians, academics, economist etc. came with following reform principles, that were more or less realised in future changes (SKUPR, 1990):

- transparency
- economisation
- democratization
- humanisation
- higher standard of a quality of care

The new system brought in especially radical changes in organizational and institutional structure, funding, and reimbursement methods.

3.2.1 Changes in an organizational and institutional structure

A separation of payers and providers of care was a quite important part of the reform. The new subject in the system was established – Health Insurance Companies (HICs). A contractual model has replaced an integrated one. Existing institutions (so called Institutes of National Health, UNZs) were transformed onto a network of independent, relatively autonomous health care facilities that became regular legal entities making decisions in their own name. There were only about 430 health care facilities in 1991, more than 22 thousands existed in the year 1995 (a physician's private practice was considered to be an independent health care facility). New non-state and private facilities were founded. State institutions were transferred to municipalities, some hospitals were privatised, and most of out-patient care was privatised too.

3.2.2 Changes in health care funding

The transformation from NHS model, funded from the government budget, into the system of compulsory, universal public health insurance was possibly the most important piece of the reform. There were several reasons for such a strategic decision:

- Keeping the current level of a broad access to the care for all citizens. A solidarity ought to have stayed as a central pillar of a new system;
- Health insurance has had a long tradition in a Czechoslovak history; it is quite typical for Central European countries – Czech Republic neighbours – too;

- There was a widespread belief, that it is necessary for an introduction of new methods of reimbursement for provided medical care – there was a need to introduce methods reflecting the quantity and quality of care;
- Insurance (and the contractual model) creates an environment that is more friendly for the privatisation of medical services;
- Last but not least – there was an objective to make whole financial flows more transparent and to let the public be aware of real costs (or better to say expenditures on) of the medical care. Some people believed it can create an incentive for the general public to be more responsible and take a better care for their own health.

The whole system was designed as a multiple payer one. HICs are non-for-profit, public-law, self-administered entities. A special legislation (adopted in 1991-1992) regulates strictly their functioning. HICs are open – there is a free choice of insurer for the citizens.
Health care is funded from several sources (see the table no.1): the main one is generated by public insurance premiums collected by HICs. Insurance premium is paid by employees, employers, and the government, and its amount is based on a gross income. Out-of-pocket payments creates less than 10% of total expenditures (spent mainly on drugs), public budgets have played more important role here.

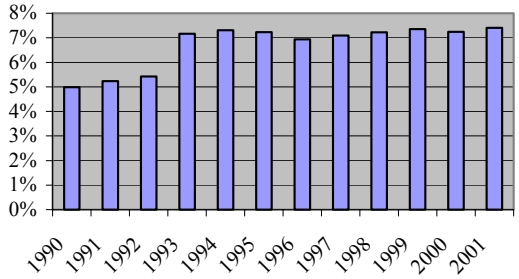
Table no.1: Health care expenditures *) (mil. CZK)

year	total	public					private
		total, including					
(1)	(2)	(3)	central and local budgets		health insurance comp.		private expenditures totally 2) (8)
	(3) + (8)		total (4)	non-investment (5)	total (6)	health care (7)	
	45 652	43 552	43 552	36 971	32 479 1)	32 023	2 100 3)
1993	73 062	69 262	13 027	6 114	56 235	52 290	3 800 3)
1994	86 418	81 136	13 791	7 052	67 345	63 633	5 282
1995	100 675	93 309	15 076	7 674	78 233	74 168	7 366
1996	110 662	102 400	12 641	7 212	89 759	86 088	8 262
1997	118 914	109 033	11 459	7 015	97 574	93 145	9 881
1998	129 871	119 267	11 769	6 408	107 498	101 450	10 604
1999	134 928	123 453	13 128	7 418	110 325	106 351	11 475
2000	141 871	129 626	13 708	7 164	115 918	111 397	12 245
2001	158 799	145 096	13 960	8052	131 136	126 649	13 711

*) without expenditures of other government departments – approximately another 1 000 mil CZK…
1) Reported in the Central government budget's figures (the year 1992 had a special financial regime)
2) Calculation was done by ÚZIS ČR based on a regular statistics of "households' budgets" (ČSÚ)
3) Estimated (ÚZIS ČR)
Source: ÚZIS, 2002. Modified by I.M.

An impact of the reform on an overall financial situation of the system is clear from the following graph (see the graph no.2). Introduction of a new insurance scheme was connected to a sharp increase of available funds. The system has to deal with searching the financial balance then and it is still a major issue now.

Graph no.2 Health care expenditures as a share of GDP (%)



Source: UZIS, 2002

3.2.3 Changes in reimbursement methods

Former UNZs were originally paid by annual general budgets based on historical costs. This method was criticised even in late 80s as strongly disincentive. There was no linkage between neither quantity nor quality of provided care and reimbursement for physicians and/or health facility.

The new mechanism applied a fee-for-service relative scale system with a cap on the total health care expenses. It was applied to all kinds of services including in-patient and GPs care which appeared to be a mistake after a short time. Some important changes were adopted in 1997. A combined capitation-performance payment was introduced for general practitioners and hospitals started to obtain mostly lump sum payment following their output in the previous year.

3.3 Implications for a new health care manager's professional profile

A typical hospital's director in the past time was a physician with some post-graduate training and special attestation. Health care services were considered to be a field of "social consumption", the system was heavily centralised with very limited autonomy of a single facility. It has naturally a straightforward implication on prevailing professional skills of management. Since the only economic task was to keep the budget, there was absolutely no evidence of cost of services, and a quite limited knowledge about actual output etc. Economic criteria played almost no or only marginal role in decision making especially in respect of investment, new equipment purchases and so on.

The reform brought absolutely new environment for HC providers. Some skills – essential for successful management of independent health facilities (like financial analyses and management, strategic management, managerial (business) accounting, marketing, dealing with information systems and others) - were missing. As a matter of fact, essential skills in the field of public health policy and administration were missing too, but this absence was less evident and nobody was really concerned except a few of experienced academics.

Filling this gap was an objective of many education programmes starting from very first years of the reform. Some foreign aid agencies (USAID, HOPE, World Bank) did a pioneer job at this field. A supply has risen quickly, driven mainly by local universities and professional education agencies. Managerial skills have increased significantly.

Facing probably the biggest issue in the past five years – i.e. introduction of the new regional level of self-government and looking for its proper role within the national health policy (under a growing pressure of a resource scarcity…) the persistent lack of public policy and administration skills is more apparent now.

4. Overview of public administration education and training programmes

Skills and knowledge become essential for a success of reforms. There are three main focus groups – subjects for education and training at this field:

1. Regular students – a youth looking for future carriers; universities and other schools within the education system are mainly involved in providing programmes for them;
2. Current state administration officials at the central authorities; mainly short term training and education programmes are offered to them by various institutions, there are also part time university degree programmes available
3. Current regional and local public administration officials – a system of their training and education is an important piece of the reform. A special legislation (act no. 312/2002 Sb.) was adopted in 2002 in order to build up a comprehensive system of education and training of this group.

4.1 Education system

This system consists of secondary schools, upper vocational schools, and universities. It provides mainly preliminary education for future public administration officials, takes part in further education of officials and offers some training courses as well.

Universities represent the main part of the system. There are 8 universities (in Prague, Brno, Pardubice, and Ostrava) with some bachelor, master or doctoral study programmes in public administration and/or regional development. Courses of public administration or related subjects like public finance, local finance, public economics, administrative law and other are regularly incorporated in many other programmes elsewhere. (For details see WOKOUN, *2000*) Even some of new private universities try to provide bachelor programmes in this field – one of them "Vysoká škola finanční a správní" (The School of

finance and administration) is oriented exclusively on public administration officials. There is a growing interest in this field of study in the country.

With regard to the liaison between public administration and the formerly underestimated regional problems, on the one hand, and the establishment of graduates in territorial administration, on the other hand, schools began to provide a common major field of study of "public administration and regional science".

Although the schools offering studies oriented to particular disciplines succeeded in attracting highly-qualified teachers by co-operating with well-known universities or institutes of the Czech Academy of Sciences, yet, in a majority of cases, they did not manage to create a totally suitable structure of teaching staff from the point of view of their professional orientation. (WOKOUN, 2000)

Universities´ basic role is to prepare future employees for the public administration. They also prepare current employees in several kinds of part-time programmes (mostly bachelor level). They play an important role in a new system of education for regional self-governments´ officials offering shorter courses and special training programmes under supervision of Ministry of Interior. Universities serve as very important centres for research and development too.

4.2 Training for the state administration officials at the central level

The system is not fully developed yet. There is a basic framework created by the State Officials Service Act (218/2002 Sb.). However, this Act will come fully into the force only in 2004. It governs the obligation to undertake education and training activities for officials and to organize them for state authorities. The State Official Examination is defined here in a quite detailed way.

We can divide three different categories here:

- education and training provided by special educational institutions of particular government departments;
- education and training run directly by the institution employing an official;
- education and training purchased by the authorities from several other institutions, domestic and/or foreign ones.

Government departments´ educational institutions can be founded by central authorities. Their task is to provide special education for officials working within the department – especially at ministries and other central authorities. *Diplomatic Academy, Police Academy, Institute of post-graduate education for health care professionals* can serve as examples of such institutions. An *Institute of State Administration* (IMS) has a special position among them. It was founded by the State Officials Service Act (218/2002 Sb.) and it is supposed to fulfil special tasks like to organize cross-sectional programmes, to provide an information service for all central authorities, and to guarantee proper methodology as well as to coordinate whole system. IMS is going to participate also on a definition of requirements concerning the educational profile of state officials. (This role if the Institute is heavily underdeveloped according to some of its employees.)

Various ministries used quite frequently different foreign aid resources (PHARE…) in order to provide top level education for their officials.

4.3 Education and training for regional and local authorities´ officials

A completely new, comprehensive system was adopted by the act no. 312/2002 Sb. The very basic idea is that there is an obligation for officials to take part regularly in a proper education under the individual qualification plan. The authorities are supposed either to provide an accredited programme to them or to purchase it at the competing market of accredited programmes. There are 4 kinds of programmes:

- so called "Entrance training" for new employees;
- "Special Professional Abilities" (ZOZ) courses, finishing by special examination, which is required for all officials dealing independently with some administration agendas;
- running programmes – a wide variety of different programmes enhancing special administration knowledge of the officials;
- education for executive officials that has to be completed in following four years by any official who leads any other workers…

Programmes consist from modules that can be combined in many different ways. Institutions offering any programme to public administration authorities and programmes themselves are subjects of approval (accreditation) of a Ministry of Interior and its special Accreditation Commission.

The Commission started to work in October 2002 and it has approved already several hundreds of programmes brought by very different educational institutions. Almost all regions have created their own educational capacities in order to provide at least entrance training for themselves and for municipalities their jurisdiction. Many private companies compete for a stable and interesting business; non-for-profit

organizations including universities do not seem to stay aside. (The number of entitled officials is enormous – tens of thousands.)

Note to the process of Accreditation

The accreditation process itself is pursued in a way that can easily serve as an illustration of typical government failures: mainly limited control over bureaucracy, and limitations imposed by political processes (STIGLITZ, 1988) The government is hardly able to run its policy in a consistent way, it fails especially in transforming generally relevant and desirable principles onto a proper legislation:

The new civil servants education system is supposed to be built up on a quite progressive principle of **managed competition**. A new market of various education and training programs provided by public and private entities has been foreseen. Regional and local authorities ought to choose the most appropriate programs for their servants with respect to the price and orientation of the program.

A quality assurance is clearly a key issue in this system. Many education and training programs were purely evaluated by their participants or by public authorities in the past, being accused as incompetent, poor quality, obsolete, and worthless. Lecturers appeared to know not really too much about Public Administration or their pedagogical skills were low. Local and regional public administration representatives asked for a clarification of the market, setting rules in order to avoid these situations.

In order to assure it, the new system of education and training has introduced the process of accreditation (as an analogy to the system working well in the field of university education…). A special Accreditation Commission of the Ministry of Interior has been created. Both programs and institutions offering them have to be approved by this Commission.

A very first key moment happened during the process of passing the bill at the House of Representatives. The text prepared by experienced officials from the Ministry of Interior was heavily changed. Due to an influence of public administration employees´ trade unions, almost all provisions asking officials to pass any examinations just "disappeared" from the proposed bill…

But first of all, gradual "specifications" and "clarifications" of formal requirements for an accreditation proposal as well as conditions for its approval has marginalized the space for a real assessment, evaluation and decision of the Accreditation Commission. Its role has become to be more or less formal. Even some members of the Commission (they are nominated from respectable academic or professional quarters) admit that they deal more frequently with purely formal requirements of application instead of assessing their real values in terms of quality of the content, lecturers, etc. Accreditations are sometimes approved even though none of the members truly believes an applicant is really able to deliver a good quality program, however there is impossible to find out any formal omission against legal requirements. Whole process seems to have a typical Czech, "Kafkaesque" feature. The new law is obeyed, the old reality stays untouched.

5. Current education activities in the area of health care administration, management and policy

The need for higher level of managerial skills including knowledge of public health management and policy means was evident even from the very beginning of the reform. Till the early nineties there was just one institution offering a post-graduate education in "the management of health care facilities" and "the public health" – Post-graduate education institute for medical professionals – school of the public health (IPVZ). Curricula reflected both different ideology and different position of the whole industry.

Some health policy and/or Public Health courses were taught at medical schools. Programmes addressing health care administration, management and policy in the standard meaning were more or less absent.

This gap was filled mainly by following means during several years:

1. IPVZ has modernized its study programmes, it went through substantial reconstruction, becoming more flexible, demand oriented institution;
2. International aid was essential for building up the first capacities. Project HOPE should be mentioned between others. A large number of hospital directors came through that programme. There were also World Bank activities (Flagship programmes) and programmes supported by AIHA. Their impact onto professional skills of health care workers and academics was considerable.
3. Universities and some private firms later on have come onto the "market", offering numerous of products – from MBA and BC programmes for "health services managers" to many short term courses (like business accounting, financial management etc.).

Current activities are listed in two tables presented in appendix. It can be seen clearly, that **a large part of current programmes is addressed mainly onto managerial skills (and they are offered mainly to HC administrators and hospital managers) rather than onto public administration skills and knowledge. An ability to design a public health policy and to implement it in a given region or community just does not seem to be covered sufficiently.**

There are several reasons for that; both at the "demand" and at the "supply" side of this market.

The demand for managerial skills were much stronger and it was driven by several "players"- medical facilities (mainly hospitals) themselves, physicians interested in setting up their own practices or private clinics, health insurance companies, nurses. The demand for health policy skills could be driven just by the central government for many years and it was not quite intensive. Facing new regions and their wide responsibilities the situation has changed – regional offices need to find specialists knowledgeable in designing and implementation of a regional health policy and able to deal with many acute problems occurring here (i.e. reduction of the number of beds, emergency services organization and funding, medical transportation and many others). One can expect growing demand for such skills.

However, a shortage on the supply side can occur here easily. Teaching the management seems to be easier than teaching the policy, especially within such a changing, turbulent environment.

Typical academic programme

A typical academic programme is on a BC level, provided by either some school of economics or medical school. The majority of institutions mentioned in the appendix no.1 was or still is involved in an international project, enjoying know-how from some respectable foreign university. For instance: universities in Jindrichuv Hradec, Hradec Kralove, and Olomouc were involved (together with the School of Public Health Prague) in a AIHA project supported by USAID. The objective was to establish here sustainable academic programmes in health services management and economy. There were two partner universities: University of Nevada and University of Virginia. Obviously, the curricula developed during the programme were quite similar in all schools.

The programme is typically designed as a specialisation of some broader programme in economy or management, eventually nursing or physiotherapy. Following subjects (or fields of study) can be usually found in curricula:

- Health care economics (a theory: introduction to the HC economics, medical markets analysis, demand for, supply of medical care and the health insurance, rationing supply and demand, adverse selection, methods of economic evaluation…);
- Finance: funding, reimbursement methods, economic incentives, financial management, pricing…;
- HC systems – organisation, comparison, capacity assessment, reforms;
- Managerial epidemiology;
- Medical quality;
- Statistics for the health care, information systems;
- Management (planning, organisation, leadership, motivation, control...), clinical management, human resources management…;
- HC policy, objective and preference setting, evaluation of HC systems …;
- Medical Law;
- Public Administration and HC.

Target groups

There has been an interesting development in terms of main target groups. Very first activities conducted or supported by foreign aid institutions (1992-94, HOPE) were oriented onto current hospital managers and high level public officials. (It has to be added, in that time as well as at the moment there are basically no explicit compulsory requirements to keep or hold managerial position in the CR in terms of a special health management education.)

The second wave of programmes was aimed at a middle managerial level – nurses, physician's practice administrators etc. The basic hypothesis was that the role of this element would increase significantly. Grouping private physicians was expected and new profession – health services administrator – was forethought. This prediction has not been fulfilled yet. Czech private physicians still prefer individual practice and most of them deal with necessary administration just on their own or with a help of their families. Benefits from having a professional doing that job seem not be sufficient to them struggling with what they consider low level of remuneration of their work. Hospitals do not create additional

"administrative" jobs – middle level management is well conducted mainly by registered nurses. This was partly the reason why the programme in Brno School of Economics and Administration was cancelled in 2002 (see the appendix no.1).

Training programmes

An early boom of training activities can be expected right now since the system of HC public administration has changed. The role of regions as well as municipalities is to be increased – there might rise a need to teach officials how to deal with their new regular agendas effectively as well as to offer some courses for health departments´ managers. Evaluation, assessment, and planning as well as logistics, crisis management, and public relations skills might be sought after.

At the moment this does not seem to be a priority for new regional authorities. They suffer from the lack of money, trying to solve most urgent problems (like indebtedness of former state hospitals). Dealing with emergencies they do not have power enough to set up their own regional health policy, and to treat the system of education and training here.

Discussion and Conclusions

1. It is quite difficult to work out any "optimal" health manager's profile fitting all potential requirements of the current system. Despite the fact, there are quite a lot of excellent, well skilled, and successful health managers and hospital directors whose background is physician, we believe that it is easier and cheaper way to educate economists, managers or administrators to be aware of health services specificities, than to educate medical doctors in order to make them managers. However (since management is more the art than the knowledge, mainly within turbulent and changing times of the reform) teaching health care management and policy for current hospital directors (mostly physicians) brought good results in the country at least on the level of management of health facilities.
2. Managerial skills are not generally considered to be a major issue in the Czech health care system. Politicians are accused of incompetence and incapability to design a better system more frequently. Financial instability is the far most intensive issue of the current system. This general opinion may be wrong, but it is almost impossible to distinguish what is the real cause of health care facilities troubles – if it was a managerial failure or an external influence of a poor government policy.
3. A future of the system is not clear yet in terms of the role of the state, regions, health insurance companies, and autonomy of health care facilities. It has just limited influence on the set of desirable knowledge and skills of HC managers, since those skills are quite universal. However, it causes some troubles in respect of health policy education programs. Future target groups are not clear; the demand for these programs seems to be too low.
4. Increased role of the regions as well as municipalities will bring a new impulse here. They ought to seek proper programs in order to learn how to deal with their new agendas effectively. Evaluation, assessment, and planning as well as logistics, crisis management, and public relations skills might be sought after.

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Appendix 1: List of current academic programmes in public health management and policy

Institution	Masaryk University BRNO School of Economics and Administration	Charles University PRAGUE School of Humanitarian Studies	University of HRADEC KRÁLOVÉ School of Informatics and Management	Military Medical Academy HRADEC KRÁLOVÉ	University of Economics JINDŘICHŮV HRADEC School of Management	Palacky University OLOMOUC Medical School	University of OSTRAVA School of Health and Social Matters	University of OSTRAVA School of Health and Social Matters	Charles University PRAGUE 3rd Medical School
Programme	Public Economy and Administration	Social policy and social work	Health services management	Military health management	Health services management	Economics and management of the health care	Public health	Economics and management of the health care	Public health
Specialization	Health care economics and management	Management and supervision of health services facilities				HC management	Public health protection		
Kind of degree	BC	MA	BC	BC	MA, BC	others	BC	BC	BC
Form	part-time	full-time part-time	full-time part-time	full-time	full-time part-time	full-time	distance	distance	full-time
Standard length (years)	3	3	3	3	2; 3	3	3	3	3
Starts from	1995	2002	1998	NA	1997	1999	2002	1993	1993
Cancelled (?)	2002		2003						
Graduates, students (avg per year)	30	59 (enrolled in 02/03)	16	5	24; 5	5	26	40	15
Graduates profile	administrators PA officials	top managers administrators	administrators	administrators	administrators, PA officials	all levels managers and PA officials	PA officials, state health administration supervisors	PA officials	PA officials
Target group	secondary school graduates registered nurses	BC graduates registered nurses	secondary school graduates	registered nurses	secondary school graduates	BC graduates	secondary school graduates, registered nurses, managers	secondary school graduates registered nurses	secondary school graduates
3 main skills, fields of study…	administration, economics, health policy	analysis, economics, field work	human resources management, sales management, marketing	NA	health policy, law, economics	NA	medicine, law	economics, public health, management, (nursing)	medicine, hygiene, management
Economics:management: HC policy: other subjects (rough proportions)	10:6:6:12	7:12:11:9	11:5:12:9	NA	2:1:7:1	13:9:6:8	1:10:3:40	6:7:17:5	2:2:25:5
Greatest advantages	theoretical background in HC economics, finance	inovations, research activities, international relations	co-operation with Nevada University (AIHA project)	NA	complex and balanced preparation to solve real problems	NA	interdisciplinary programme	comprehensiveness	NA

Appendix 2: List of training programmes in public health management and policy in the country

Institution	Title of the course	length	admission	specification	link
Military Medical Academy Hradec Králové	Organisation and Management of military medical services	26 weeks	15	for ministry of defense	
	Organisation and Management of military pharmacy	6 weeks	3	ditto	
	Hygiene, occupational sikness	6 weeks	5	ditto	
	Medical Services	6 weeks	6	Medical Services management in the army	
Post-graduate education institut for medical professionals – School of the public health Praha	State administration reform 2003 special course	1 day		disability assesing physicians	www.ipvz.cz
	special seminar: Public health care and medical law for 1st grade attestation	1 day			
Local Administration Institute Benešov u Prahy	preparation for a special professional ability examination of public officials			rule MVČR č. 345/2000 Sb.,	www.mvcr.cz
CMC Graduate School of Business Čelákovice	Health Care Management	9 days	80	medical facilities´ directors and top management	www.cmc.cz
	Dynamic manger in medical services	13 times 3-day modules in 2 years	-	middle and upper levels of management	
	1- day seminars Managemenet of medical services		-		
HOPE	Management of changes: Increasing of the role of middle management	16 days	3-member-teams from 20 facilities	medical facility's management	www.projecthope.cz
Prague International Business School (PIBS)	MBA in Health Services Management	NA	NA	managerial teams from large hospitals	