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NATIONAL PROJECT OF HEALTH RESTORATION AND PROMOTION IN THE CZECH REPUBLIC[1]

The first official document on health promotion and disease prevention in our country was elaborated as a counterpart to the draft of a new system of health reform in our Republic[2]. It was developed as "The National Programme of Health Restoration and Promotion – Medium-term Strategy" and accepted by the Czech Government[3]. One of the tasks of this Programme was the preparation of an implementation project.

In autumn 1991 on initiative of the Chief Hygiene Officer of the Czech Republic a working group was set up which prepared a draft of a project. In spring of 1992 it was discussed in a Special commission nominated by the Minister of Health. The Project of the Medium-term Strategy of Health Restoration and Promotion in the Czech Republic was submitted to the Czech Government which approved it on April 15, 1992 as Government Declaration No. 273.

The working group and the Special commission considered the conditions and possibilities of improving national health. The Project of the Medium-term Strategy was conceived with the knowledge that the conditions of society we are entering will not be favourable for its implementation:

(a) The political context can be characterized by dominance of fundamental problems of the transformation of the entire society where problems of health may seem non-substantial or of minor importance; by a tendency to delegate problems of health into a single department, i.e. the health department; by persistence of directive and paternalistic thinking, weakening citizens initiatives as regards health problems;

(b) economic context; the latter can be described in terms of extremely restricted economic resources and a changing structure of ownership relations;

(c) social context; for the latter rapidly changing living conditions of people are typical, associated with an increased risk of impaired adaptation, increasing social inequality and tension, and the development of strata of economically and socially damaged citizens.

The text of the Government Declaration No. 273 follows. The working group edited the document for publication and supplemented it by Figures.

The next step in our efforts will be the elaboration of a Long-term strategy of health promotion and disease prevention which should be submitted to the Czech Government in June 1994.

I. HEALTH STATUS OF THE POPULATION AND ITS DETERMINANTS

The health status of the population is still extremely unsatisfactory. As to the life expectancy at birth, Czechoslovakia lags behind advanced European countries by 6–7 years, the mortality rate of men in productive age is double, as compared with the above countries; as regards the mortality rate from cardiovascular diseases and malignant tumours, we hold one of the worst positions in Europe. There is an extremely high incidence of serious chronic diseases such as hypertension, ischaemic heart disease, acute myocardial infarction, neuroses, gastric and duodenal ulcerations and diabetes. At the same time the severity of mental diseases is rising; thus in 1988 psychiatric invalidity held the third place in the total invalidity and accounted for 10 %. We are witnessing an "epidemic" of induced abortions of a major extent. The mentioned characteristics and developmental trends apply to former Czechoslovakia as a whole; in the Czech Republic they are, however, generally worse than in Slovakia.

These facts and trends persist and the gap as regards the health status of our population, compared with European countries, is increasing. The state of national health is alarming. The idea that improvement will result spontaneously with the development of democracy and market economy is erroneous. Experience of advanced western countries indicates that success in this sphere can be achieved only by systematic and aimed nationwide provisions.

Improvement of national health must be nowadays one of the main priorities in our society. And this must be matched also by the amount of attention devoted to it and to the extent of efforts and funds. A basic problem is the effectiveness of the adopted provisions, their measurable favourable effect on the health status. The starting point for reflections on the effectiveness must be an analysis of causes of the poor health status of the population and its determinants (Fig. 1–5).

External determinants conditioning national health can be divided into three basic groups:

A. **Lifestyle** – its participation in existing or attainable changes of national health can be estimated to amount to 50–60 %. Its most important components causing deterioration of health are:

- smoking;
- diet with an excessive energy content and of adverse composition;
- low physical activity;
- high level of mental tension and stresses;
- abuse of alcohol, medicaments and drugs;
- unsuitable sexual behaviour.

In all aspects mentioned the situation deteriorated systematically during recent decades.

B. **Environment** (incl. working environment) in the common sense of the word, i.e. contamination of the atmosphere, water, soil and food, chemization of the environment, harmful physical factors (noise, radiation etc.) are responsible roughly (maximally) for the health status by 20 %.

The environment is also deteriorating systematically in recent decades.

C. **Health care** influences national health approximately by 20 %. On a long-term basis health care suffered in particular from an inadequate preventive orientation and an unsatisfactory character as regards early and effective diagnosis and therapy.

Social factors decisive for the level of the above conditions, and thus also national health, can be divided into three groups:

[1] The original document was edited by the editorial group: Z. Kučera (head), A. Šteflová (secretary), J. Janovská, J. Kotulán, F. Ošanec, M. Potůček, Z. Štembera, B. Ticháček, J. Winterová.

[2] Reform of Health Care in the Czech Republic. Version II. Draft of a new system of health care. Published by the Ministry of Health, Prague, October 28, 1990.

[3] National Programme of Health Restoration and Promotion. Medium-term Strategy. Government declaration of July 22, 1991, No. 247.

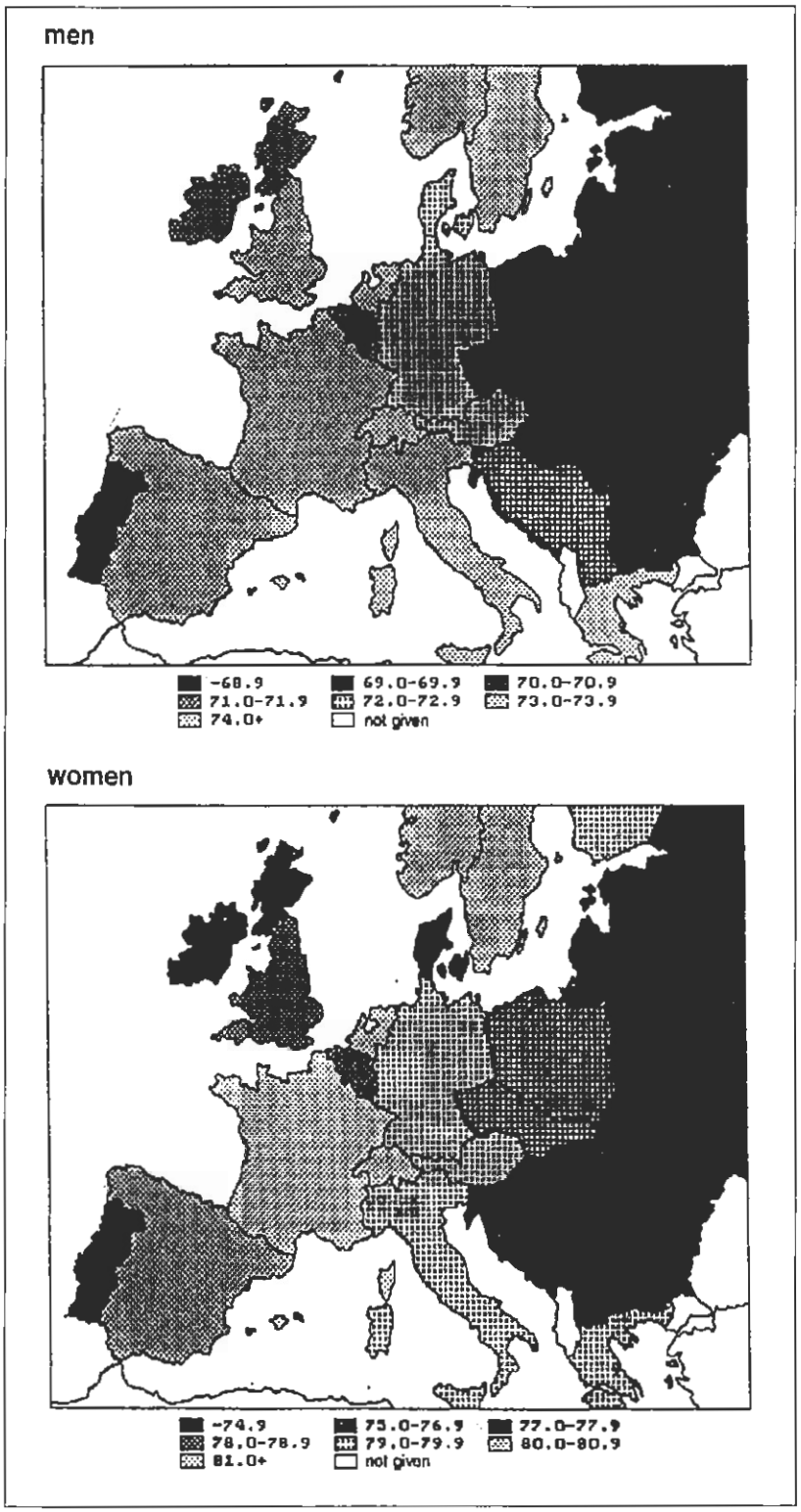


Fig. 1. Mean life span (according to annual WHO report 1991).

(a) attitude of the public,
(b) policy,
(c) activity of specialists.

As far as the public is concerned, the decisive factor is the appreciation of health as an important value in life and the ensuring interest in health protection and promotion. If appreciation of health is expressed by adherence to a healthy lifestyle and activities, individual as well as group activities focused on a healthy environment and effective health care, then we must state that health is not a highly appreciated value. To this contributed also the fact that under the totalitarian system motivation for health promotion in the interest of implementation of individual targets was inadequate.

Policy interpreted as a system of vertical, directive control proved to be quite ineffective in efforts to influence the national health in a major way. At present, policy gradually emancipates from its accepted definition as an acitivity of professional politicians which can be delegated, and there are the first indications of its concept in the original meaning as interest in public and community matters.

The role of specialists (particularly health professionals, but also economists, sociologists and others) in the building of national health is extremely important. Based on investigations of the health of the population, its dependece on living conditions and analyses of the position in this sphere, they should reveal systematically and effectively to politicians, decisive personalities as well as to the public the main problems, explain correctly their causes and recommend effective ways of their solution. For various reasons this mission was so far not implemented by professionals.

The contemporary national health status and its determinants are still unfavourable. The two-year period since November 1989 opened opportunities for a substantial improvement of national health but so far it did not improve. The lifestyle, environment and health care still suffer from the old shortcomings, the public is still indifferent to health, politics are absorbed by social and economic tasks of transformation and in professional circles nothing substantial has changed in relation to improvement of national health. Changes to a more favourable position will not occur automatically. Only a more favourable democratic climate has been created and it must be used to improve national health by a purposeful and systematic effort. This is the sense of the National Health Programme.

The mentioned conditions will make the creation and implementation of the National Health Programme difficult also in future. In the course of time their adverse influence will gradually recede. The National Health programme must be conceived in chronological stages, which will respect the mentioned obstacles and their subsequent recession. In the first stage it must be very modest as regards the scope of subjects, focused in particular on the most basic priorities; it must be unpretentious from the economic aspect, focused to a maximum extent from the health services to the above departmental and interdepartemental spheres and on the development of regional initiatives.

For the above reasons a Medium-term programme is submitted with an envisaged period of implementation of 2–3 years, and a Long-term programme which will be carefully prepared during the subsequent two years and will then be linked with the implementation of the Medium-term programme.

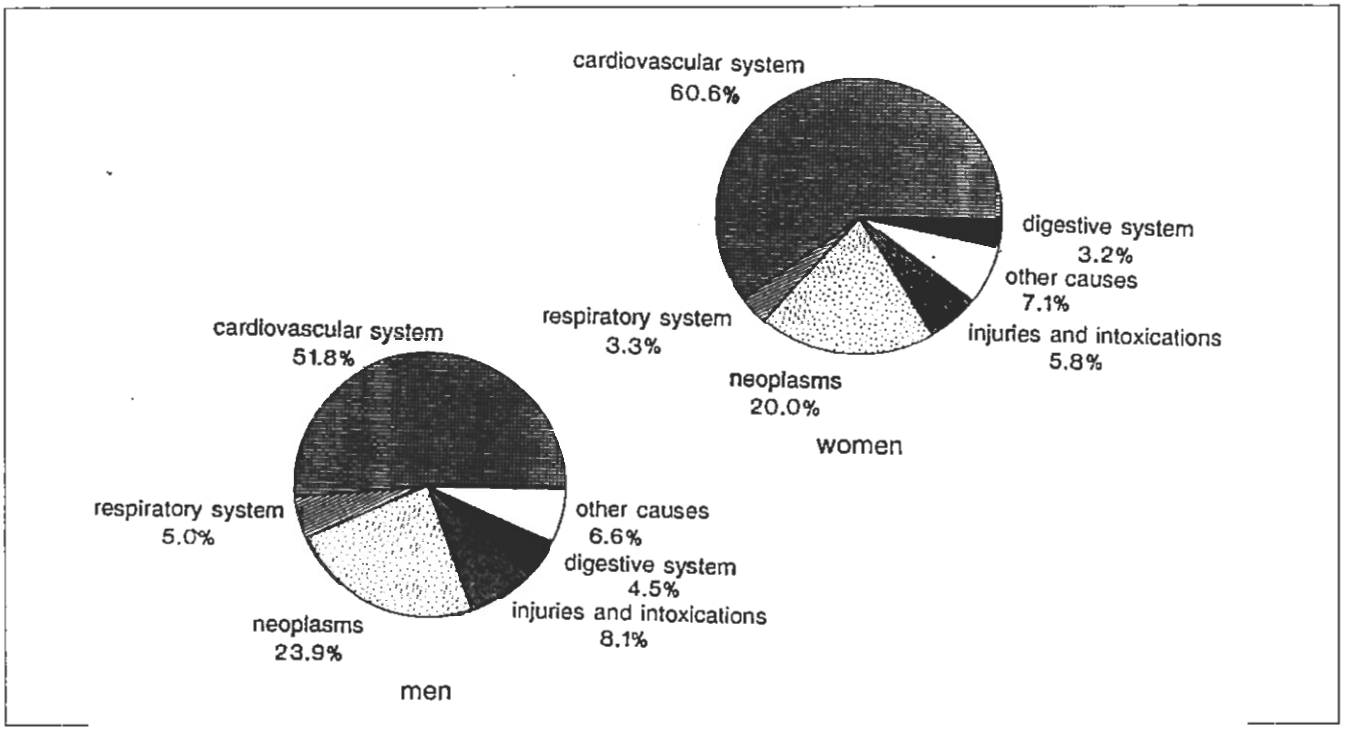


Fig. 2. Causes of death in the Czech Republic in 1990.

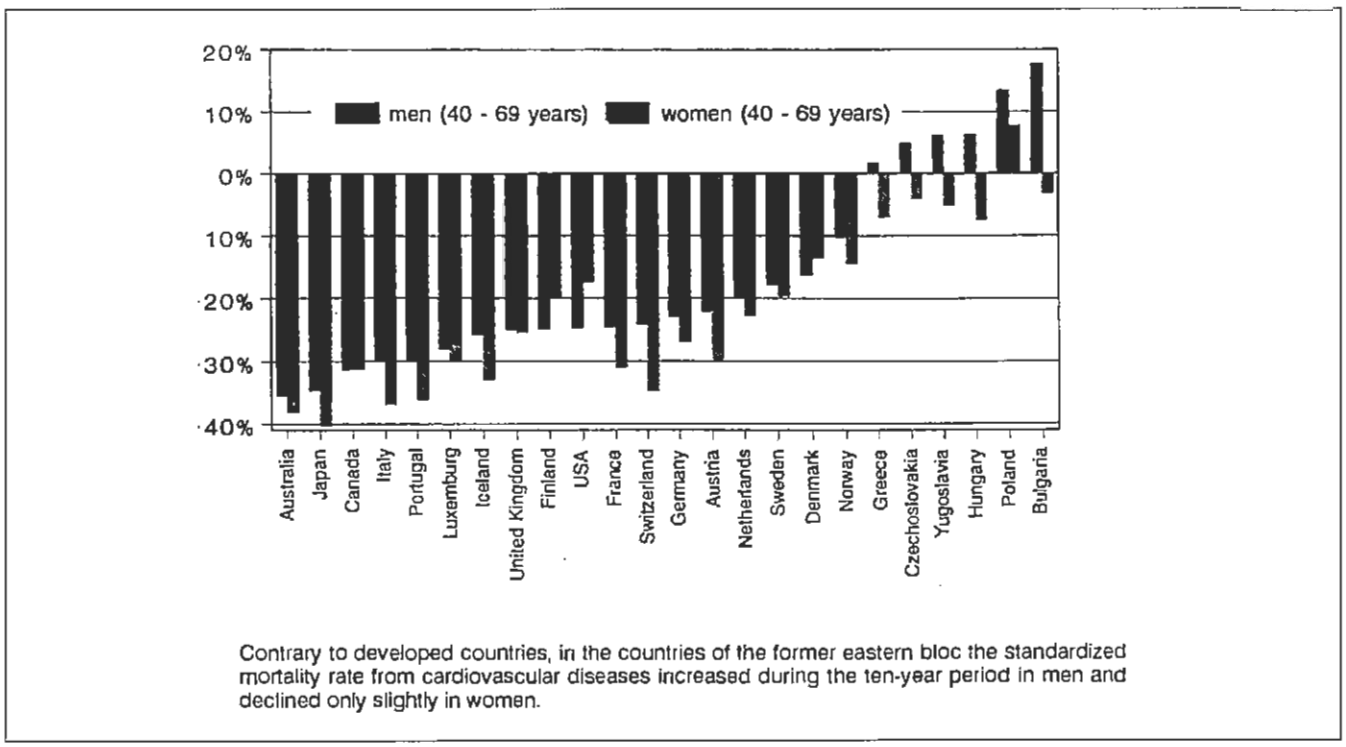


Fig. 3. Change of standardized mortality rate from cardiovascular diseases between 1976 and 1989.

II. TARGETS OF THE PROGRAMME

The final target of the Programme is to improve, i.e. to protect, reinforce, develop and restore health to people, restrict negative sequelae of impaired health, stimulate a healthy lifestyle, improve the environment, enhance the effectiveness and standard of health services with emphasis on primary health care, and participate in improvement of the quality of life. The above target comprises:

- improvement of the general health standard of the population;
- reduction of undesirable inequities of the health status of different population groups, defined on a regional basis (threatened areas), by age (old people), social aspects (the unemployed) or by health status (disabled).

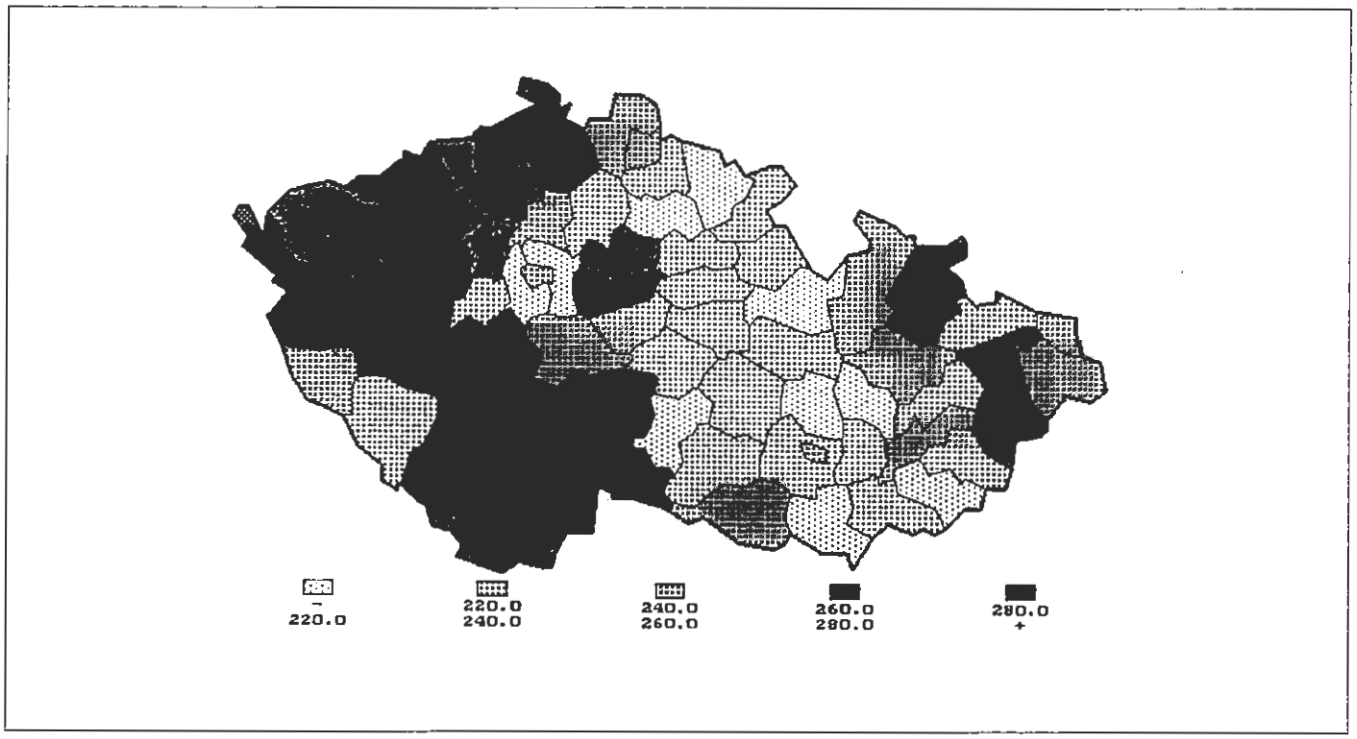


Fig. 4. Incidence of malignant tumours, world standard 1989.

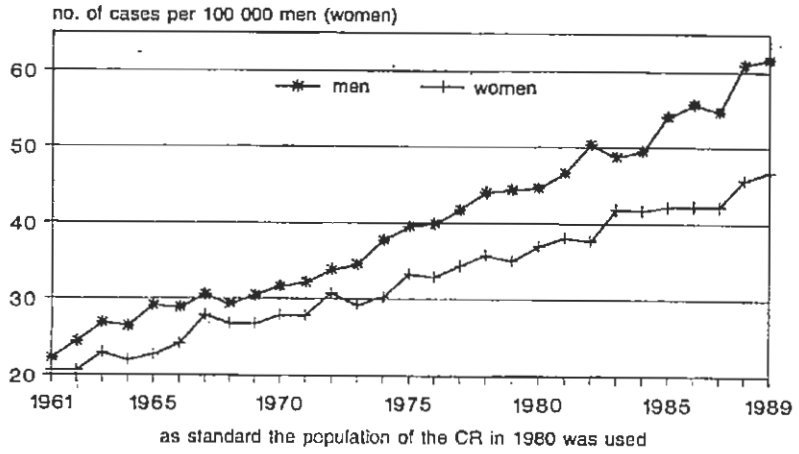


Fig. 5. Trend of standardized incidence of colorectal tumours in CR (dg. 153 and 154).

III. BASIC PRINCIPLES AND TOOLS OF THE PROGRAMME

1. The basic mission of the Programme is to create a legislative, economic and organizational framework which will ensure the application of the state health policy and create conditions for the development and implementation of local and regional programmes of health promotion which will reflect the actual needs of the community, town or district as well as of schools and enteprises.

2. The state interest in the sphere of health promotion will be defined by the Commission for the National Health Programme of the Government of the Czech Republic which in its practical activities will implement interdepartmental and intersectorial collaboration. Rather than central control it will ensure adoption of legal norms and creation of economic tools which will help the implementation of health programmes on a republican, regional and local level.

3. The implementation of the Programme will be monitored by the Committee for social policy and health services of the Czech National Council; the Committee wil also assist in the adoption of drafts of laws which foster health promotion and at the same time it will check whether in the drafts of new laws health interests are not interfered with.

4. A very important aspects is funding of the Programme. The introduction of the new system of health care, along with activities of the health insurance company, does not provide adequate funds for health promotion, health education and disease prevention. We suggest the creation of a Health fund from various possible economic resources. A combination of regional (local) and central funding will reflect local needs and will make it possible to enforce the state interest in the sphere of health promotion.

5. The basic element of the entire strategy should be the community, the local government and Health council which will define the actual needs in the sphere of health promotion and development. In addition to the elected community authorities an important part will be played, undoubtedly, by civil initiative movements and self-supporting groups oriented on the enforcement of health values and a healthy lifestyle. Their activities should be supported by appropriate economic and legislative provisions.

6. If the baseline of the entire strategy of health promotion is the free responsible action of the informed citizen, it implies that an important role in the Programme should be played by a broadly based and intensive education of the population for health development.

7. An indispensable part of the Programme must be the information system which documents the health of the population and basic risks threatening health, providing a feedback

of the Programme effectiveness. The information system will be the baseline for scientific evaluation of the health status, its most important prerequisites and effective mechanisms how to influence it.

8. The professional basis of the Programme is an interdepartmental research extending knowledge required for effective improvement of national health.

IV. REALIZATION PROJECT OF THE MEDIUM-TERM STRATEGY OF HEALTH PROMOTION

The Medium-term strategy of health promotion identifies the whole spectrum of risk factors, potential approaches and tools which appear to be the most important and at the same time give the greatest hope for a change of the adverse development of the health status.

(a) Restriction of the basic risks of the most serious diseases of civilization such as smoking and an unsuitable diet.

(b) Definition of the most important strategies at the community levels (communities, cities, regions), in family, at school and at the workplace.

(c) Ensure conditions for preventive activities in the system of health and sickness insurance.

1. Strategy of non-smoking promotion

a) *Present position*

Smoking, a widespread habit, is one of the most serious health hazards. In our country more than one third of adults are smokers. Smoking participates in 90 % of deaths from lung cancer. 75 % of chronic bronchitis and pulmonary oedema and 25 % of all cases of ischaemic heart disease, complications of pregnancy, respiratory diseases of children exposed to passive involuntary smoking of their parents. Smokers are more frequently absent from work than non-smokers and costs of their health care are higher than those of non-smokers. Their life expectancy at birth is by several years shorter.

Data on the prevalence of smoking among the Czech population at the end of 1990 revealed that 35.5 % of subjects older than 15 years are smokers (43 % men, 28 % women). At the end of 1991 there were 38 % smokers, i.e. an increment of 2.5 %.

The contemporary legislature (Act No. 37/1989 Sb., of the Czech National Council, Act No. 468/1991 Sb. of the Federal Parliament) does not make an effective control of smoking, the sale and advertising of tobacco possible (Fig. 6, 7).

b) *Targets*

The target is to restrict markedly smoking in the population; whether this is attained can be tested by two basic internationally used instrumental indicators: the per capita cigarette consumption and the prevalence of smoking in the entire population and in the main target groups. In relation to WHO we must compare our trends as regards smoking with the implementation of targets of the strategy Health for all by the year 2000. This strategy envisages that already by 1995 80 % of the population will be non-smokers and that the cigarette consumption will be reduced to one half (as compared with 1985).

Assuming that approximately during the next two years it will be possible to reduce to a minimum the effect of adverse factors, we could define as the nearest target to arrest the increase of smoking and return to the state at the turn of the eighties and nineties. For the subsequent stage – up to 1995 or rather up to the year 2000 – we should achieve a marked decline in the prevalence of smoking and cigarette consumption.

c) *Instruments*

The strategy of support of non-smoking is based on the common European strategy defined by WHO in the programme "Smoke-free Europe" in the second half of the eighties. This is still valid for the second plan of action in 1992–1996. It is, of course, essential to respect specific conditions of the Czech Republic and influences of social changes which have an impact in particular on the contents and targets of the nearest stage with controversial influences of the transient period.

The following basic orientation of the programme is foreseen:

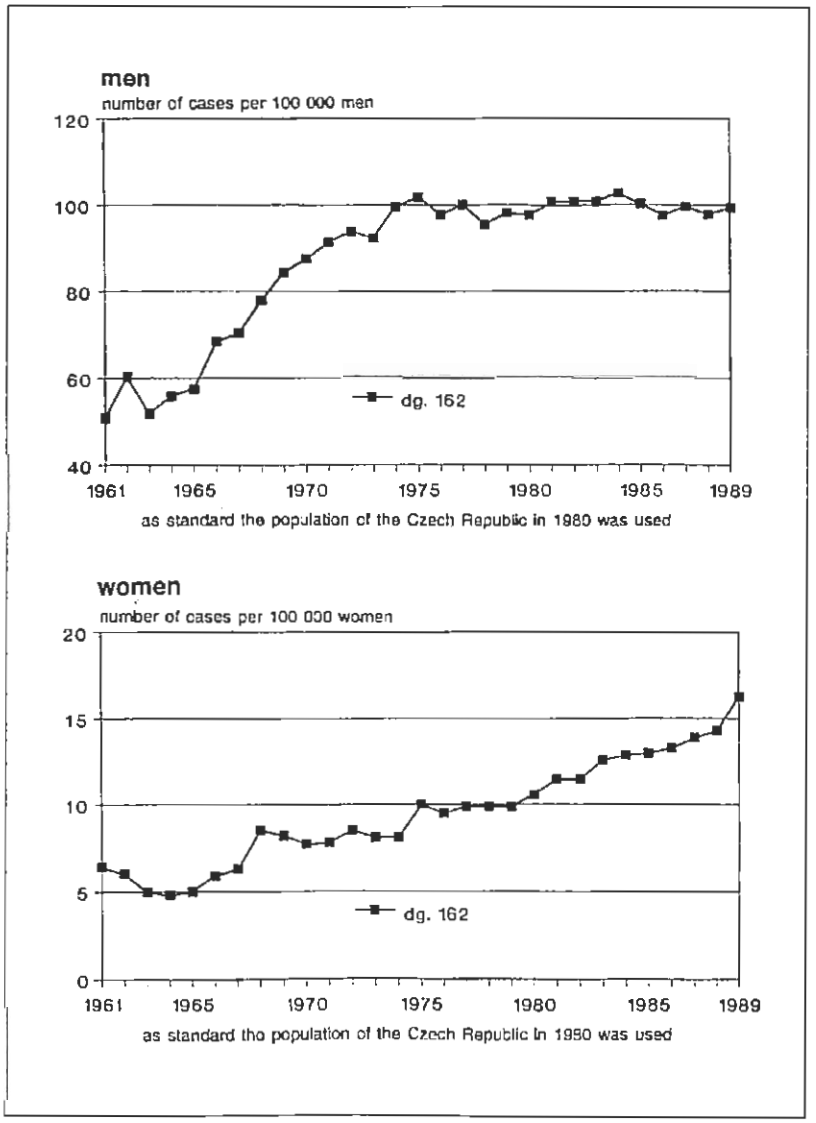


Fig. 6. Trend of standardized incidence of malignant tumours of lungs and bronchi in population of the Czech Republic.

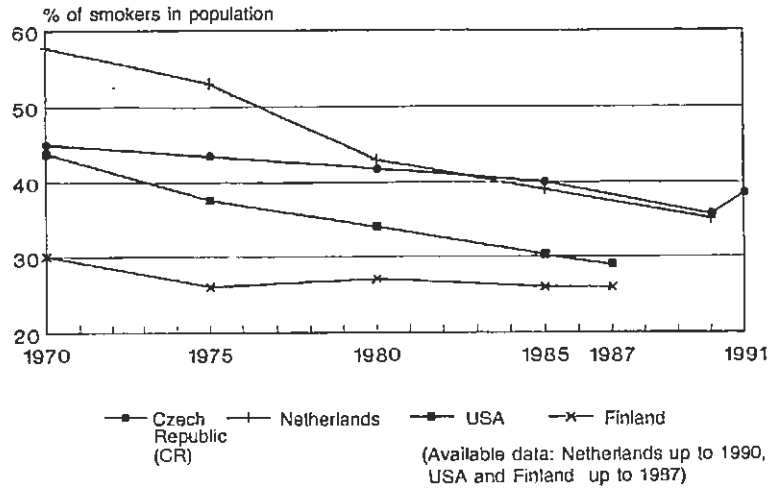


Fig. 7. Trend of smoking in selected countries.

- support of motivation, based on the interest of subjects in health and working efficiency;
- elimination of the persisting image of smokers as the type of modern successful people, while the reverse applies in advanced countries;
- the association of non-smoking with the general concept of a healthy lifestyle;
- reduction of the risk ensuing from smoking in women and the risk for their own health and that of their children;

protection of non-smokers and support of their right to a non-contaminated environment and the right of smokers to obtain information on the harmful effect of smoking, and help to quit smoking.

From the above orientation ensue also the main target groups, means and sites of action during implementation of the strategy. The primary target areas will be:

- education, propagation and information (mediated in particular by mass media);
- legislative support of non-smoking;
- economic tools of restriction of smoking.

Important environment for effective control of smoking:

- schools and youth organizations;
- the family;
- workplaces, trade unions.

The strategy of non-smoking support will serve as a guideline for elaboration of the strategy in regions, cities, workplaces etc. It will be the best to define the most important targets and means, use local resources and gain the support of the public, defined groups, and controlling structures for active participation in the Programme and coordinate it with other spheres of the strategy. In addition to this focal point it will be necessary to enforce at a local level by a central effort specific legislative and economic provisions on a nationwide scale.

In the legislative sphere it will be necessarry to apply the new legal position of non-smokers in demoeratic society and bring the legislature closer to that of countries in the European community as regards provisions pertaining to the content of noxious substances in cigarettes, labelling of cigarette packages, provisions against the influence of advertisements of tobacco products, protection of non-smokers against the influence of smokers etc. The procedure will be an amendment of hitherto valid norms and eventually a new comprehensive norm, focused completely on the problem of smoking.

In the economic sphere it will be necessary to consider suitable economic tools to reduce cigarette consumption, making use of the experience of WHO.

In the sphere of information it is envisaged that in 1992 a monitoring system will be created, corresponding to criteria of WHO for information on the status of smoking in Europe.

2. Strategy for healthier nutrition

a) *Present position*

The most important factors, which in our country have caused for prolonged periods deterioration of the health status of the population include an unwholesome diet. It participates in the morbidity and mortality, in particular by increasing markedly the risk of development of cardiovascular diseases, malignant tumours, obesity, diseases of the liver and gallbladder, diabetes, osteoporosis and dental caries.

The unfavourable composition of the diet is associated with some undesirable features of traditional Czech cooking, with a consumer attitude to life, with a tendency of overeating and also an inadequate individual interest of people to select a suitable health promoting diet. In recent years there is, moreover, the propagation of various alternative, frequently inadequate or controversial dietary systems and recommendations. New poverty makes many people economize on food and consume an unbalanced diet of poor quality. Small businessmen introduce to the market a tempting but from the nutritional point frequently inadequate variety of foods, such as fast foods. There are also difficulties as regards school and canteen meals; their quality as well as the number of participants is declining.

Special attention should be paid also to unfavourable indicators of breast-feeding, in particular after mothers are discharged from the maternity hospital and also at the age of three months of the infant. Another problem which is not negligible is the penetration of contaminants in the food chain due to environmental contamination (Fig. 8, 9).

b) *Targets*

The general target are healthier dietary habits of the Czech population, regression of shortcomings of the diet with regard to health. The strategy will concentrate on targets, which when reached, will have, beyond doubt, a significant impact on health:

- Reduction of the total fat consumption, gradually by as one quarter so that their ratio will be less than 30 % of the total energy intake. It is particularly desirable to achieve a radical decline of consumption of pork fat and fat from milk and dairy products. In conjunction with this it is important to promote a gradual decline of the saturated fatty acid consumption to less than 10 % of the total energy intake, and a cholesterol consumption of less than 300 mg per day. This implies a marked reduction of fat pork, high fat meat products and other products containing pork fat; emphasis of the orientation on lean meat, poultry (without skin) and fish; to reduce the consumption of high fat diary products and replace them by low fat products; change from butter to high standard margarines with a low saturated fatty acid

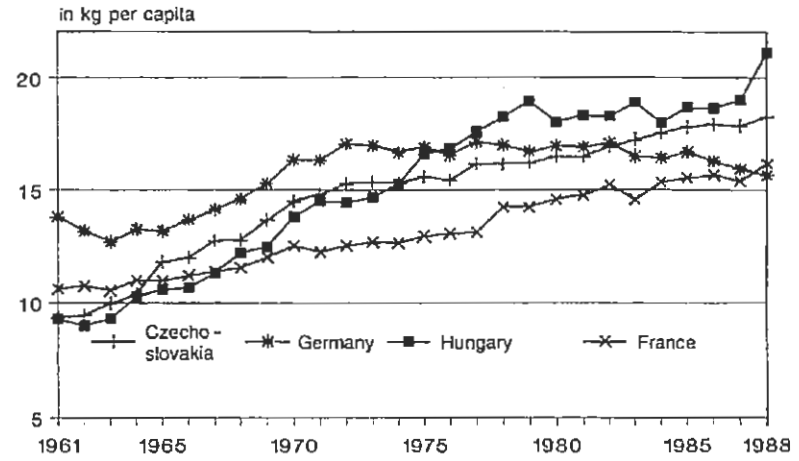


Fig. 8. Trend of egg consumption in selected countries.

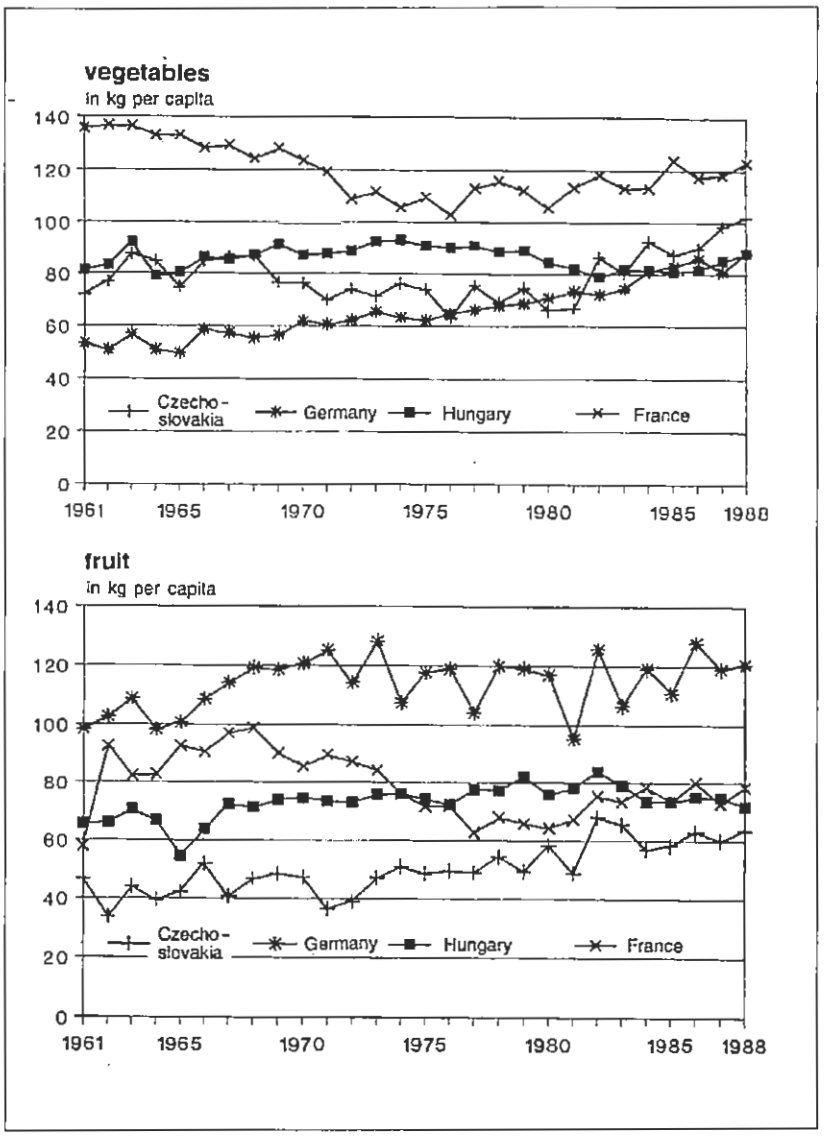


Fig. 9. Trend of vegetable and fruit consumption in selected countries.

content: cut down frying and use technological procedures nsing small amounts of fat.

- Increase the consumption of a wide variety of vegetables and fruit (increase gradually the consumption one and a half times).
- Increase the consumption of pulses and cereal products made from high extraction and wholemeal flour at the expense of sugar and products containing sugar.
- Reduce the prevalence of obesity by ensuring a diet with an appropriate energy content and by extension of physical activity.
- Restrict considerably the consumption of some undesirable dietary constituents, in particular egg yolks, salt, smoked meat products and alcohol. Restrict the total consumption of table salt to a level below 6 g/person/day.
- Extend the duration of complete breast-feeding to the recommended period of 4–6 months; increase the number of completely breastfed children at the age of three months to 50 %.

c) *Instruments*

Under the changing political and economic circumstances the implementation of the above targets will be very complieated. It will be necessary to use in a coordinated manner instruments in the sphere of organization, information, legislature and economics.

Instruments in the sphere of organization include in particular:

- a new orientation of activities of the Nutrition Council. Its task will be to elaborate a long-term strategy of healthy nutrition, consistent with the European concept of "Nutrition policy" according to WHO recommendations;
- to offer research grants for monitoring of food eonsumption, nutritional status and tools for the implementation of the long-term strategy of sound nutrition.

Instruments in the sphere of information are:

- stimulation of extensive information of the population as regards health aspects of sound nutrition (incl. breast-feeding) in health institutions and mass media with participation of civic initiatives;
- mandatory labelling of all final food products, stating the date of production, date of expiration and information on the composition of the product and its suitability or unsuitability for different types of diets.

Instruments in the sphere of economics comprise:

- a policy of subsidies of the Ministry of Agricnlture stimulating farmers and those engaged in food processing to provide prodncts desirable with regard to health at reasonable prices and to suppress production of goods undesirable with regard to health.

Tools in the sphere of legislature include:

- adoption and application of legal standards regulating food production, sale and eonsumption (food code, food law and a law on consumer protection);

– a marketing code of milk formulas for infant feeding which regulates the use of advertisements in the propagation of breast milk substitues.

3. Healthy cities (communities, regions)

a) *Present postion*

1. The strategy of healthy cities is based on the idea that the citizens' health is shaped in the localities where they live and that health can be influenced by the creation of a healthy physical and social environment. In Europe, two types of networks of "Healthy cities" were gradually formed. The European network of healthy cities is coordinated by the WHO Regional Office in Copenhagen and comprises mainly western European cities. The second level are national networks.

2. In addition to the programme of "Healthy cities" the tradition of intervention programmes is developed which are focused on regions. Main attention in the latter is devoted to the most important infrastructures (production, education, services, civic facilities etc.) in an attempt to make them more wholesome. In particular, where modern traditions of local government and municipal policy are lacking, a decisive role is played by the authorities of the state administration and the health policy they implement.

3. In the Czech Republic it is a newly developing strategy for which a framework is created by the increasing powers and responsibility of communities as regards the health of its citizens. The draft law on the organization of health services assumes that it will be the responsibility of communities to ensure for their population appropriate and accessible health care, incl. therapeutic and preventive care. It must be, however, stated that implementation of this law may be at variance with the economic possibilities of the local authorities. The situation will be, moreover, more complicated due to lack of experience of the newly developing local administration and local government. On the other hand, the oportunities created for local initiatives will be much greater than in the past.

b) *Targets*

WHO recommended a total of 11 characteristics of healthy cities which may be modified with respect to local conditions:

- clean, safe and high standard environment (incl. housing);
- stable ecosystem which can persist for prolonged periods;
- strong, mutually understanding and supporting community;
- substantial participation of citizens in decisions on conditions which influence the quality of their life, health and welfare;
- provision of basic needs – food, water, housing, work, income and safety – for all inhabitants of the city;
- access to information, opportunities for contacts between people, extensive exchange of experience;
- varied, dynamic and modern economics;
- positive application of past experience and traditons;
- suitable municipal organization which reinforces and develops the above characteristics and types of behaviour;
- optimal hygienic standard and generally available health services;
- satisfactory health status of the population and active attitude of the inhabitants to promotion of their own health and the health of other citizens.

c) *Instruments*

A suitable way of civic activities is the establisbment of Health councils in communities, consistent with § 56 of law No. 367/90 Sb. passed by the Czech National Council (Parliament of the Czech Republic) which implies the application of the Charter of local government of the Council of Europe in the sphere of health promotion. Health councils can participate in the concept and implementation of the project "Healthy city (community, region)" as initiative, advisory, control, information, educational and propagational authorities of the municipal (community) administration which creates the local health policy. At the same time they can act as agencies coordinating the activities of health services, local authorities, civic initiatives and the public in health protection and promotion as well as disease prevention. The collaboration of health councils with health departments of district offices is also very important. District offices are authorities of the state administration and guarantee the implementation of the state health policy in regions; this comprises among others the implementation of the National programme for health restoration and promotion. Local civic initiatives in communities and regions will be stimulated and guided by transmission of urgent information and contacts at an international and national level. The Ministry of Health of the Czech Republic will ensure contact with WHO.

4. Healthy family

a) *Contemporary position*

The family, the so-called "primary group", is the basic environment where not only human personality is shaped but also health behaviour and prerequisites of the health status are formed. The results of sociological investigations unequivocally confirm the fact of the decisive influence of health information mediated by parents, on preference of health promoting or health damaging activities in later life. The obvious expectation of the child to be instructed by his own parent on problems of health and disease is, however, frequently not implemented; moreover, during creation of its attitudes the child often adopts adverse stereotypes and gets rid of them only with difficulty in later life.

Findings from the sphere of family psychology further draw attention to the unequivocal association of physical, psychosomatic but also somatic disorders with problems experienced by the family. The family is, moreover, the most natural system of social support which helps the weak and sick. The high employment rate, reliance on specialized anonymous institutions and in particular general indifference led to a loss of this natural function of the family. The family must be rehumanized.

A certain family crisis can be characterized by selected demographic data: the net reproduction rate declined in 1990 below 1.00, i.e. to 0.90 and is thus below the borderline of simple reproduction of the population of the Czech Republic. In the same year there were 83.4 legally induced abortions per 100 births which on international comparison is a symptom of a lower standard of culture and civilization. Also the use of reliable contraception and sterilization has a low standard. The infant and maternal mortality is by 30–50 % higher than in the most advanced European countries. In the Czech Republic there were 32 055 divorces, i.e. 35.25 divorces per 100 marriages in 1990. From the total number of divorced marriages, 3/4 are marriages with young children and every year some 32 000 young children loose direct and immediate contact with one parent.

Fertile age is at present attained by large age gronps born in the first half of the seventies when the birth rate was high. We must, however, foresee in conjunction with "our retnrn to Europe" that in our population changes will take place which occurred in the west during the past twenty years – the birth rate will decline futher, the age of fiancés will increase at the first marriage unless the number of "paperless marriages" will increase, the age of primiparae will rise. At the same time we cannot envisage delayed sexuality and this will lead to the

danger of a further increase of abortions unless contraception will be ensured (Fig. 10, 11, 12).

b) *Targets*

The target of the strategy is at the first place to contribute to the stability of the family and the revival of values and functions which constitute it as the elementary human community. It is important to strive for:

- a reduction of the divorce rate;
- higher age of persons entering marriage;
- a change of reproductive behaviour and decline of legally induced abortions;
- a change in attitude of society from the present mostly "pro-abortion" to a moral one consistent with the constitutional status of human rights and freedoms and respect for unborn life;
- reduction of the infant and maternal mortality;
- considerable reduction of sexually transmitted diseases;
- reinforcement of the part played by the family as regards care of indebilitated, sick and old members;
- proceed with existing immunization programmes.

c) *Instruments*

In programmes focused on the family the relationship between health problems and psychological and social ones is the most clearly apparent. Thus the necessity of intersectorial collaboration is even more urgent.

In the sphere of education it is necessary:

- to prepare and implement a broadly conceived education for family life mediated by mass media and schools;
- support programmes of self-support and community groups concerned with training for parenthood, assist in the early stages of formation of families and during family crises. Support the activities of organizations concerned in a comprehensive way with emotional training and training for citizenship;
- support alternative educational programmes focused on enforcement of values of partnership, parenthood and family;
- prepare programmes based on acitivities in whieh families can participate as a unit and promote thus the mutual relations;
- reinforce the competence of parents as mediators in the training of children for health;
- prepare alternative systems of sexual enlightment for schools and systematically educate teachers in this sphere;
- extend training in prevention of AIDS and drug addiction.

In the legislative sphere it will be necessary:

- to amend the law on the family;
- prepare a draft for a law on sterilization.

In the economic sphere it will be necessary:

- to create stimuli, which will promote family care of preschool children, of weak, sick and elderly members.

In the sphere of organization it will be important:

- to enforce health promotion in the concept of the family policy which is being prepared;
- establish a network of planned parenthood clinics.

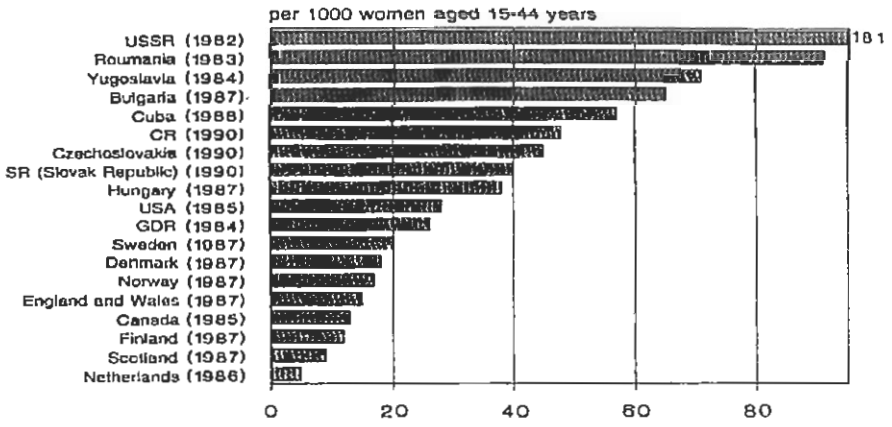


Fig. 10. Number of induced abortions in selected countries.

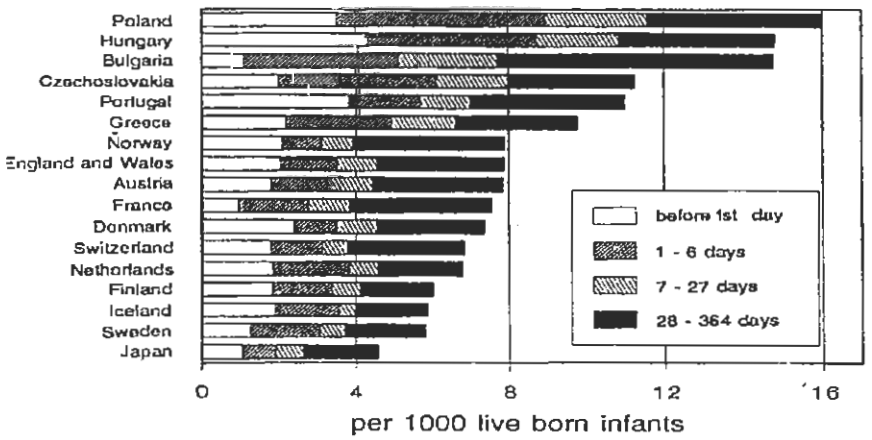


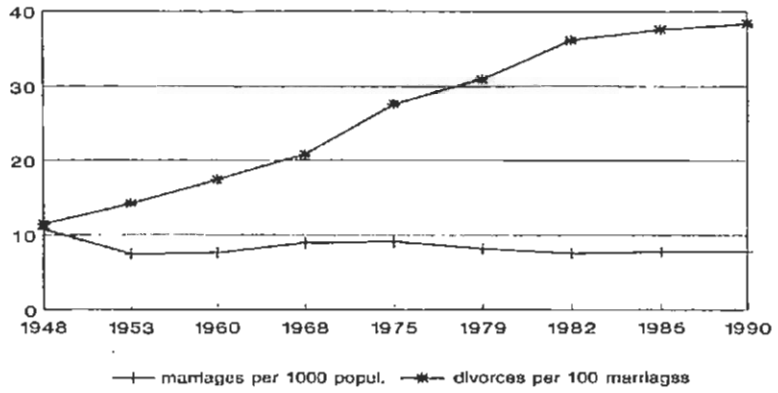
Fig. 11. Infant mortality rate by age (according to WHO annual report 1991).

5. Healthy schools

a) *Present position*

Despite the fact that the school frequently has a fundamental influence on shaping the health consciousness and behaviour of the young generation which accompanies them to adult age, this potential is used much less than it is desirable. For the long-term aspect and from the strategic aspect it is therefore important to establish a contact with the project "Healthy schools" conceived and implemented by WHO in collaboration with the European Community and Council for Europe. In 1991 this programme was joined also by the Czech Republic; after all primary schools in the Czech Republic had an opportunity to become familiar with the basic principles of the programme, they were asked to prepare their own projects how they intend to implement the main ideas of the programme documents under their specific conditions. The schools with the best projects will enter the international project which

will be started in September 1992. It is assumed that it will be possible to apply the basic philosophy of the "healthy school" by all interested (Fig. 13).



While the marriage rate varies only little after the beginnig of the fifties, the divorce rate in the CR more than trebled and the rate increased markedly after 1968.

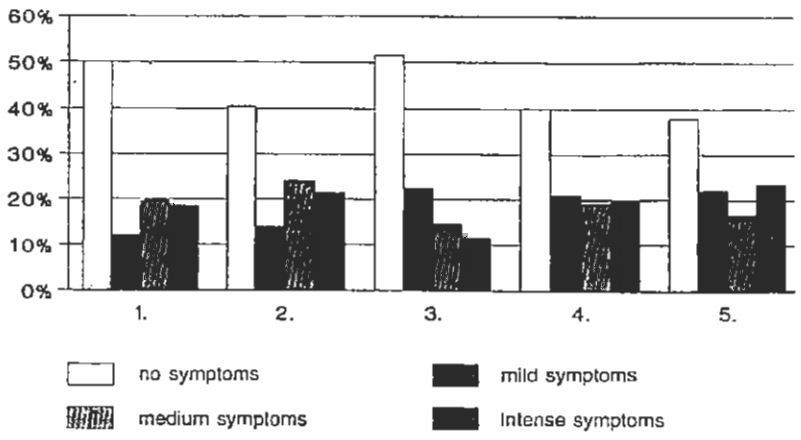
Fig. 12. Trend of number of marriages and divorces in CR.

b) *Targets*

The essential feature of the strategy is an effort to address school children and youth and give them more information on problems of health and the possibility to reinforee their own abilities, in order to improve their own health.

The basic targets of the strategy include:

- creation of a healthy and safe environment in sehool;
- healthy school meals;
- increase the ratio of physical training and sport in the curriculum;
- improve health education in the curriculum (smoking, alcohol, sex, drugs, AIDS);
- health provisions in the school regime;
- reinforcement of the relations between school, parents and the community.



The figure indicates the incidence of all disorders: motor activity, attention, cognitive functions, emotional balance, self-assessment and social relations. It is obvious that less than half of the group of children of five forms in primary schools followed up on a long-term basis is free from disorders. Serious disorders after a decline in tha third year when the children become adapted to school, increases again due to the increasing load of school work.

Fig. 13. Incidence of non-specific learning and behavioural disorders in primary school children.

c) *Instruments*

The ideas of "healthy schools" are implemented by adoption of the common programme of WHO, the European Community and the Council for Europe. By post-graduate training of teachers, courses for managers of school kitchens, by preparation of alternative textbooks and curricula; by support of cooperation between parents and teachers curricula will be prepared which will accentuate health, and the inner transformation of the school environment will be implemented. By the organization of courses and lectures further schools will be invited to participate.

In addition to the international project other more or less partial projects will be implemented which will be focused either on the introduction of quite specific curricula or on a special school regime. These projects should also contribute to a further diversification of the educational system.

6. Healthy workplaces

a) *Present position*

At present some 400 000 people are engaged in work involving risk, i.e. work with an increased probability of development of occupational diseases and industrial iutoxications – the uumber reported in 1991 was 5 458.

The working conditions, however, have also a significant impact on some other diseases associated with occupation, i.e. diseases which are not occupational in the sense of the law, are encountered in the general population but their genesis and in particular their development may be influenced by occupation and working conditions.

Changes taking place in our society have a major impact on health. This applies particularly to the rapidly developing sphere of private enterprise, the new health and in future accident insurance, to the basic change of health care in enterprises and the development of qualitatively new health services in enterprises. Ways to stimulate proper thinking and behaviour of businessmen and employees will be sought.

As the working population in the Czech Republic amounts to some 5 million subjeets and forms, in particular in large enterprises, a community readily accessible to activities oriented on improvement of the health status it is an important basis for general health promotion (Fig. 14, 15).

b) *Targets*

The basic targets are:

- to reduce the prevalence of occupational diseases;
- to restrict the influence of working conditions on the incidence of malignant tumors;
- to restrict the prevalence of non-specific diseases associated with the occupation;
- to improve the health status of the working population.

c) *Instruments*

Legislative instrument comprise:

- New legal provisious defining the responsibilities of employers as regards health protection of employees including institutionalization of special functions concerned with

health protection in organizations (enterprises) which define the rights and responsibilities of employees;
- creation of a new legal responsibility for damages as regards life, health and property caused by a given product. New and amended regulations must be consistent with European legal regulations.

Economic instrument comprise:
- introduction of insurance fees differentiated according to working conditions and the extent of risk to stimulate correct behaviour of businessmen.

Organizational instruments comprise:
- up-to-date monitoring of exposure of workers to specific and non-specific health factors and follow-up of their health status;
- investigation of mechanisms of action of individual factors which participate in the development of occupational diseases, neoplasms and other diseases associated with the occupation and injuries; the possibility to influence these mechanisms by suitable intervention;
- provisions focused on workers endangered by occupational diseases or industrial intoxication, individually adjusted to results of monitoring of their exposure to specific noxious substances and with regard to their health status;
- application of technical and organizational provisions to restrict exposure to noxious factors at the workplace.

In the sphere of education attention will be payed to:
- ensuring counselling at a level consistent with contemporary scientific findings for employers, offering them preventively oriented programmes of health promotion;
- publication of information enlightening in a comprehensible and correct way workers on possible risks and providing advice how to face this risk, incl. recommendatins of a correct lifestyle.

7. Health protection and promotion and disease prevention in the developing system of health insurance

a) *Present position*

The new system of obligatory health insurance should be crosslinked with sickness insurance. So far attention is devoted more to the impact of funding of health workers and health institutions and technical aspects and little attention is paid to the use of general health insurance and to disease prevention, although legislative prerequisites for it have been created. Programmes, the implementation of which leads to disease prevention, should be of outmost interest also to all types of insurance and they should also arouse the interest of insured persons by reducing fees for those adhering to the programme. Consider separation of accident and sickness insurance to make it an effective economic tool which will influence the occupational injury rate and lead to introduction of safe technology and accident prevention at workplaces.

b) *Targets*

The goal is to influence the newly developing health insurance in such a way that it will comprise preventive operations to a desirable extent – at least to the extent of hitherto expediently provided preventive health care.

c) *Instruments*

It is essential to establish collaboration of the General health insurance with the Special Commission of the Ministry of Health of the Czech Republic to complete the National programme of health restoration and promotion. By a common effort it should be achieved that at the end of 1992 motivation of doctors for education of the public as regards a healthy lifestyle will be ensured. Possible ways include e.g. payment for lectures, counselling activities (nutritional and metabolic centres, advisory centres for obese subjects, for mental health, antismoking centres) and physical rehabilitation centres, motivation of citizens for a healthy lifestyle by preferential participation in preventive programmes, etc. All this should be projected in the draft enforcing the appropriate items in the developing evaluation system of health workers' activities.

Consider the separation of accident insurance from health insurance so that it can become an effective economic tool which will influence the accident rate at work and lead to the introduction of safe technology and accident prevention at workplaces.

V. PREPARATION OF THE NATIONAL HEALTH PROGRAMME (LONG-TERM STRATEGY)

Along with the implementation of the Medium-term strategy of restoration and promotion of national health it is vitally important to prepare the concept and contents of the new National Health Programme (National programme of health protection and promotion and disease prevention respectively) corresponding to the changing social, economic and political conditions and actual needs. The philosophical baseline for a National Health Programme will be a balanced ratio between freedom of individuals, groups or institutions and intentional creation of favourable conditions for such a choise on their part which will lead to health protection and promotion and disease prevention. The programme must differentiate interests of important social subjects and cannot do without statement of priorities (here the basic guideline should be equal chances for health maintenance), without defining the basic framework of activities and without recommendation of intervention strategies.

The Programme will be based on an analysis and prognosis of the changing social, economic, political (at the central and local level) and ecological context of health and disease (incl. identification of fundamental instituional changes and their sequelae – the development of health insurance etc.); modification of the transformation processes which are under way focused on needs of health protection and promotion of the population should be part of it.

The creation and application of the Programme must be conceived as an open permanent process where an important part is played by self-instruction mechanisms, various forms of discussions, adoption of models etc. Therefore, the Programme will be a steadily modified system of founded recommendations which will serve to orientate politicians, specialists and the public to focus their activities on important and promising trends of health protection and promotion and disease prevention and on suppression of activities (incl. well meant ones) with a low effectiveness, unimportant for health or of dubious value.

Political subjects who should be engaged in the creation and implementation of the Programme include the political representation of the State (in particular the Government of the Czech Republic and the Czech National Council), the Ministry of Health of the Czech Republic as the main authority of the state administration in the given sphere, the General Health Insurance Company, other government departments, local authorities of the state administration and local government, political parties and movements, churches, self-support associations, charities and trade unions. The creation and application of the Programme will not be an end in itself. A substantial part will be formed by the participation of citizens and institutions during implementation of its targets. This will not be

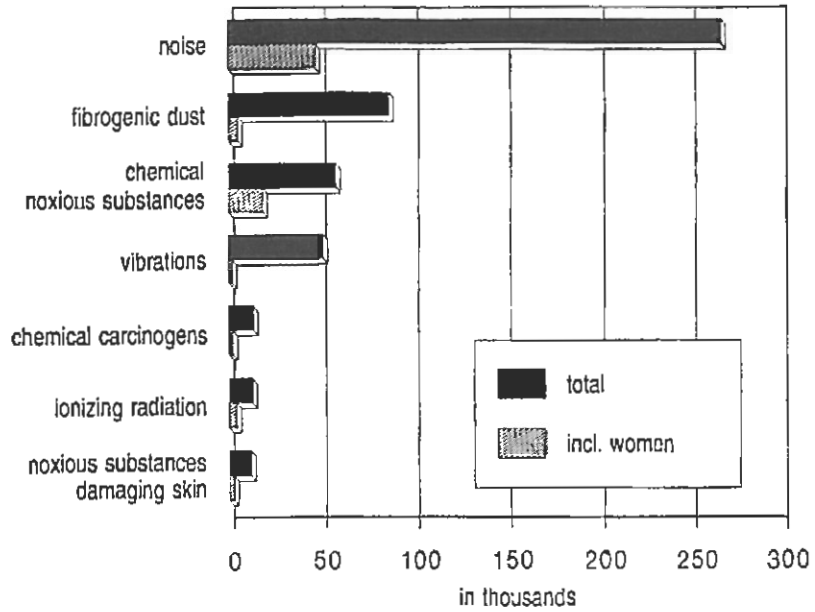


Fig. 14. Number of workers in the Czech Republic exposed to the most serious risks at work.

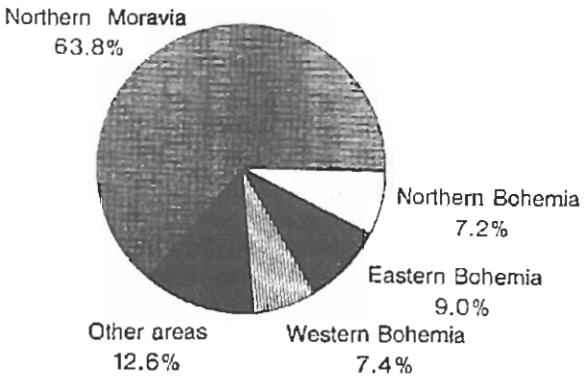


Fig. 15. Occupational diseases in the Czech Republic in 1991 (by regions).

achieved without their participation in the preparation, evaluation and subsequent modifications of the Programme.

b) *Instruments*

- Prepare the Programme in collaboration with the Czech National Council, other departments and to ensure a wide discussion of the Programme in communities, the state administration, regions and important social activities.
- Entrust the Ministry of Health of the Czech Republic to start without delay work on the preparation and implementation of the Programme and to provide for this work adequate resources and favourable organizational conditions.
- Establish a Commission for the National Health Programme in the Government of the Czech Republic, which will coordinate the implementation of the medium-term strategy and coordinate at the same time the preparation and implementation of the Programme, consistent with task No. 4 of the appendix of the Government resolution No. 247/1991 of the Czech Republic.
- Develop interdepartmental collaboration in health care.

Application of international experience and assistance within the framework of the WHO strategy "Health for All"

The implementation of the National programme will be closely linked with the application of experience from other countries in this sphere. A welcome opportunity how to generalize and suitably apply under the specific conditions of the Czech Republic this experience is the WHO project "Health for All" in the implementation of which we participated so far only formally. Via this project it will be also possible to establish direct contacts with WHO and countries the efforts of which were most successful in the given sphere.

CONCLUSION

To give the submitted realization project hope of success it is necessary to popularize it widely among health professionals and the lay public. Only wide participation of health workers and citizens in its implementation can ensure that it will have a significant positive impact on the nation's health.