The National Institute of Public Health* was inaugurated eighty years ago, on November 5, 1925. This anniversary is somewhat comparable to a birthday celebration. Birth is an important and unique beginning, but merely a beginning. The “life after birth” can be simple or complicated, easy or difficult, rich or poor. Speaking of the National Institute of Public Health, I can say that its 80-year development was complicated, difficult and rich for all generations of its staff and managers. From the very beginning, there was a well formulated vision of a central public health institute to be focused on disease prevention and health promotion, a vision which was easy to understand for policy makers, administrative authorities and the general public. Nevertheless, the vision was not readily accepted but was a result of extensive discussions concerning whether or not the Institute would merely provide laboratory services, should rather be a research facility or would simply act as a public health administrative body. Before the Institute was established, its first director, Prof. Pavel Kučera, took the necessary steps to advocating a comprehensive approach embracing all of the three above mentioned types of public health care services.

Nowadays, it is with respect that we read Kučera’s draft concept presented at the first meeting of the advisory body for building up the National Institute of Public Health on November 5, 1921. The Institute was intended to play the following roles:

1. To solve practical tasks related to public health on a scientific basis, i.e. to carry out tests necessary for the public health service, to manufacture vaccines and sera, to issue public health opinions and to suggest measures to be taken.
2. To conduct independent scientific research.
3. To provide training to physicians, public health specialists and others acting as food inspectors, disinfectors, etc. for the purposes of the public health service.

This proposal was put forward as the bill for Act No. 218 of October 12, 1925 *“On establishment, scope of activities and organization of the National Institute of Public Health of the Czechoslovak Republic”*, which specified the activities and position of the Institute from the 1920’s through the 1930’s to World War II and the German occupation of Czechoslovakia. It was not easy to enforce the concept of the Institute and the Act because of scepticism among representatives of medical faculties about a new Institute that should be independent of the universities. They particularly disliked the idea of an institution other than a university providing training in hygiene, microbiology, epidemiology and health education to physicians. Finally, the generous concept was accepted since it was also greatly advocated by both the Minister of Health of that time, L. P. Procházka, and the American Rockefeller Foundation representatives.

The Rockefeller Foundation played a crucial role in building up the National Institute of Public Health: on July 12, 1921 it signed an agreement with the Czechoslovak Republic for a 6-year period, subsequently prolonged by two years, to cover half of the approximately 50 million CZK investment for building up the Institute. The Foundation widely sponsored not only the construction of the premises but also the training of dozens of local specialists in the USA. Construction was started in 1922, and before the end of 1925 first departments of the Institute went into operation. In the following years, further buildings were completed and the last one, the School of Health and Social Care, began to provide tuition. In fact, the creation of the Institute has never stopped, as is the case with other efficient institutions that achieve good results and are able to win political support and funds for further development.

The Institute made rapid progress and in the early 1930’s its activities basically met the provisions of Act No. 218. For instance, in 1933 the following scope of activities was declared: investigation, implementation of methods and medicines against communicable diseases, participation in public health activities, mainly in control of disease outbreaks, improvement and manufacture of vaccines, sera, and new immunotherapeutic and diagnostic products. Further activities included the
study of population living conditions, occupational environment and nutrition, health education based on modern tools, and last but not least training of medical and paramedical professionals. In the early 1930’s the Institute employed more than 160 staff.

It is now hard to tell how the National Institute of Public Health would have developed if there had not been social changes caused by World War II and its consequences. Under German occupation the Institute focused on the manufacture of sera and vaccines for war needs. After liberation in 1945, its initial activities were briefly resumed, but in 1949 the manufacture of vaccines and sera was transferred to an independent organization. This was a logical decision since in the 1930’s economic problems emerged as a result of the fact that, on the one hand, trading vaccines and sera was highly profitable, but on the other hand, the strongly directive management of the Institute’s budget did not allow making a reasonable profit from the business.

In 1952, the department for the study of drugs separated from the Institute to become the State Institute for Drug Control. At the same time, the Institute was split into smaller independent units: Institute of Hygiene, Institute of Industrial Hygiene and Occupational Diseases, part of which later became the Institute of Radiation Hygiene, and Institute of Epidemiology and Microbiology, with separate directors and a joint technical and economical management. This organizational change, fortunately, remained without substantial effects on the scope of activities of the new institutes. Nevertheless, it had a negative effect on interdisciplinary cooperation and effective exploitation of material resources. In 1971, the separate institutes were reintegrated to form the Institute of Hygiene and Epidemiology, which was similar to the former National Institute of Public Health, thanks to Prof. František Janda who became the first director of the new Institute. After the democratic revolution of 1989 and some transition changes, the Institute was linked to the pre-war tradition, being reestablished as National Institute of Public Health by the Ministry of Health beginning January 1, 1992. The first director was Prof. Bohumil Ticháček. Nevertheless, the position of the Institute was not regulated by law as it had been in 1925. The efforts to incorporate the role of the Institute into legislation were crowned with success in the year 2000 when the Parliament of the Czech Republic enacted the Law on Public Health Protection.

The major, sometimes dramatic, social changes were reflected in the 80-year history of the National Institute of Public Health in multiple aspects, but the main stress was always on preventive public health care, study of the environmental impact on health and close cooperation with the Ministry of Health and other authorities. When the Public Health Service was established in 1952 (with the nation-wide network of district and regional public health offices) the institutes derived from the National Institute of Public Health provided the scientific background and methodical guidance. The newly established Medical Faculty of Hygiene, Charles University, Prague, started its activities on the premises of the National Institute of Public Health. The dean’s office and all of the chairs of hygiene specialties, microbiology, epidemiology, social medicine and history of medicine were located within the Institute. The work space was rather tight then, but the activities of the Institute were interlinked with the teaching of students and the dozens of young people present cheered up the grounds.

The National Institute of Public Health substantially helped the Medical Faculty of Hygiene again by donating the ground for the construction of new university premises inaugurated in 1990 under a new name: Third Faculty of Medicine, Charles University, Prague. Close cooperation in research and teaching activities between the Institute and the Faculty continues. The National Institute of Public Health also contributed to the establishment of the Institute for Postgraduate Medical Education in its former School of Social and Health Care. And finally, the State Institute for Drug Control that used to be part of the National Institute of Public Health constructed new premises on the grounds of the latter. This inventory has only been presented to illustrate how ambitious and far-sighted a project was the establishment of the National Institute of Public Health, which allowed not only the development of the Institute itself but also the emergence of further important health care institutions. The most recent building of the Institute is a modern accredited experimental SPF animal facility with a fully automated centrally controlled system allowing adjustment and maintenance of multiple indoor parameters.

The current staff of the Institute are 670 employees, of these 75 physicians, 220 other university graduates (biologists, chemists, pharmacologists, psychologists, statisticians, engineers, etc.) and 175 secondary school graduates, administrative and junior health care workers, librarians, etc. The organisational structure of the Institute is made up of the Director’s Office, Legal Department, Department of Biostatistics and Informatics, Scientific Information Department, Department of Emergencies, Advisory Board and Scientific Council. The main research and monitoring activities are conducted in the following Centres: Centre of Epidemiology and Microbiology, Centre for Health and Environment, Centre of Occupational Health, Centre of Environmental Health, Centre for the Hygiene of Food Chains, Brno, and Centre for Healthcare Quality. Several dozen reference laboratories providing methodical guidance, quality control and consulting activities in respective specialties are part of these Centres. Economic and technical issues
are managed at the Economics and Technical Department headed by the Deputy Director.

The Institute is a contributory organization of the Ministry of Health of the Czech Republic, its director is appointed by the Minister of Health on the proposal of the Chief Public Health Officer of the Czech Republic. The position and role of the Institute is specified in Article 86 of Act No. 258/2000 as last amended in Act No. 320/2002: The Institute is established to provide background data to the national healthcare policy makers for the purposes of health protection and promotion, to provide methodical guidance and reference activities in public health protection, to carry out monitoring and research in the field of the environmental impact on health, to participate in international cooperation, to control healthcare quality, to provide postgraduate training in health protection and health promotion and to contribute to health education of the general public.

The Institute processes and analyzes data on the incidence of, and trends in, infectious diseases, carries out specific immunological surveys, keeps registries of occupational diseases and occupational exposure. The Headquarters of the System of Monitoring the Environmental Impact on Population Health and its director operate within the Institute. In cooperation with the Public Health Service the Institute monitors on an ongoing basis the health effects of air pollution, health risks from drinking water, food and the occupational environment, harmful noise effects and, based on biomarkers of exposure, the population burden of environmental contaminants. Representative population surveys of other important health determinants (lifestyle, social factors, etc.) have become part of the monitoring system in recent years.

The Institute plays an equally important role in health promotion. After many years the Institute has again become the major national centre for health education and publishing activities in this field. Since 1993 when the national preventive health program was launched in the Czech Republic a number of health promotion projects have been completed within the Institute. For instance in 2004, 11 health promotion projects were in progress. In the late 1990’s great attention was paid and extensive funds were channelled to the QA/QC system and accreditation of laboratories, many of which became international certificate holders. Challenging were also the preparations of the Czech Republic for accession to the EU. Specialists of the Institute elaborated a substantial part of harmonized regulations in the field of public health protection.

One of the major missions of the Institute continues to comprise research projects. In 2004 researchers of the Institute were involved in 32 research projects funded by different grant agencies, chiefly the Internal Grant Agency of the Ministry of Health of the Czech Republic and the Grant Agency of the Czech Republic.

In conclusion, I would like to say that it was with great pleasure that I accepted the invitation of the Editorial Board of the Central European Journal of Public Health to write this editorial. The National Institute of Public Health was an important part of my professional life from my first university years at the Medical Faculty of Hygiene where I subsequently worked as a lecturer, until my appointment, after years in the field public health service, as the tenth director of the Institute in 1994 for seven years. I have many personal reasons to be proud of both the rich 80-year history and promising prospects of the Institute for further improvements over many future years.