



CENTER ZA ZDRAVJE IN RAZVOJ
CENTRE FOR HEALTH AND DEVELOPMENT
MURSKA SOBOTA

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HEALTH EQUITY 2020

Investment for Health and Development in Pomurje region, Slovenia

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This presentation arises from the project HEALTH EQUITY – 2020 which has received funding from the European Union, in the framework of the Health Programme.





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HEALTH EQUITY 2020

- Area: 1337 km²
- Population (2011): 119146
- GDP (2010): 65,7% of Slovene avg.
- Highest unemployment: 16,9 (2013) , SLO av. 12,9% (2013)
- Life expectancy at birth:
 - SLO average 2010 = 77,5 years; Pomurje region 75,19 years
 - Women SLO = 82,65 years; Pomurje 79,61 years
 - Men SLO = 76,30 years; Pomurje 70,24 years

Potential; Tourism,
Agriculture,
Environment (Nature park
Goričko,
Nature 2000 protection areas)
Hungarian Minority, Roma





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- Balanced regional Development
- Socioeconomic determinants of health put forward by the MOH
- HIA Agriculture – Accession to EU
- Cindi Health Monitoring survey
- WHO support
- Regional Program council

“The main goal of the program MURA is to achieve better health and quality of life for the people in the Pomurje region, to achieve the understanding of health as a development potential of the region and vice-versa: development as the basis for better health.”





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Fields of action





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HEALTH EQUITY 2020

Centre for Health and Development Murska Sobota

- Established by the Institute of public Health in 2005
- WHO Collaborating Centre in Capacity building for cross-sectoral investment in Health

Our Vision is to create conditions for higher quality of life of population in Pomurje region.

Goals:

- To include Health as a horizontal target in all policies
- Reducing Health inequities in the region and between regions
- Developing conditions for healthy life style
- Promoting sustainable mobility
- Developing local short supply chains
- Development of sustainable tourism
- Empowerment of a individual and society to reach a better life quality



Health 2007-2013

Healthy community

“Let’s Live Healthy” in
50 communities

Strategy to tackle health
inequalities

Program for high risk
groups

Lifelong learning

**Healthy food,
culinary and
development of the
countryside**

Local supply chains

Ecological centre Svit

Healthy food standard

New products

Healthy tourist offer

New products

Centre for Nordic
Walking

Healthy nutrition
programmes

New programs in Spas

**Nature,
environment and
Health**

Short trips by bike or on
foot

Nature interpretation

Biodiversity

Water supply

Regional Partnership for Health and Development
Strong partnership network and Health common interest





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Finances

National funds:

- Universal measures (MOH, IPH)
- Targeted approach (MOH, NHIF)
- Other sectors (agriculture, environment)

EU Funds:

Structural funds and instruments (ESF, LEADER, ERDF (European Territorial Cooperation)...



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HiAP on regional level

Regional development programmes - plans:

- Regional development programme (7 years)
- Sub-regional development plans (7 years)
- Rural development programme - LEADER (7 years)
- Municipal development programmes (2-3 years)



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HOW TO...

...enhance cross-sectoral cooperation (strategic networking, cross-sectoral planning and joint implementation of projects)?

...position health as development capital of the region and vice versa, support development as foundation for better health?

...reduce inequalities between and within regions?



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ANSWER:

Establishment of a community!

- Cross sectoral (not only health care system)
- The wider the range, the better
- Flexible structure (if any!)
- Involves regional “champions” in development planning and project implementation



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Benefits of this approach

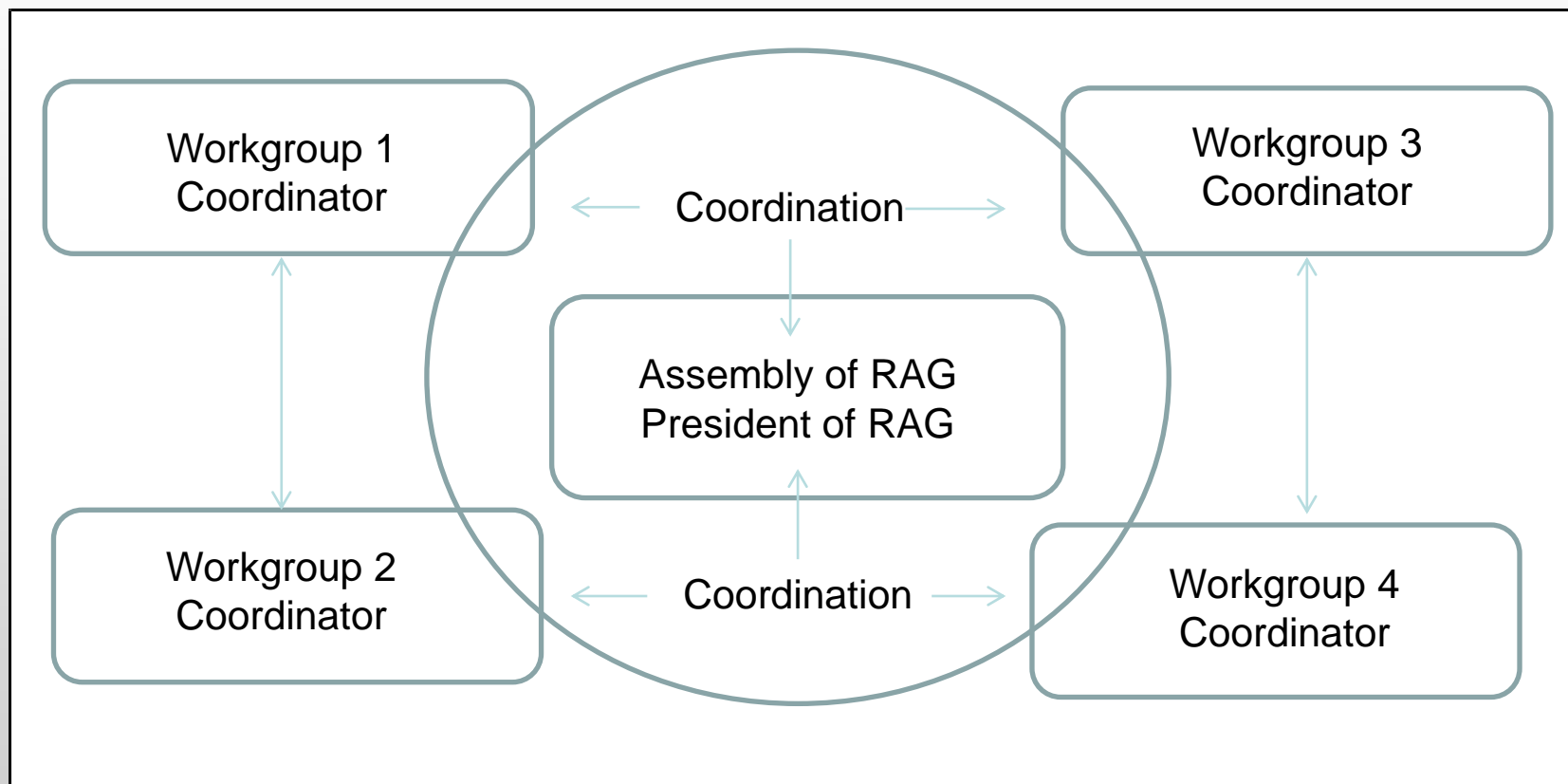
- Sustaining the commitment
- Cross-sectoral communication (informal)
- Easy adaptation on changes of priorities
- Intra-sectoral advocacy for health as development driver
- Clear and measurable goals

RAG for investment in health and development MURA

- Regional Action Group, a community, deriving from Programme Mura (37 member institutions from different sectors)
- Open horizontal structure to organizations, societies and civic initiative
- RAG has a coordinator, that collects, evaluates and presents the results of working groups in Regional action plan. In this case, the coordinator is CHD Murska Sobota

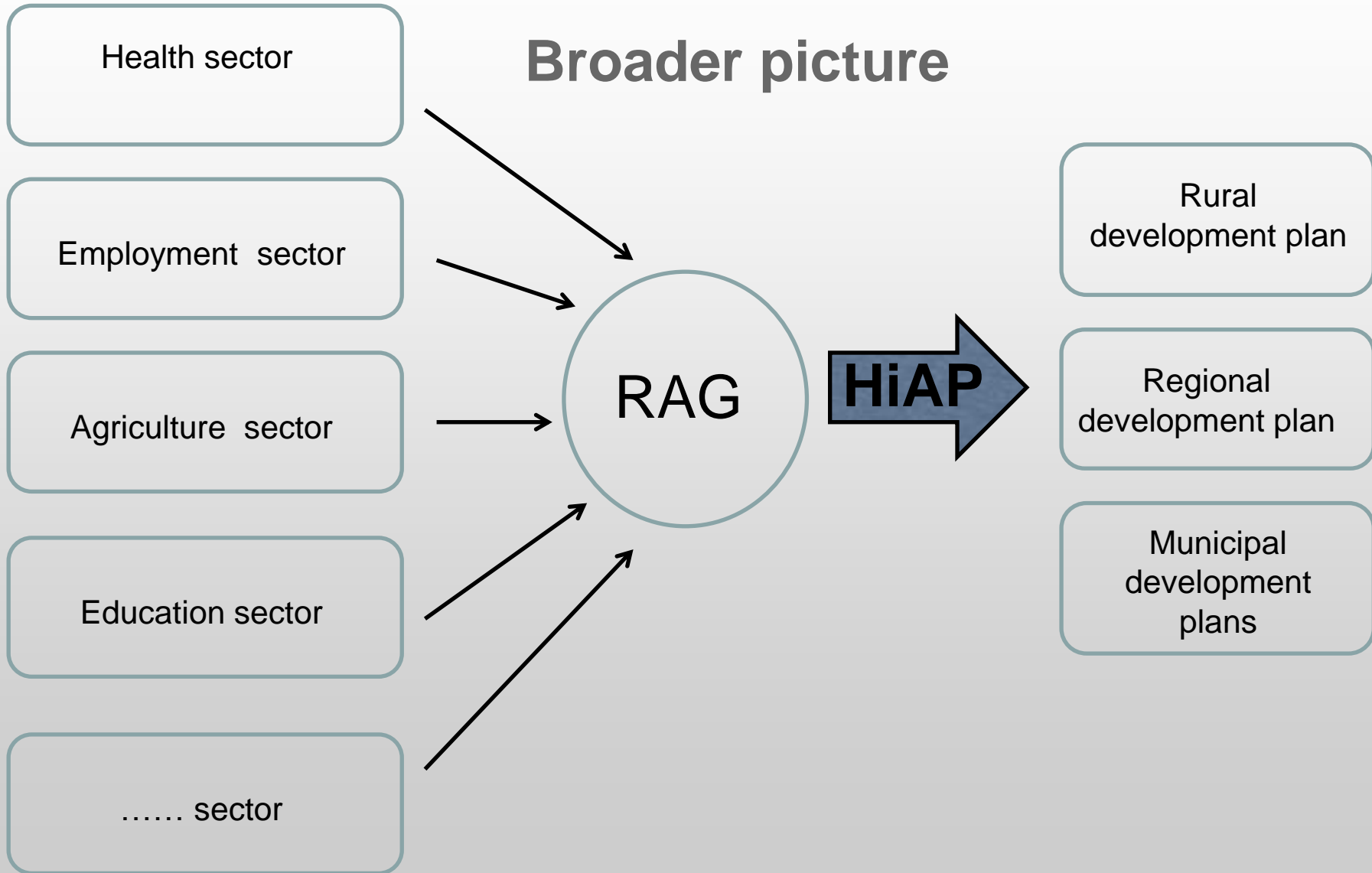


RAG Structure





Broader picture





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Intrasectoral promotion of health

Health sector

Health policy →

Regional development plan

Rural development plan

Employment sector

Employment policy →

Regional development plan

Rural development plan

Agriculture sector

Agricultural policy →

Rural development plan

Regional development plan

Education sector

Education policy →

Regional development plan

Rural development plan

..... sector

→

..... development plan

..... development plan



Challenges

Sustaining the commitment (austerity measures, focus on health)

Integrating good practices into the system

- National framework on health equity
- Health equity in all policies

Evaluation of the Investment in health and development concept in the region as a whole and evaluation of health outcomes of inter-sectoral cooperation – tools/models



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DO NOT...

- ...try to position health as top priority for every sector, when creating cross-sectoral community for investment in health
- ...make a wish list of projects
- ...be afraid of measurable objectives
- ...forget to be at the implementation planning
- ...let the system push you out



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