

# Regional Action Group on health and development in Pomurje region

## The Pomurje region experience

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## WHAT MAKES IT WORKS?

### FOR POMURJE RAG THE ANSWER MAY LIE IN:

The process of establishment of a regional action group itself

Setting up common goals

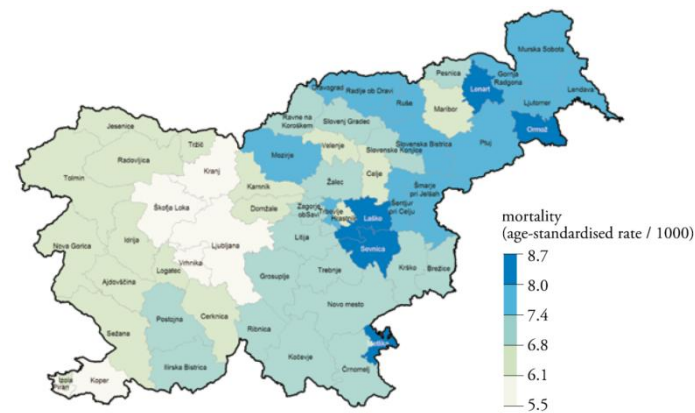
Planning for continuity

Ensuring participation

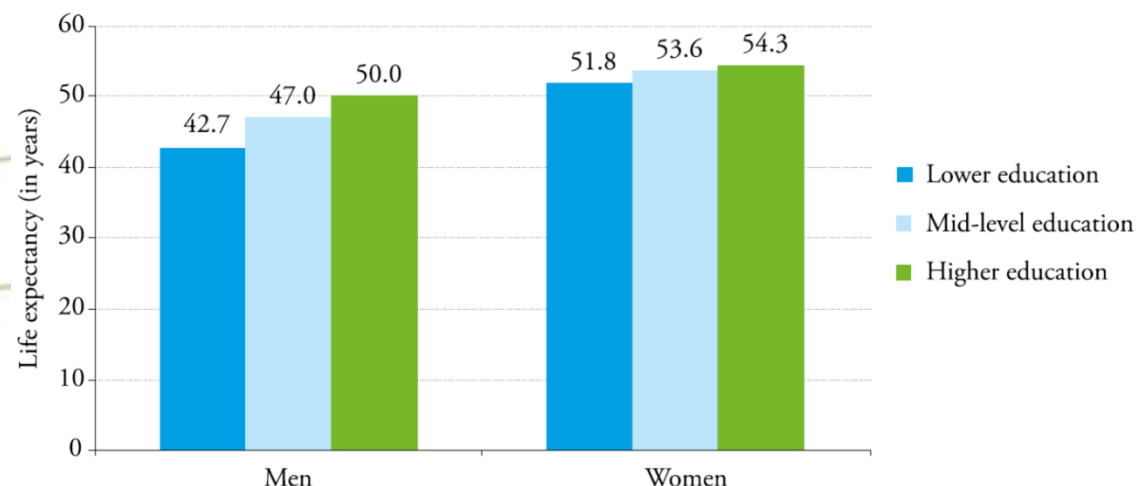
Involving decision makers

## THE PROCESS OF ESTABLISHMENT OF A REGIONAL ACTION GROUP

- Clear definition of a problem (evidence based)

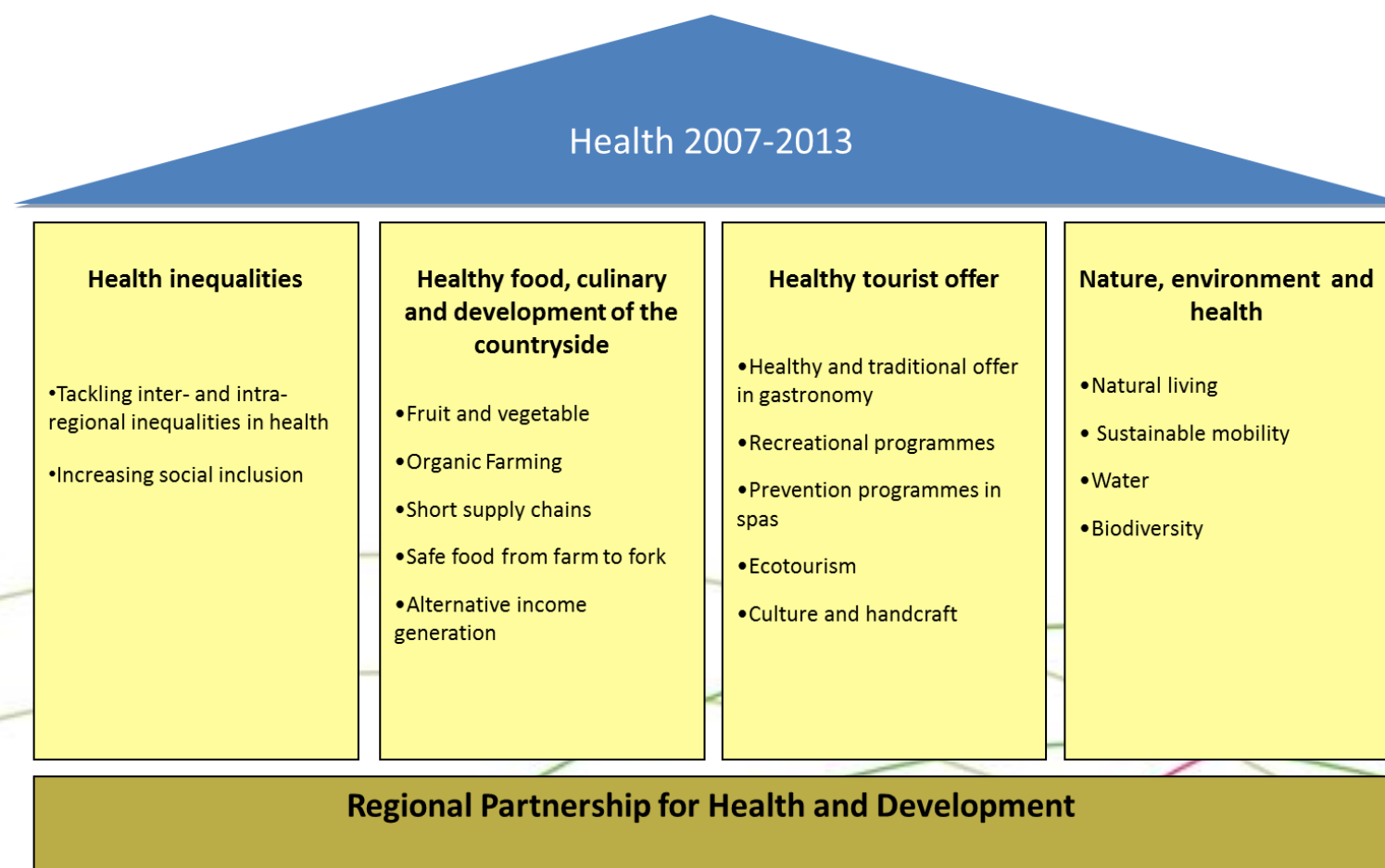


- Got attention of the decision makers - got political (MoH) support and WHO support on action



## THE PROCESS OF ESTABLISHMENT OF A REGIONAL ACTION GROUP

- Assessment of needs and capacities to tackle the problem
- Engaged identified stakeholders, who had interest on common action to tackle the problem – involved regional and national authorities (RDA, RIPH and MoH)

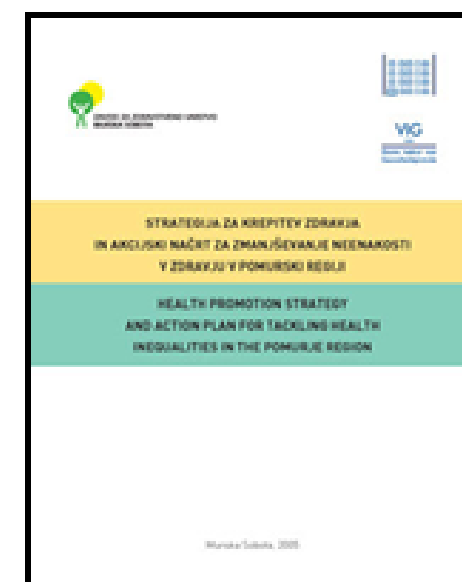
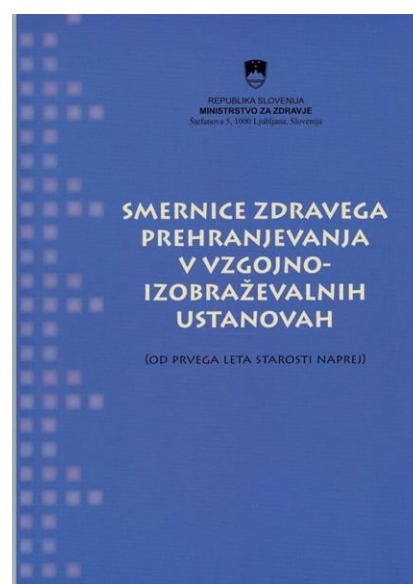
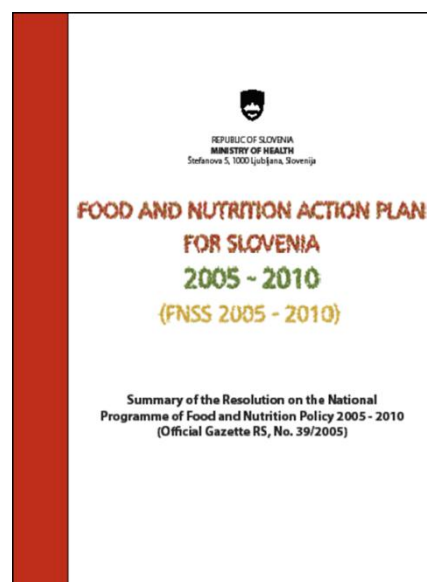




HEALTH EQUITY 2020

## THE PROCESS OF ESTABLISHMENT OF A REGIONAL ACTION GROUP

- Research on national and regional strategies, operational programmes, guidelines and development programmes that are relevant to the problem, find entry points

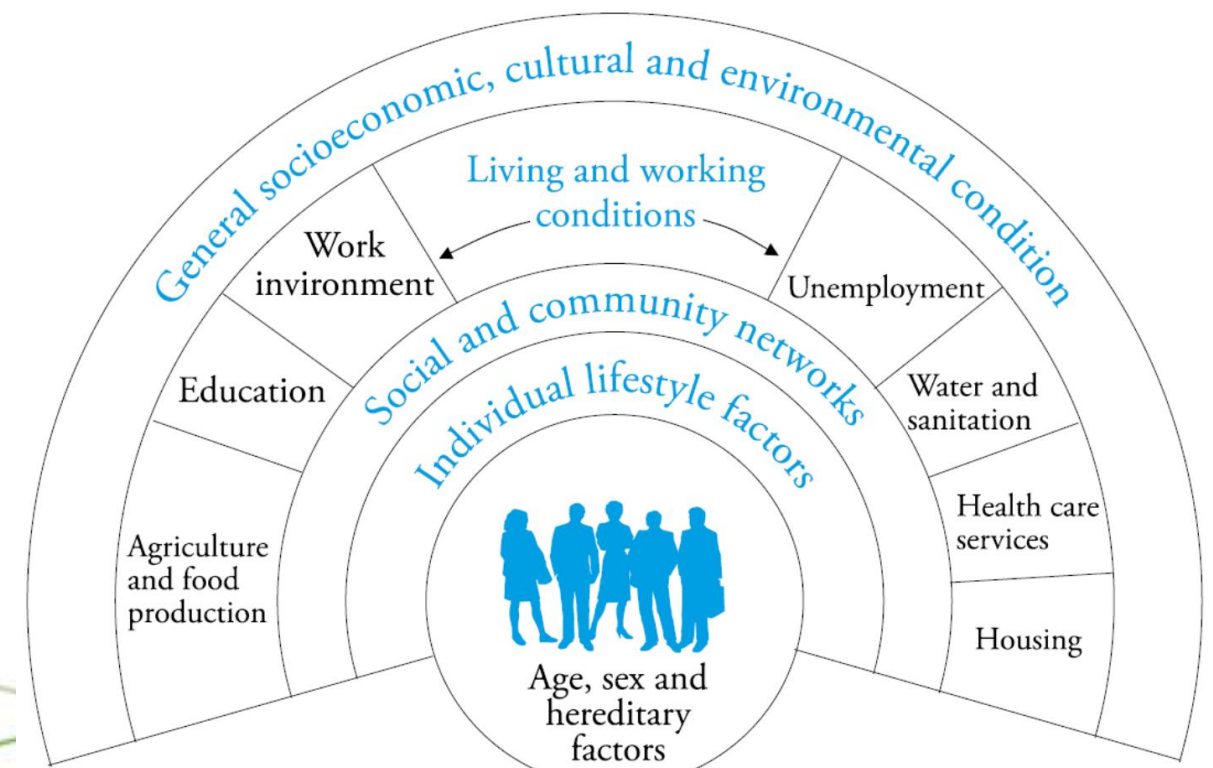
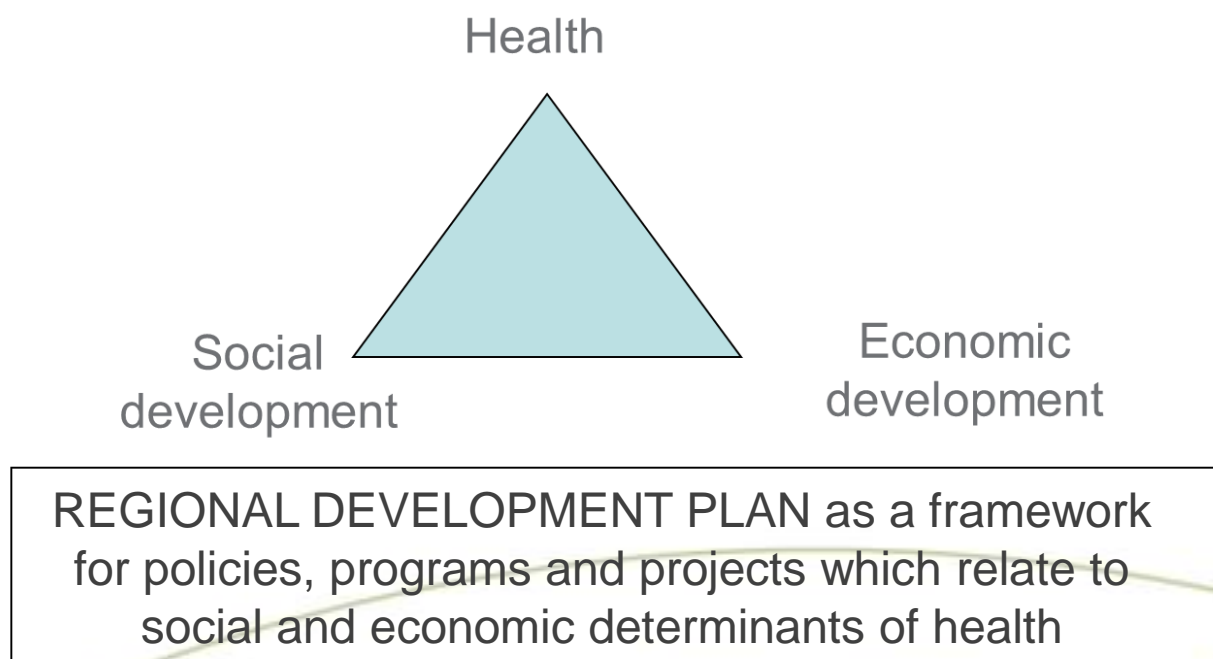


- Decide, whether RAG is the right approach to tackle the identified problems (tackle health inequities between and within regions in case of Pomurje), or is there alternative way to do this, maybe even systemic? Top down or bottom up?



## THE PROCESS OF ESTABLISHMENT OF A REGIONAL ACTION GROUP

- Defining of a concept for HI reduction - IFH at first, moved to SDH and intersectoral cooperation in the 2007 – 2014 planning period



## COMMON GOALS

- Clear definition of goals, roles and planned actions of different participating institutions and the goals and planned action of RAG
- Are these goals, roles and actions in line with goals and actions of RAG? (Is e.g. reducing unemployment or raising education level in line with reducing health inequalities in the region?)
- Do we use the same mechanisms to achieve these goals (e.g. structural funds, national funds, private funds) and is there an opportunity for the members to access new resources?
- Is there a possible added value of joint planning and action to the goals of RAG and individual institutions?

## PLAN FOR CONTINUITY

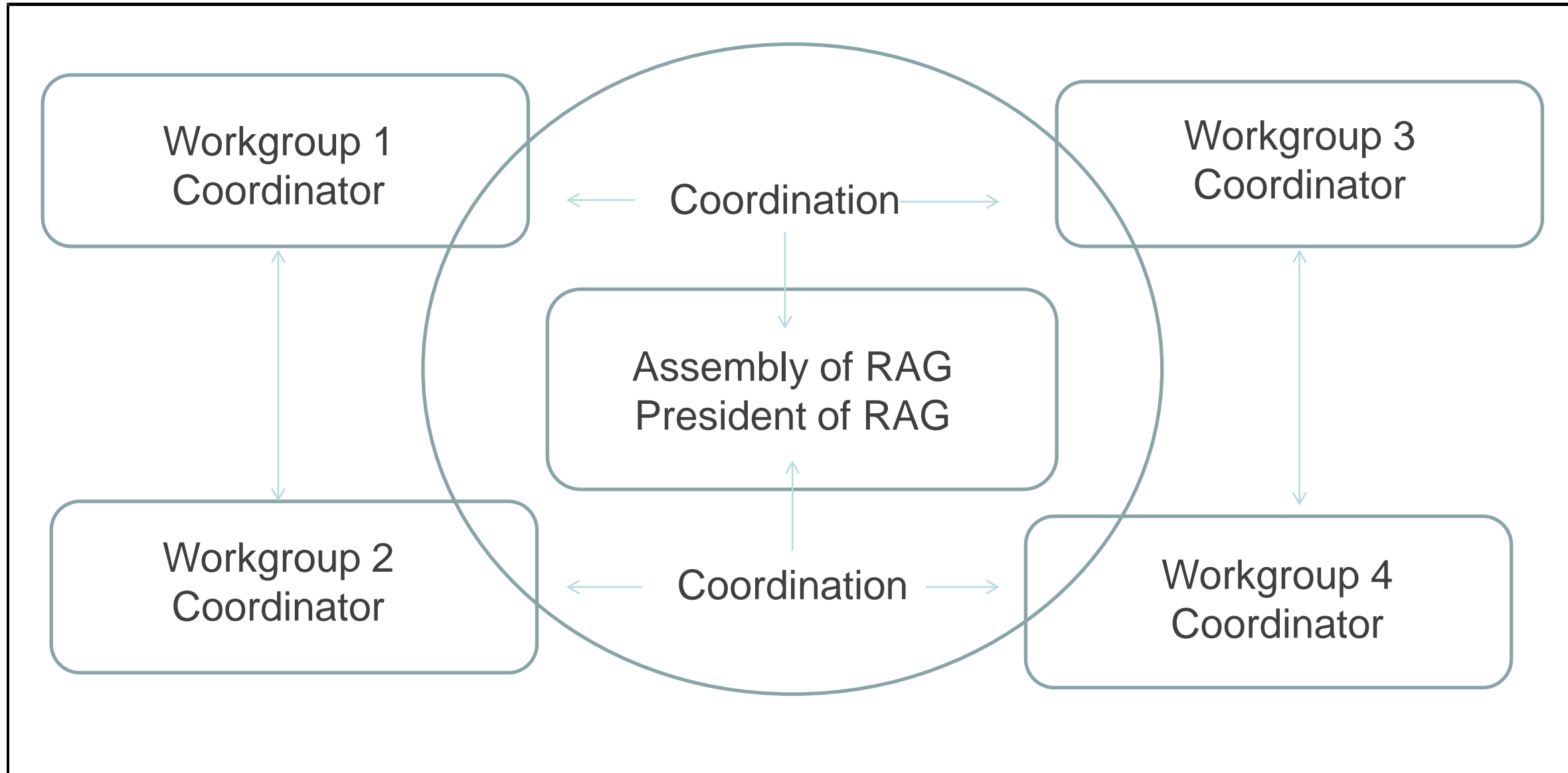
- Selected institution for RAG coordination (CHD – organizing, coordinating RAG meetings and work groups, minutes and project proposal summarizing, formal interaction with regional and national institutions)
- Elected leaders of RAG with periodical elections
- Competent work group leaders and possibility to change topics in work groups, according to current needs
- Periodical meetings and additional meetings, when necessary (RDP planning, joint project submission, capacity building,...)



## PARTICIPATION

- Open structure – stakeholders are encouraged and welcome on board (open horizontal structure to organizations, societies and civic initiative)
- Stakeholders should be able to decide about priorities, measures and projects, presented to development planners
- Decisions are made by voting of present members
- Work group leaders are selected among members

## RAG Structure



## DECISION MAKERS INVOLVEMENT

- With broad regional network of institutions that pursue common goal, we gain on political influence
- Initial support from WHO, MoH on national level became the main supporter of the crosssectoral HlaP approach
- Using balanced regional development agenda of the Ministry of economy as entry point to address regional HI
- Usually, the decision makers set the goals, but are not involved in planning, so the involvement is at the policy setting – this is where we presented our case
- Middle and high level civil servants are usually the ones, that we present our problems and solutions to at national level
- Mayors are the decision makers in our region, so we present our plans to them and try to get their support in the regional council

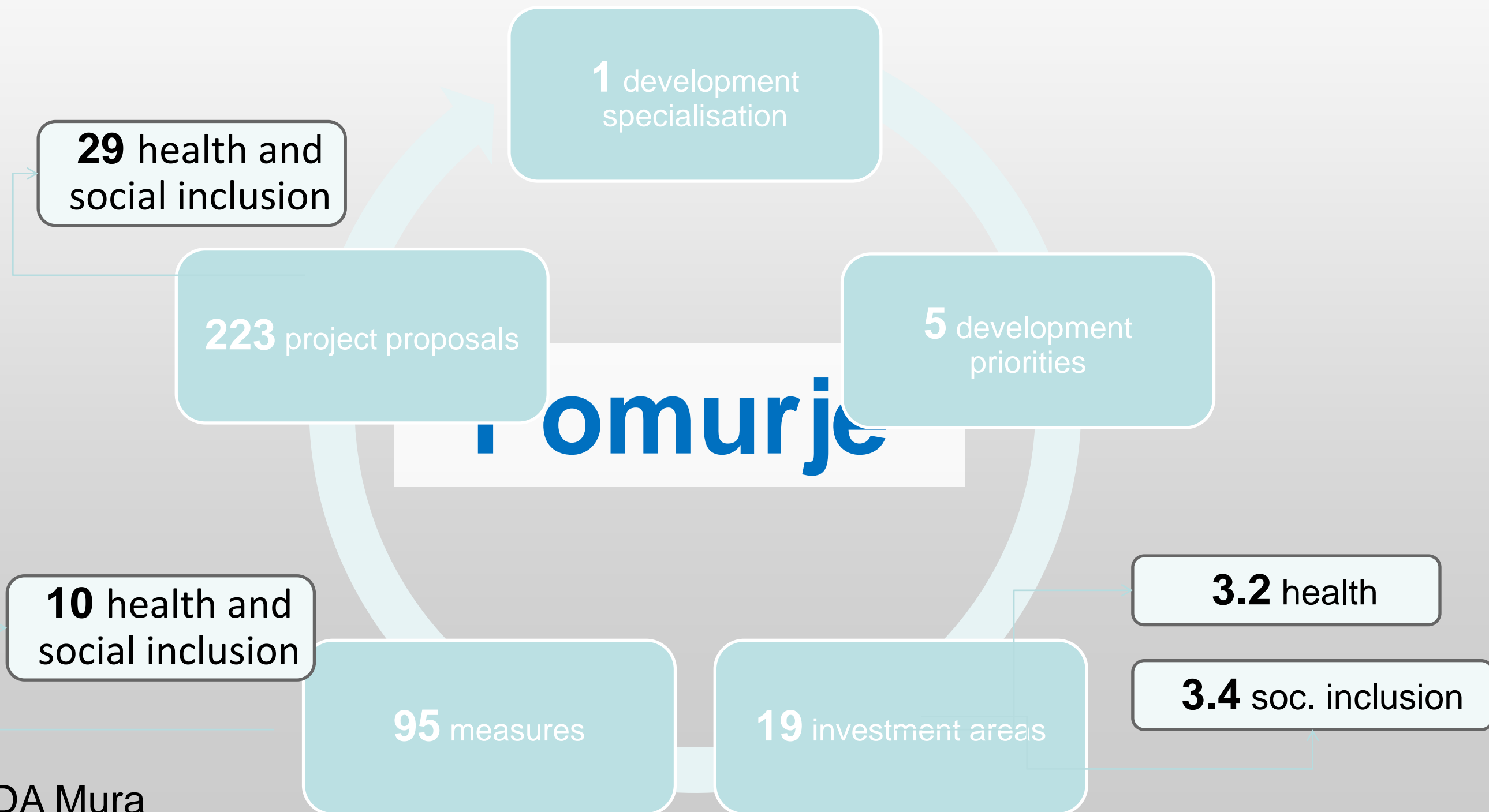
## CONCLUSIONS

- move from sectoral to broader society objectives
- support your arguments with evidence
- build partnerships and alliances on different levels (local, regional, national, international)
- link with established practices and infrastructure
- plan for continuity
- evaluate and document progress and failures
- allow time and resources for capacity building





**10** measures in the area of health, Q of life, social inclusion and equal opportunities





*Thank you!*

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