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Long-term care funding Czech Republic

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How is long-term care funded in your country?



The Czech LTC system is funded through several sources:

- **Public subsidies** from the state and regions
- **Founder contributions**, mainly from regions or municipalities
- **Care allowance** paid to clients and used to finance care
- **Client payments** for accommodation and meals, capped by law
- **Health insurance payments** for nursing and healthcare services
- **Family or private payments** for additional needs or higher comfort
- **Donations and grants** as supplementary sources

The system combines social care and healthcare funding, but both parts remain financially and administratively separated.

Recent or upcoming reforms

From 2026, the care allowance increased for people in the first and second degree of dependency. This is important, especially for people with lower care needs and for support of home and community-based care.

At the same time, maximum client payments for accommodation and meals in residential social services increased from January 2026, reflecting growing costs of care, energy, food and staffing.

A broader reform discussion continues around the so-called **health and social care interface**. The main issue is how to better integrate healthcare and social care funding, especially in residential services where clients often have complex health needs.

There is also a growing focus on:

- strengthening home and community-based care,
- supporting informal carers,
- improving sustainability of residential care,
- addressing workforce shortages,
- and creating a more predictable and transparent funding model for providers.

Strengths and challenges of the current system



Main strengths:

- The system combines several funding sources, which helps keep services accessible to a wide range of clients.
- Care allowance gives clients and families some flexibility in choosing the form of care.
- Public health insurance contributes to nursing and medical care in social care facilities.
- There is a strong network of public, non-profit and private providers.
- Residential care is regulated, including client payments, quality standards and registration of providers.

Main challenges:

- Funding is fragmented between the social and healthcare systems.
- Public subsidies are often not fully predictable and may differ between regions.
- Client payments are legally limited and often do not reflect the real costs of care.
- The care allowance does not always cover the real intensity of care needed, especially in higher-dependency residential care.
- Workforce shortages are becoming one of the biggest risks for sustainability.
- There is still a lack of sufficient home care, respite care and community-based services in many regions.

Thanks for your attention.

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