

HEALTH 2020

National Strategy for Health Protection
and Promotion and Disease Prevention



Health 2020 – National Strategy
for Health Protection and Promotion
and Disease Prevention

Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention is based on the World Health Organization (WHO) document Health 2020. The text contains excerpts from the original publication Health 2020: a European Policy Framework and Strategy for the 21st century, corresponding directly with national priorities. The Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention is part of the Health 2020 implementation series published in the Czech Republic, which includes translations of both the short and long versions of the WHO Health 2020 document and the 2014 report Health Status of the Czech Population.

© Ministry of Health of the Czech Republic 2014

Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention

Published by the Ministry of Health of the Czech Republic, Palackého náměstí 4, 128 01 Prague 2,
in cooperation with the National Institute of Public Health, Šrobárova 48, 100 42 Prague 10

First edition

Prague 2014

Printed by TIGIS Ltd., Brumovická 998/24, 102 00 Praha 10

ISBN: 978-80-85047-50-9

Content

Foreword from the Minister of Health of the Czech Republic	6
Foreword from the Chief Public Health Officer of the Czech Republic	7
Resolution of the Government of the Czech Republic No. 23 of January 8, 2014	8
Resolution of the Chamber of Deputies No. 175 adopted at the 7 th session, 20 March, 2014	9
1. Introduction	10
1.1. National Strategy basic information	10
1.2. Development and introduction of the strategy	11
1.3. Aim of the strategy	11
1.4. Stakeholders	12
1.5. Basic terms	12
1.6. Other relevant strategic documents	12
2. Issue definition and analysis	13
2.1. Issue definition	13
2.2. Environments and expected development	13
2.3. Cost of inaction	14
2.4. Summary of key analyses	14
3. Vision and strategic path	16
3.1. National Strategy – strategic objectives	19
3.1.1 Strategic objective 1	19
3.1.2 Strategic objective 2	20
3.2. Priority areas	21
4. Objectives of particular priority areas	23
4.1. Priority area 1	23
4.2. Priority area 2	24
4.3. Priority area 3	25
4.4. Priority area 4	26
5. National Strategy implementation	27
5.1. Implementation structure and NS implementation management system	27
5.2. Action plan and timescales	30
5.3. National Strategy budget and funding	31
5.4. National Strategy implementation monitoring and evaluation system	31
6. Strategy development process	32
7. National Strategy development team	33
8. List of abbreviations, references	34
9. Attachments	35

Foreword

The Health 2020 – National Strategy for Health Protection, Promotion and Disease Prevention is based on the principles of Health 2020 – the World Health Organization programme focused on improving health and well-being of population, reducing health inequalities and strengthening the role of public health. Its objective is to create a sustainable health system based on quality, availability and equality of people who become partners in attaining better health for all.

Health does not originate in the hospital but in the family, at school, and the workplace – in fact at any place where people live, work, rest and grow old. International experience shows that healthcare services account for as little as 20 % of health – the rest is an outcome of factors influencing people in their daily life, and this is exactly where our concern for health should be concentrated. It is appropriate and necessary to boost health education, health protection, health promotion and disease prevention as well as to enhance public health capacities. New information technologies enable innovative communication methods and the role of mass media heightens interest in healthcare issues, as do various civic initiatives.

It is difficult to see beyond medical and healthcare boundaries and grasp the fact that health is not merely an agenda of the Ministry of Health but also of both chambers of the Parliament, the Cabinet, all levels and types of public administration, organizations, institutions, social groups, families, and individuals. Therefore, all components of a democratic society should be motivated in emphasizing the role of healthcare. Should we fail to fully utilize the potential of effective disease prevention and health promotion, the costs of healthcare will inevitably keep rising, which, in the long term, is not sustainable. Furthermore, as life expectancy increases, so should those periods of life spent in good health.

I am pleased that we have succeeded in drafting the National Strategy as an umbrella document setting out health policy in respect of all essential priorities of health protection, health promotion, disease prevention, and development of an integrated people-centred health system. The set of National Strategy horizontal targets defines specific areas in which to take actions jointly targeting the main causes of ill health and deaths in the population. No less important are the vertical targets, primarily the improvement of health literacy and reduction of health inequities. These need to be taken into account across all health promotion measures, thereby strengthening the role of individuals and communities in taking care of their own health.

The fact that the National Strategy has been supported both by the Cabinet and Parliament shows that health is considered a priority across the entire political spectrum. The National Strategy is a key document to navigate the whole society in taking the requisite actions, thus constituting a clear vision that must remain valid, regardless of momentary Cabinet or Parliamentary affiliations.



Svatopluk Němeček, M.D., MBA
Minister of Health of the Czech Republic

Foreword

“Lacking health, wisdom is clueless, strength is powerless, wealth is useless, and wit is helpless.” This is how the Greek philosopher and physician Heraclitus of Ephesus put it approximately two and a half thousand years ago. In contemporary language, basically the same notion was expressed by the former Director-General of the World Health Organization Dr. Halfdan Mahler: “Health is not everything, but without health, everything else is worthless.” Regardless of the wording, this idea has been in people’s minds for centuries. Some think of this often while there is still time, others hardly at all; yet others too late. In the end, though, none of us will escape it. It is no coincidence that the main public proponents of this notion are physicians, for it is their task to not only cure diseases but also **to keep reminding us of the value of health, to strengthen it, to improve and protect it, as well as to coordinate corresponding efforts in the whole of society.** Unfortunately this task is far too often put on the back burner, or rather gets lost amidst discussion about costs of treatment, fees, or enthusiasm for cutting-edge methods of treatment and the omnipotent effects of new pills. And yet this role of healthcare personnel plays a key part in influencing the health of the population and social groups, as well as in inversely regulating the health system, decreasing its costs, and efficiently focusing on major health issues.

Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention is a high-level compendium for advancement of public health in the Czech Republic and at the same time a tool to implement **the World Health Organization’s programme known as Health 2020 in the Czech Republic.** The National Strategy is a follow-up to the **Long-term Programme for Improving the Health of the Population of the Czech Republic – Health for All in the 21st Century** and fulfils the Government’s requirement that the strategic document be brought up to date, building on analysis brought about by the aforesaid long-term programme. The National Strategy also draws from the approved **Conceptual Framework for Public Health Network and Primary Prevention in Public Health Protection.**

The National Strategy will be further elaborated upon by **implementing documents** in line with specified priorities concerning the health status of the Czech population, public health protection and promotion, disease prevention and other public health and healthcare topics. Individual implementing documents shall be completed by 31–12–2015 and will more closely specify the objectives, responsibilities, indicators and deadlines including definition of requirements for financial and non-financial coverage of relating indispensable costs. **A ministerial Working Group for Public Health Protection and Promotion, Disease Prevention and the Health 2020 Programme Implementation in the Czech Republic** was established at the end of 2013 as an advisory body to the Minister of Health and it now coordinates drafting of the implementing documents according to strategic objectives and priority areas. Fulfilment of the National Strategy and the implementing documents at inter-ministerial level is controlled and coordinated by **the Government Council for Health and Environment.**

The main objective of the National Strategy is to **improve the health of the Czech population and reduce the incidence of preventable diseases and premature deaths.** Its main vision is to further develop the public health system, stabilize the system of disease prevention, health protection and promotion, and to kick-start efficient mechanisms to improve public health that will be sustainable in the long term. It would be impossible to accomplish the main objectives and priorities of the National Strategy without **involvement of all components of public administration and the whole society, with specific emphasis on participation of communities and individuals.** The desired outcome – the good health of our population – will bring about benefits for all sectors of society.

People follow various paths in their lives. Some paths are short and straight, others are long and winding. The key issue is where they lead us, to what destination. Is it a destination that we truly desire, and can we trust those who claim to be navigating us in the right direction? In this respect let me quote **Omar Nelson Bradley** (1893–1981), the U.S. Army five-star general and co-author of the Marshall plan: **“Set your course by the stars, not by the lights of every passing ship.”**

The above quote applies to a number of issues directly relating to health, healthcare, disease prevention, health protection and promotion in the Czech Republic: **By what stars and constellations shall we set our course?** Are we able to **distinguish between enduring human values and short-term detritus? Will human health be one of the stars setting the course on our path? Is the path toward health the path that we choose?**

The National Strategy for Health Protection and Promotion and Disease Prevention is an invitation to this challenging pursuit of human health. It should inspire consideration and discussion, and in effect it should encourage common endeavour in enhancing health. **After all, it is not only health per se that is at stake here. The intention is to help sovereign individuals understand the value of health, to be capable of accepting the share of responsibility for their own health but also the health of those who are in need of assistance.**



Vladimír Valenta, M.D., Ph.D.
Chief Public Health Officer of the Czech Republic
and Deputy Health Minister for Public Health Protection and Promotion

GOVERNMENT OF THE CZECH REPUBLIC



RESOLUTION OF THE GOVERNMENT OF THE CZECH REPUBLIC No. 23, as of January 8, 2014

on Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention

The government

I. **takes notice** of the Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention, as contained in Part III of the document of Ref. No. 1464/13, (hereinafter National Strategy) that follows up on the Long-term Programme for Improving the Health of the Population of the Czech Republic – Health for All in the 21st Century as a continuation of actions already implemented in compliance with new priorities so as to ensure continuity in the Czech Republic health policy;

II. **authorizes** the Prime Minister to submit the National Strategy to the speaker of the Chamber of Deputies of the Parliament of the Czech Republic and the speaker of the Senate of the Parliament of the Czech Republic and request their support in implementation thereof;

III. orders

1. the Minister of Health

- a) to draw up specific implementing documents elaborating on the National Strategy, as listed in Section No. 5.2 of the National Strategy, by December 31, 2015,
- b) to inform the Cabinet on an annual basis on the status of the National Strategy implementation, providing that the first report shall be submitted to the Cabinet by September 30, 2015,
- c) make regional governors acquainted with the National Strategy,

2. other ministers to cooperate with the Minister of Health in fulfilling the National Strategy and drafting of individual implementing documents,

3. the Minister of Transport, Minister of Culture, Minister of Defence, Minister of Labour and Social Affairs, Minister for Regional Development, Minister of Industry and Trade, Minister of Justice, Minister of Education, Youth and Sports, Deputy Prime Minister and Minister of Interior, Ministers of Agriculture and Environment

- a) to use the National Strategy along with the aforesaid implementing documents when drawing up legal regulations and strategic documents and in preparation of inputs for the proposed Czech Republic National Budget in 2015–2020,
- b) cooperate with the Minister of Health in drafting the report on National Strategy implementation status as set out under item III/1b hereof;

IV. **recommends** that regional governors utilize the National Strategy when drawing up similar programmes as part of regional health policy.

Action:

Prime Minister, ministers

CC:

Regional governors

*Prime Minister
Jiří Rusnok, M.Sc.*

Parliament of the Czech Republic
CHAMBER OF DEPUTIES

2014

7th term

175th

RESOLUTION

of the Chamber of Deputies

adopted at the 7th session as on March 20, 2014

concerning the document Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention /print reference 113/

The Chamber of Deputies

I. takes notice of Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention /print reference 113/;

II. calls upon the government to

1. support the implementation of the National Strategy by way of cooperation among all ministries, and to reflect health aspects in all policies,
2. take the National Strategy into account when approving the national budget.

Jan Hamáček m.p.
speaker of the Chamber of Deputies

Jaroslav Kláška m.p.
verifier of the Chamber of Deputies

1. Introduction

1.1. National Strategy Basic Information

HEALTH 2020 – NATIONAL STRATEGY FOR HEALTH PROTECTION AND PROMOTION AND DISEASE PREVENTION	
Strategy Owner	Minister of Health of the Czech Republic
Strategy Development Administrator	Deputy Health Minister for Public Health Protection and Promotion and Chief Public Health Officer of the Czech Republic
Strategy Development Coordinator	Director of Department for Strategy and Management of Public Health Protection and Promotion
Period of Strategy Development	October 2012 – November 2013
Strategy Approver	Minister of Health, Cabinet, Chamber of Deputies of the Parliament of the Czech Republic
Approval Date	16–12–2013 by the Health Ministry, 8–1–2014 by the Cabinet, 20–3–2014 by the Chamber of Deputies
Approval Format	Ministry of Health Management Board, Resolution of the Government of the Czech Republic, Resolution of the Chamber of Deputies of the Parliament of the Czech Republic
Relating Legislation	Act No. 258/2000 Coll., as amended, Act No. 372/2011 Coll., Act No. 373/2011 Coll., Act No. 95/2004 Coll., Act No. 96/2004 Coll.
Period of Implementation	2014–2020
Responsibility for Implementation	Deputy Health Minister for Public Health Protection and Promotion and Chief Public Health Officer of the Czech Republic
Implementation Budget	<p>Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention (hereinafter National Strategy or NS Health 2020) is expected to utilize funds provided by the European Structural and Investment Fund for healthcare in the period of 2014–2020, as well as subsidies available as part of the European Commission financial programme known as The Third EU Health Programme 2014–2020. Other costs will be covered as the national budget will allow. Health 2020 NS will be implemented by way of implementing documents. Each of the documents will separately undergo a proper approval process and therefore the allocation of adequate funds will be planned and defined according to specific tasks.</p> <p>Further funds as well as technical and domain support will be rendered to the Czech Republic by the World Health Organization as part of Biennial Collaborative Agreements that are entered into by and between the WHO Regional Office for Europe and the Ministry of Health of the Czech Republic. The closest agreement is planned for 2014–2015 which corresponds to the period of drafting the National Strategy implementing documents.</p> <p>The area of eHealth counts on financial support both as part of the Employment Operating Programme for “soft” investments and as part of IROP where the issues of eHealth will be dealt with under Priority Axis 3 – Good Territorial Governance and Increase in Public Institutions Effectiveness, as well as specific task 3.3 – Increase in Public Administration Effectiveness and Transparency by Way of Enhanced ITC Systems Development and Quality.</p>
Context of Strategy Development	<p>The National Strategy is based on the World Health Organization programme known as Health 2020. It is a follow-up to the Long-term Programme for Improving the Health of the Population of the Czech Republic – Health for All in the 21st Century endorsed by the Czech government in 2002 (Resolution of the Government of the Czech Republic No. 1046/2002). The evidence-based strategy meets requirements of the government for Health 21 updating. It builds on the experiences and recommendations gained from, inter alia, the Performance Report Evaluating the Attainment of Health 21 Targets from 2003 to 2012 and also expands on the Conceptual Framework for Public Health Network and Primary Prevention in Public Health Protection adopted by the Ministry of Health of the Czech Republic in 2013. It reflects the international developments and adheres to the European Union (EU) and the WHO European Region commitments.</p>
Brief Description of the Challenge and the Strategy Contents	<p>The National Strategy is primarily aimed to stabilize the system of disease prevention, health protection and promotion, and set into motion efficient public health improvement mechanisms that will be sustainable over long term. The National Strategy Health 2020 elaborates on the vision of public health system as a dynamic network of stakeholders at all levels of the society, and therefore its target recipients are not only the institutions of public administration but also all other components of the society – individuals, communities, non-profit sector, private sector, as well as educational, scientific and other institutions. It strives to contribute to addressing the complex health issues of the 21st century with respect to economic, social and demographic developments, primarily by way of disease prevention and health protection and promotion.</p>

1.2. Development and Introduction of the Strategy

Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention (hereinafter National Strategy or NS Health 2020) is based on the World Health Organization (WHO) Programme Health 2020, adopted at the 62nd Session of the WHO Regional Committee for Europe held in September 2012. The National Strategy also confirms commitment to Health for All principle.

Health 2020 is an adaptable and practical policy framework suggesting specific approaches considering, for instance, gender, age or socio-economic conditions. Achieving Health 2020 common objectives, NS employs health protection and promotion and disease prevention tools and people-centred approaches recognizing people as partners in the public health improvement.

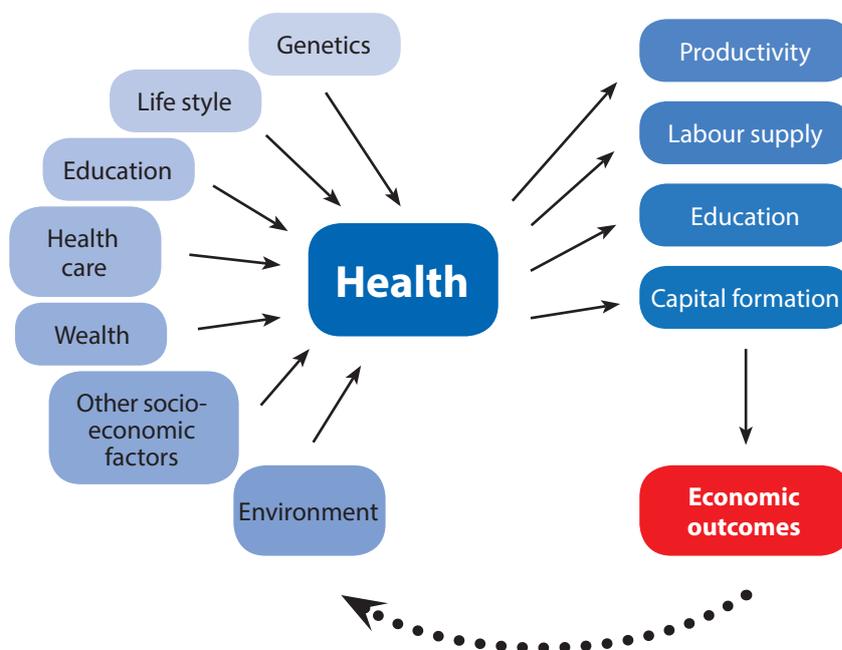
The document follows the Long-term Programme for Improving the Health of the Population of the Czech Republic – Health for All in the 21st Century (hereinafter Health 21) endorsed by the Czech government in 2002 (Resolution of the Government of the Czech Republic No. 1046/2002) (1). The evidence-based strategy (see Attachments) meets requirements of the government for Health 21 updating. It builds on the experiences and recommendations gained from, inter alia, the Performance Report Evaluating the Attainment of Health 21 Targets from 2003 to 2012 (2) (see **Attachment No. 1**) and adheres to the European Union (EU) and the WHO European Region commitments.

The National Strategy serves as a policy framework. Further implementation documents (action plans or other strategic documents – see Chapter 5) will provide detailed information on health protection and promotion and disease prevention, health of the Czech population, and other topics related to public health and health care (see Chapter 3.2). **Particular implementation documents (prepared until 31 December 2015) will specify objectives, accountability mechanisms, indicators and milestones including financial and material requirements for resources.**

1.3. Aim of the Strategy

The aim of the strategy is to stabilize the system of disease prevention, health protection and promotion and to initiate efficient mechanisms to improve health of the population, sustainable in the long-term.

Figure No. 1: Health is wealth



Adapted from: The Contribution of health to the economy in the EU, Brussels 2005

1.4. Stakeholders

NS Health 2020 elaborates a whole-of-society vision of public health as a dynamic network of stakeholders and encompasses public and private institutions, nonprofit organizations, research and educational institutions, and communities as well as individuals. NS helps to deal with the complex health challenges of the 21st century and addresses problems arising from the economic, social and demographic situation by promoting health and preventing disease.

1.5. Basic Terms

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (the WHO definition of health, 1948).

The determinants of health: factors affecting health, either positively or negatively. Health is determined by extrinsic factors such as social, economic and physical environment and intrinsic factors such as behaviour, genetics, gender, life-style etc. Socio-economic determinants such as poverty, social exclusion, family situation, unemployment, or inadequate and unhealthy housing affect health and cause health inequalities.

Public health is “the science and art of preventing disease, prolonging life and promoting health through the organized efforts of society, organizations, public and private, communities and individuals” (Sir Donald Acheson, 1988).

Health protection encompasses activities ensuring healthy living and working conditions, and preventing the transmission of communicable diseases and epidemics.

Primary prevention encompasses activities preventing disease, action on health determinants and reducing health risks. Primary prevention is followed by **secondary prevention** focused on early disease diagnosis using screening programmes or preventive regular exams to detect disease in its earliest stages to improve treatment outcomes, and **tertiary prevention** focusing on halting disease progression and restoring health by providing care and treatment to reduce symptoms and disability. A new concept – **quaternary prevention** encompasses health care activities to mitigate or avoid the consequences of unnecessary or excessive interventions.

Health promotion encompasses activities enabling people to improve their health and increase control over health determinants including activities of individuals, public sector and other segments of society to ensure favourable socioeconomic and environmental conditions to improve health and life-style.

Resilient communities are communities and individuals able to respond to adverse events or situations. Such communities cope better with hardship and have the potential to respond proactively to restore and improve health.

1.6. Other Relevant Strategic Documents

The National Strategy follows the strategic document Health 21 meeting requirements of the government for Health 21 updating. It builds on the experiences gained from the **Performance Report Evaluating the Attainment of Health 21 Targets from 2003 to 2012** (2) and from the **Conceptual Framework for Public Health Network and Primary Prevention in Public Health Protection** (3) adopted by the Ministry of Health of the Czech Republic in 2013.

Health 21 and NS Health 2020 are interdependent and mutually supportive strategies (see Chapter 3). Health 21 remains a relevant document, whose **updated targets** will be achieved, based on the analysis performed, through the NS Health 2020 implementation documents.

The National Strategy builds on the previous experiences and adheres to commitments to the European Union (EU) and the WHO European Region including commitments arising from the relevant global, European and national resolutions, conventions and strategic documents relating to communicable and noncommunicable disease prevention and other areas of public health. For the list of the most important documents see **Attachment No. 2**.

2. Issue Definition and Analysis

2.1. Issue Definition

Disease prevention and health protection and promotion remain priorities of the Czech Republic. Building on evidence and international experiences, disease prevention and health promotion yields important societal and economic benefits. **The participation of the whole society – citizens, families, public and private sector, nongovernmental organizations, and media** is a prerequisite for the good health of the population.

The previous experiences of developed countries as well as the Czech Republic show that disease prevention and health promotion policies ensure improved health outcomes, substantially reduce healthcare costs and yield other economic benefits.

Health should be promoted in families, schools, workplaces – at settings where people live, work, rest, and age. The conditions of everyday life affecting, either positively or negatively, people's health lie at the core of the care of people's health. Every individual should take care of his/her own health, nevertheless, action of others mandated to improve health is still required.

All segments of society share responsibility for health coordinated by the Ministry of Health. The government, parliament, public as well as private sector, organizations and institutions should all recognize the value of health and get involved in health protection and health promotion – motivate people to fully embrace health values and advocate for health by taking steps to advance health.

In the Czech Republic, the Public Health Network consisting of public health protection and promotion institutions and bodies has traditionally represented a key actor in promoting and protecting health. It is responsible for initiating implementation of new findings and methods in health protection and promotion; coordinating health protection and promotion activities at national and regional level; and, cooperating with health care providers, other health institutions and public sector bodies. In close cooperation with health institutes, it provides collection, evaluation and analysis of data on the population health.

2.2. Environments and Expected Development

Health is a major societal and economic resource and asset. Good health benefits all sectors and the whole of society. Good health is essential for economic and social development and a vital concern to the lives of every single person, families and communities. Poor health wastes potential, causes despair and drains resources across public and private sectors. Empowering people to have control over their health and its determinants strengthens communities and improves lives. Without people's active involvement, many opportunities to promote and protect their health and to increase their well-being are lost.

What makes societies prosper and flourish also makes people healthy – policies that recognize this have more impact. Fair access to education, decent work, housing and income all support health. Health contributes to increased productivity, a more efficient workforce, healthier ageing, and less expenditure on sickness and social benefits and fewer lost tax revenues thus improving the economy as a whole. The health and well-being of the population are best achieved if the whole of society and the whole of government work together to address the social and individual determinants of health. Caring for the good health of the Czech population can support economic recovery and development.

Health performance and economic performance are interlinked – improving the health sector's use of its resources is essential. The health sector is important for both its direct and indirect effects on the economy: it matters not only because of how it affects people's health and their productivity but because it is now one of the largest economic sectors. It is a major employer, important landowner, builder and consumer. It is also a major driver of research and innovation and a significant sector in the international competition for people, ideas and products. Its importance will continue to grow and so will the significance of its contribution to wider societal goals.

2.3. Cost of Inaction

The so-called “zero variant” is unacceptable. New technologies and health care possibilities are virtually exhausted, supporting their extensive growth is expensive, and health expenditures do not yield the expected health outcomes. Demographic changes, first of all the ageing of populations, require action. Lifestyle and behavioural factors including insufficient physical activity, smoking, high alcohol consumption, and stress load severely affect health and account for growing number of obese people, increasing blood pressure as well as increasing number of serious noncommunicable diseases such as diabetes mellitus type 2, cancer, cardiovascular diseases, mental disorders, and musculoskeletal diseases, among others. Changing living conditions and life-style, globalization and migration account for the growing burden of communicable diseases, emerging and reemerging infections as well as increasing sensitivity in particular population groups. **Strengthening disease prevention, health protection and health promotion** is required.

2.4. Summary of Key Analyses

Strong evidence indicates that effective and evidence-based prevention methods can substantially reduce healthcare costs. According to WHO and the EU, preventing disease and improving health are the most cost-effective strategies to protect health and ensure a sustainable health system. They encourage Member States to strengthen public health capacities and services. The analysis of primary prevention potential can be found in **Attachment No. 3**. The National Strategy aims to enhance disease prevention, health protection and promotion possibilities. For SWOT analysis – strengths, weaknesses, opportunities, and threats – see **Figure No. 2**.

Figure No. 2: SWOT analysis of primary prevention and public health protection and promotion in CR (3)**Strengths**

- Tradition of primary prevention
- Grounding in society and the health care system
- Past and present achievements
- Legislative framework (Act No. 258/2000 Coll. on public health protection and other laws)
- Primary prevention embedded in different medical fields
- History of high-quality primary prevention
- Evidence-based effectiveness of primary prevention
- Reliable information database on health and its determinants
- Public recognition of the health protection and promotion system

Opportunities

- Application of international experience and good practice – e.g. public consultation on the EC Green Paper, on the EU workforce for health, strategic and other documents or impact studies at the EU, WHO or OECD level
- Participation in international projects and grants for primary prevention and health promotion
- Revitalization of the public health protection and promotion system
- Existing human resources for renewed primary care
- Public recognition of disease prevention and health improvement

Threats

- Continuing reduction of health promotion and protection capacities (following re-structuralization which reduced capacity by more than 40 %)
- Insufficient education of the next generation in the necessary range of fields
- Financial instability affecting health system performance
- Failure to utilise the existing potential, tools and possibilities of the state to mitigate adverse effects on population health and reduce healthcare costs

Weaknesses

- Slow response to social changes
- Insufficient participation of individual societal components in solving problems affecting health
- Longterm instability in the research, educational and institutional framework
- Unfavourable age structure of experts
- Decreasing level of expertise of health services driven by commercially motivated and scientifically unfounded approaches
- Legacy of former coercive practices in management of infectious disease risks and health protection
- Mistakes made in public health system management
- Insufficient funding, no investment strategy in primary prevention
- No systematic assessment of effectiveness in disease prevention, health protection and promotion

3. Vision and Strategic Path

The **National Strategy** main objective is based on the two main strategic objectives divided into four priority action areas to address the major health problems of the Czech population.

Figure 3 of NS Health 2020 involves **particular Health 21 targets using current monitoring mechanisms including indicators (1) – Figure No. 3.**

NS Health 2020 two strategic objectives follow Health 21 targets – see **Figure No. 4. Other Health 21 targets** addressing particular areas of the health promotion are included into **Health 2020 four priority action areas – see Figure No. 5.**

Figure No. 3: NS Health 2020 – hierarchy

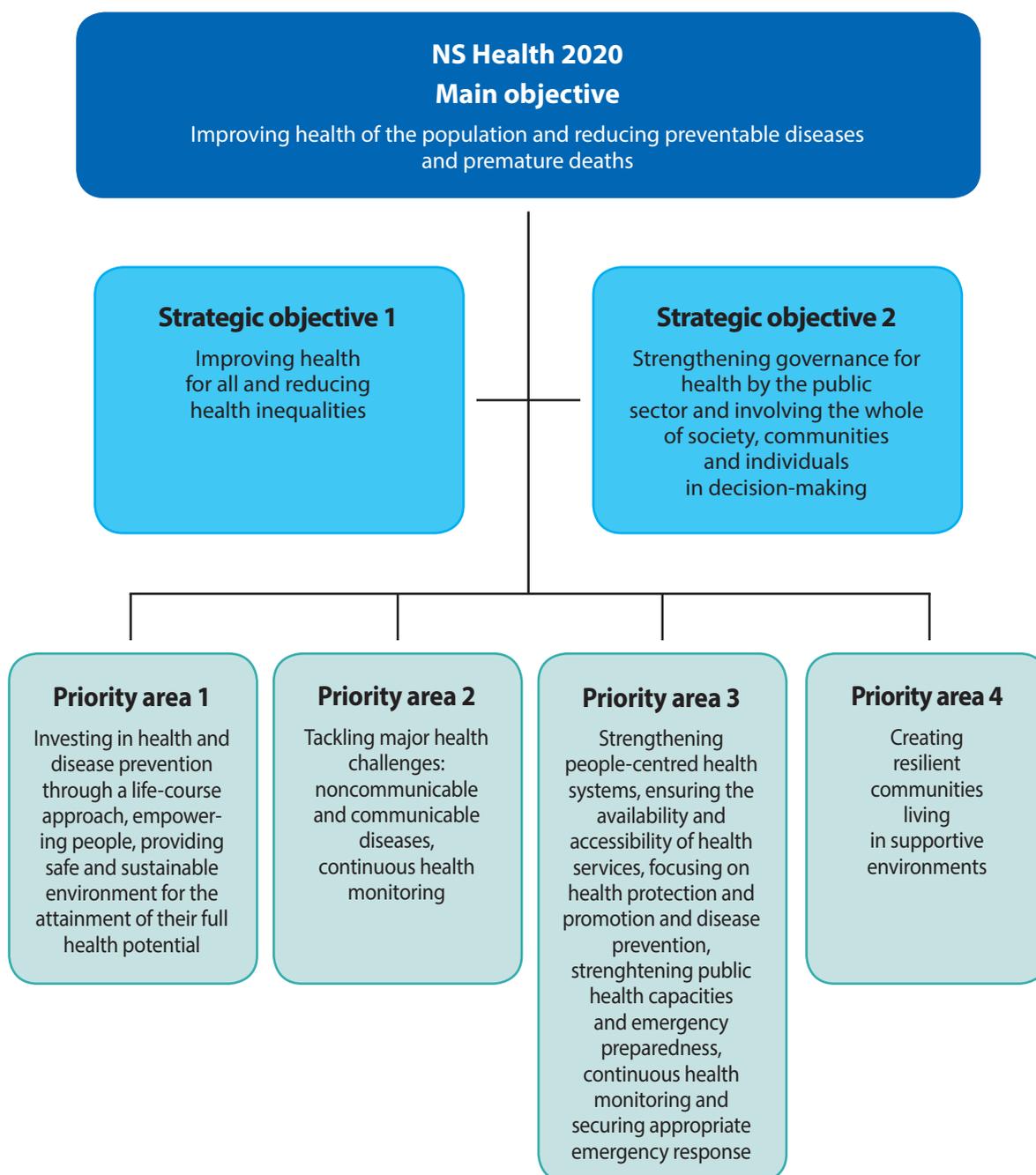


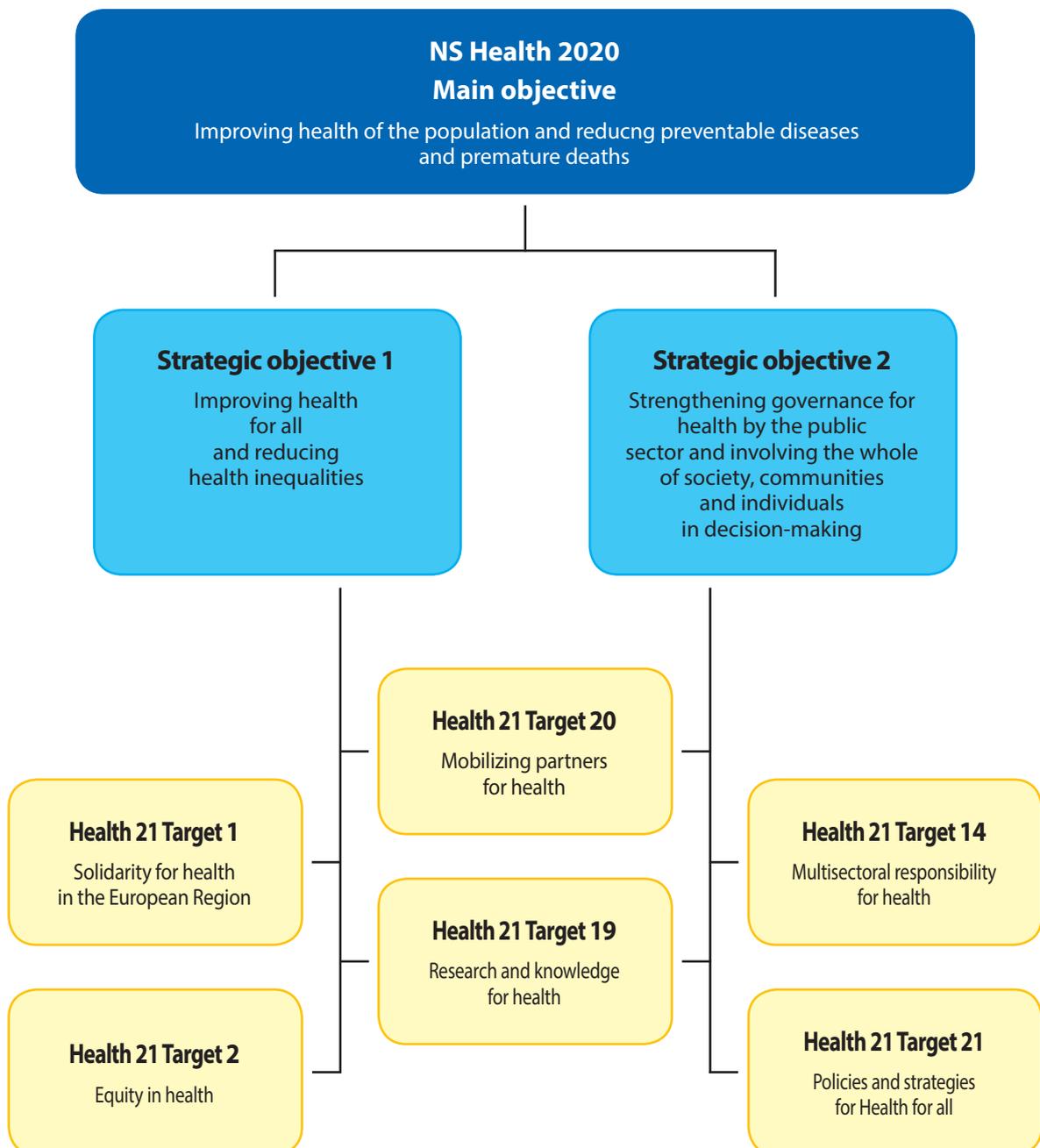
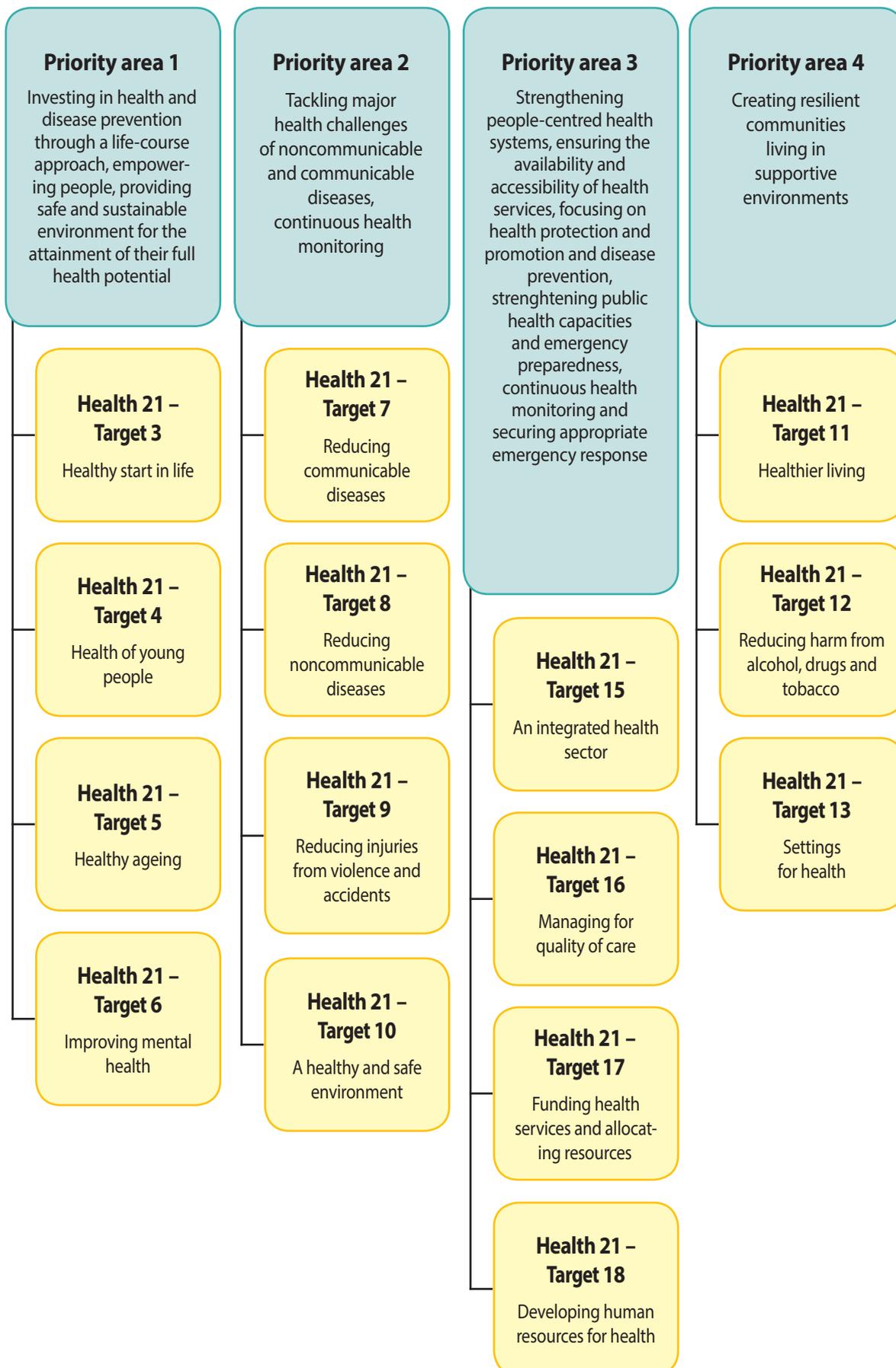
Figure No. 4: NS Health 2020 strategic objectives and Health 21 targets

Figure No. 5: NS Health 2020 priority areas and Health 21 targets



3.1. National Strategy – Strategic Objectives

The main strategic objective of the National Strategy is improving health of the population and reducing preventable diseases and premature deaths. Vision 2020 includes stabilizing disease prevention, health protection and promotion systems, establishing structures and mechanisms that enable collaboration between sectors and involving public sector at all levels in health improvement. Supporting good health leads to improving well-being and quality of life, a more efficient workforce, reducing healthcare expenditure, and increasing healthy life expectancy.

Healthy life expectancy in the Czech Republic is significantly lower than in other developed countries, with differences between the life expectancies of men and women. Lower life expectancy affects quality of life and leads to increasing healthcare costs (see **Attachment No. 4**).

The main objective will be achieved by promoting intersectoral approaches and involving government at all levels to **fulfill the two interdependent strategic objectives**:

- Improving health for all and reducing health inequalities;
- Strengthening governance for health by the public sector and involving the whole of society, communities and individuals in decision-making.

3.1.1. Strategic Objective 1

Strategic objective 1

Improving health for all and reducing health inequalities (3, 4)

The Czech Republic, regions and cities setting common objectives and joint investment in health and related areas can significantly improve health and well-being. Priority areas include: preschool education, educational system performance, employment and working conditions, social protection, and reducing poverty. Approaches include: increasing community resilience, social inclusion and cohesion; promoting assets for well-being; mainstreaming gender in access to health care and building the individual and community strengths that protect and promote health, such as individual skills and a sense of belonging. Setting targets for reducing health inequalities can help drive action and is one of the principal ways of assessing health development at all levels.

Addressing social inequalities contributes significantly to health and well-being. The causes are complex and deeply rooted throughout life, reinforcing disadvantage and vulnerability linked to health-related behaviour, including tobacco and alcohol use, diet and physical activity and mental disorders, which in turn reflect stress and disadvantage in people's lives.

Taking action on the social and environmental determinants of health, including gender, can address many inequalities effectively. Research shows that effective interventions require a policy environment that overcomes sectoral boundaries and enables integrated programmes. For example, evidence clearly indicates that integrated approaches to child well-being and early childhood development produce better and fairer outcomes in both health and education. Urban development that considers the determinants of health is crucial, and mayors and local authorities play an ever more important role in promoting health and well-being. Participation, accountability and sustainable funding mechanisms reinforce the effects of such local programmes.

3.1.2. Strategic Objective 2

Strategic objective 2

Strengthening governance for health by the public sector and involving the whole of society, communities and individuals in decision-making (3, 4)

Leadership from the Minister of Health, health sector, and public health protection and promotion agencies will remain vitally important to address the disease burden. It needs to be strengthened. The health sector is responsible for: developing and implementing national and subnational health strategies; setting health goals and targets for improving health; assessing how the policies of other sectors affect health; delivering high-quality and effective health care services; and ensuring core public health functions. It also has to consider how its health policy decisions affect other sectors and stakeholders.

The Ministry of Health and public health protection and promotion agencies are increasingly engaged in initiating intersectoral approaches for health and acting as health brokers and advocates. This includes highlighting the economic, social and political benefits of good health and the adverse effects of ill health and inequalities. Exercising such a leadership role requires using diplomacy, evidence, argument and persuasion. The health sector also has a partnership role towards other sectors when strengthening health can contribute to achieving their goals.

Governments at all levels should consider establishing formal structures and processes that support coherence and intersectoral problem-solving. This can strengthen coordination and address power imbalances between sectors. The strategic benefits of adopting a health in all policies approach are increasingly being recognized. This approach advocates moving health up the policy agenda, strengthening policy dialogue on health and its determinants, and building accountability for health outcomes. One of the most important tools to improve quality of health governance involving public sector and protecting and promoting health in particular municipalities is the local Agenda 21. Health impact assessment and economic evaluation are also valuable tools in assessing the potential effects of policies and can be used to assess how policies affect equity. Reliable qualitative and quantitative health data need to be gathered and validated to assess impact on health successfully.

Strengthening the role of regions can support public health protection and promotion through activities that enable the involvement of public sector authorities on regional, micro-regional and local levels.

The government is also committed to establishing structures and processes that enable increased involvement of a wider range of stakeholders. This is especially important for citizens, civil society organizations and other groups that make up civil society. Active social groups are increasingly coming together to advance health at all levels of governance. Examples include the National Healthy Cities Network.

Effective motivation, coordination and leadership throughout society can support better results for health. Research shows strong correlations between responsible governance, new forms of leadership and participation. In the 21st century, many individuals, sectors and organizations can provide leadership for health. This can take many forms and requires creativity and new skills, especially in managing conflicts of interest and finding new ways of tackling intractable complex problems.

Empowering people, citizens, consumers and patients taking responsibility for health is critical for improving health outcomes, health system performance and patient satisfaction. The voice of civil society, including individuals and patient organizations, youth organizations and senior citizens, is essential to draw attention to health-damaging environments, lifestyles or products and to gaps in the quality and provision of health care. It is also critical for generating new ideas.

Looking for ways to appropriately and ethically engage with the private business sector. The private sector businesses are increasingly involved in every aspect of people's lives. Their influence can help to both enhance health and undermine it. Securing a stronger commitment to health protection and promotion from private sector actors and encouraging and rewarding their social responsibility are important goals.

3.2. Priority Areas

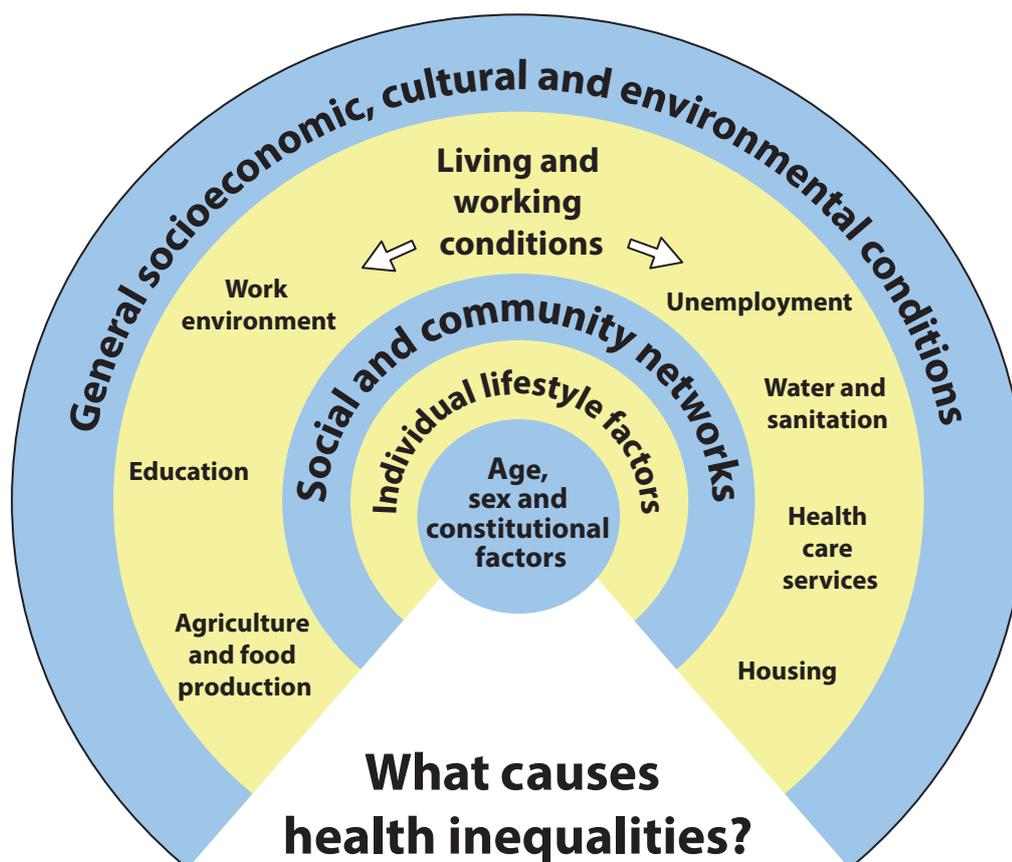
The strategic objectives of NS Health 2020 are based on **four interdependent priority areas for policy action**:

- Investing in health and disease prevention through a life-course approach, empowering people, providing safe and sustainable environment for the attainment of their full health potential;
- tackling major health challenges of noncommunicable and communicable diseases, continuous health monitoring;
- strengthening people-centred health systems, ensuring the availability and accessibility of health services, focusing on health protection and promotion and disease prevention, strengthening public health capacities and emergency preparedness, continuous health monitoring and securing appropriate emergency response;
- creating resilient communities living in supportive environments.

Addressing the four priorities requires a combination of governance approaches that promote health, equity and well-being. Smart governance will anticipate change, foster innovation and be oriented towards investing in protecting and promoting health and preventing disease. Approaches to governance will include governing through public policy and regulation as well as new forms of collaboration with civil society organizations, independent agencies and expert bodies. There is an increasing need to apply evidence to policy and practice, observe ethical boundaries, expand transparency, and strengthen accountability in such fields as privacy, risk assessment and health impact assessment.

The backbone of the National Strategy is the concept of social determinants of health and action taken will aim to address these health determinants (see **Figure No. 6**).

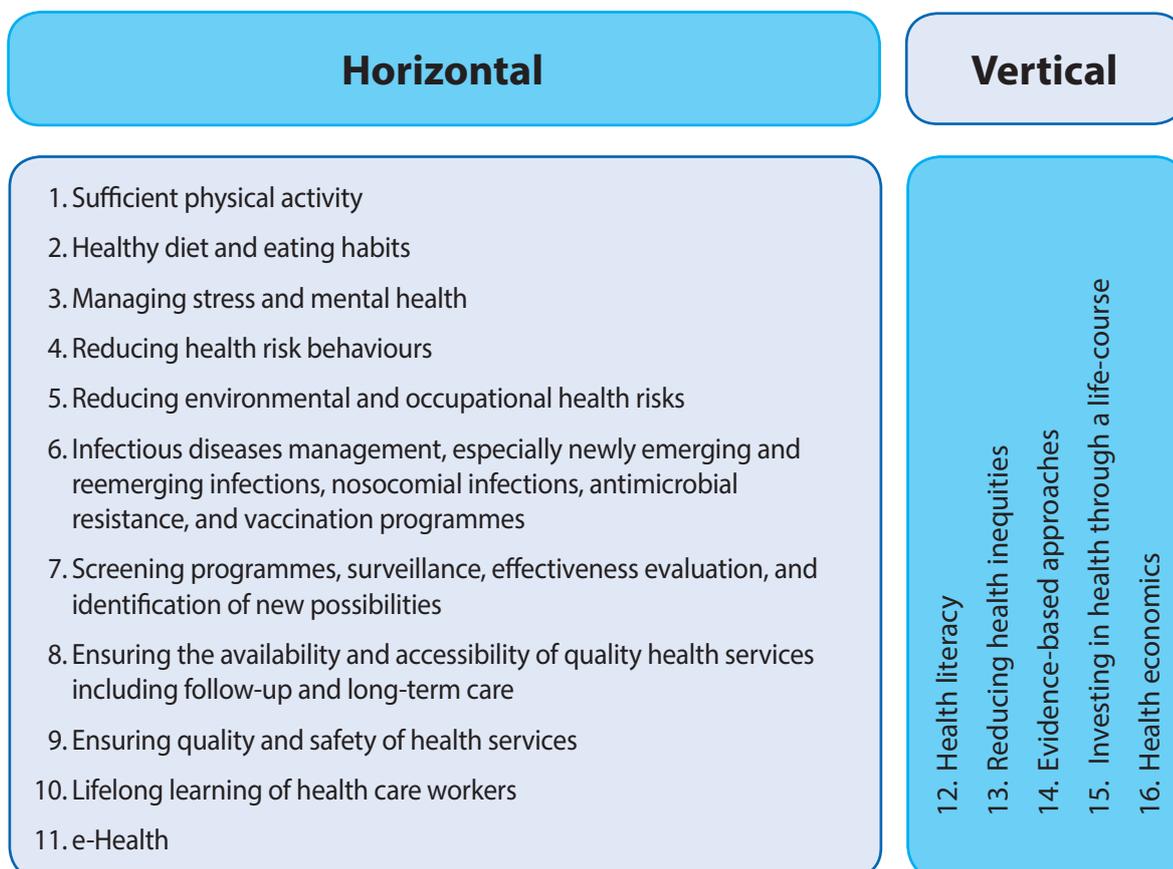
Figure No. 6: What causes health inequalities?



Adapted from: Dahlgren G, Whitehead M. Tackling inequalities in health: what can we learn from what has been tried? London, King's Fund, 1993.

Health promotion and disease prevention requires a combination of both horizontal and vertical targets (Figure No. 7) to address leading causes of morbidity and mortality (cardiovascular diseases, cancer, diabetes mellitus type 2, obesity, diseases of the musculoskeletal system, mental illnesses, injuries, and infections) affecting quality of life and healthy life expectancy. For a list of the leading causes of mortality and their determinants see **Attachment No. 5**.

Figure No. 7: NS Health 2020 – Horizontal and vertical targets



4. Objectives of Particular Priority Areas

The four priority areas are interlinked, interdependent and mutually supportive. Action on health through the life course and empowerment of people will help contain the epidemic of noncommunicable diseases, as will stronger public health capacity. These, in turn, will also help to contain communicable disease outbreaks. Governments achieve higher health impact when they link up policies and investments and focus on reducing inequalities.

4.1. Priority Area 1

Priority area 1

Investing in health and disease prevention through a life-course approach, empowering people, providing safe and sustainable environment for the attainment of their full health potential (4)

Supporting good health throughout the life-course leads to increasing healthy life expectancy and a longevity dividend, both of which can yield important economic, societal and individual benefits. The demographic transformation that is underway requires an effective life-course strategy that gives priority to new approaches to promoting health and preventing disease. Improving health and health equity begins with pregnancy and early childhood development. Healthy children learn better, healthy adults are more productive, and healthy older people can continue to contribute actively to society. Promoting health and preventing disease throughout the life-course, is a policy priority and a major research priority.

Health promotion programmes based on principles of engagement and empowerment offer real benefits. These include: creating better conditions for health, improving health literacy, supporting independent living and making the healthier choice the easier choice. Furthermore, it means making pregnancies safe; giving people a healthy start in life; giving protection during childhood and for young people; promoting safety and well-being; promoting healthy workplaces; and supporting healthy ageing.

Health literacy needs to be improved. Communities and institutions should support individuals to gain access to, understand and use information and services in ways that promote and maintain good health. Access to good and intelligible health-related information is prerequisite for increasing awareness, for example through massmedia campaigns, e-Health, websites or product labelling.

People need to be empowered to take control of their own health. This requires creating database offering information on health care providers, the quality of health services and providing information about potential risks to prevent unwanted adverse events and health care errors.

Strong evidence indicates that cost-effective policy pathways can directly enhance population health and well-being. Practical experience and evidence on health promotion programmes and national strategies for preventing key disease groups, such as cardiovascular disease, cancer or diabetes mellitus type 2, have grown. They demonstrate that combining government leadership, supportive environments and approaches that promote a sense of control and empowerment can lead to success. Strengthening social behavioural research can provide a growing evidence base to highlight effective methods for health improvement.

Strengthening mental health promotion programmes is highly relevant. A particular challenge is to promote the early diagnosis of depression and prevent suicide by initiating community-based intervention programmes. Research is leading to a better understanding of the damaging association between mental health problems and social marginalization, unemployment, homelessness and alcohol and other substance use disorders. New forms of addiction related to online virtual worlds must also be addressed.

A strategic focus on healthy living for both young and older people is particularly valuable. A broad range of stakeholders can contribute to programmes that support their health, including intergenerational activities regarding differences in health between men and women through a life-course. For young people, these can include peer-to-peer education, involvement of youth organizations and school-based health literacy programmes. Integrating work on mental and sexual health is particularly important. For older people, active and healthy ageing initiatives can benefit health and quality of life.

Providing appropriate funding to maintain health promotion and prevention programmes, including vaccination, is of great importance. Comprehensive vaccination programmes are essential to guarantee vaccination among children against diseases included in the immunization schedule for children. The role of state in immunization remains crucial and non-transferable responsibility securing high immunization coverage. Promoting vaccination among specific groups of population, adolescents, adults and older people, and developing immunization schedules is necessary.

4.2. Priority Area 2

Priority area 2

Tackling major health challenges of noncommunicable and communicable diseases, continuous health monitoring (4)

It is essential to focus on a set of effective integrated strategies and interventions to address major health challenges. These are related to both noncommunicable and communicable diseases. Both types require combining determined public health action and health care system interventions. The effectiveness of these strategies is underpinned by actions on equity, social determinants of health, empowerment of people to take control of their own health, and supportive environments.

A combination of approaches is required to successfully address the high burden of noncommunicable diseases. The National Strategy supports the implementation of integrated whole-of-government and whole-of-society approaches, since it is increasingly recognized that action to influence individual behaviour has limited impact. Noncommunicable diseases are unequally distributed within and between countries and are closely linked to action on the life-style, social and environmental determinants of health.

As defined in **the Ottawa Charter for Health Promotion**, health promotion is at the core of declarations and strategies that encourage governments to develop intersectoral national strategies with goals and targets on key challenges related to noncommunicable diseases. The WHO Final Report of the Commission on Social Determinants of Health set targets and objectives to improve living conditions and tackle health inequity.

The National Strategy supports continued strong efforts to combat communicable diseases including the health system preparedness and response to pandemics. No country can afford to relax its vigilance, and we have to continually strive to maintain the highest standards. The priority action areas are as follows:

- **Building information and surveillance capacity:** to implement the International Health Regulations (IHR) adopted by WHO in 2005 in the Czech Republic through the National IHR Action Plan adopted by the Czech government (Resolution No. 785 of 25 October 2011); fulfill the Decision No. 1082/2013/EU of the European Parliament and of the Council on serious cross-border threats to health, improve information exchange and, where appropriate, implement joint surveillance and disease control activities by public health, veterinary, food and agriculture authorities to better control infectious diseases transmitted from animals to humans that constitute new nosological unit, emerging infectious diseases caused by drug-resistant organisms, and waterborne and foodborne infections.
- **Tackling serious viral and bacterial threats:** to combat antimicrobial resistance; to contain the emergence and spread of drug-resistant organisms and infections through the prudent use of antibiotics, and health care-associated infection; to ensure safe basic commodities such as water and food; to reach and maintain recommended immunization coverage.

Early detection, targeted treatments and disease surveillance on national and international level are crucial for containing diseases caused by infectious agents including emerging and re-emerging infections. Providing appropriate funding is required for routine molecular diagnostic methods and disease surveillance on national and international level. With the increasing burden of non-communicable diseases (diabetes, cancer, immune disorders, cardiovascular diseases), there is also an increasing number of people at greater risk of infectious disease and death associated with infectious disease. Developing preventive programmes and vaccination strategy for the susceptible population group at risk is needed.

4.3. Priority Area 3

Priority area 3

Strengthening people-centred health systems, ensuring the availability and accessibility of health services, focusing on health protection and promotion and disease prevention, strengthening public health capacities and emergency preparedness, continuous health monitoring and securing appropriate emergency response (4)

Achieving high-quality care and improved health outcomes requires health systems that are financially viable, fit for purpose, people-centred, evidence-informed and focused on health promotion and protection and disease prevention. All systems have to adapt to changing demography and patterns of disease, especially mental health challenges, chronic diseases and conditions related to ageing. This requires reorienting health care systems to give priority to disease prevention, foster continual quality improvement and integrate service delivery, ensure continuity of care, support self-care by patients and relocate care as close to home as is safe and cost-effective.

The National Strategy remains committed to a primary health care approach as a cornerstone of health systems in the 21st century. Primary health care can respond to today's needs by fostering an enabling environment for partnerships to thrive, and encouraging people to participate in new ways in their treatment and take better care of their own health. Making full use of 21st-century tools and innovations such as communications technology – digital records, telemedicine and e-health – and social media can contribute to better and more cost-effective care. Recognizing patients as a resource and as partners, and being accountable for patient outcome are important principles.

To ensure the best available care, health care provider network is organized in accordance with the national health care framework. To have access to most advanced care of the best quality, highly specialized care and specialized care need to be provided by specialists in centres using the most advanced technologies and specialized care medical equipment. Centralized care units improve the quality and safety of services.

Health promotion is one of the parameters of quality in hospital services. The WHO programme – Health Promoting Hospitals encourages health care providers to offer, besides diagnostics and treatment, the provision of health promotion and disease prevention services. Improving the quality and safety of health services is achieved through counselling for health care workers having demanding job and reducing stress load in hospital patients.

Health care sector helps to promote active and healthy ageing through preventive testing to ensure 'functional' health and self-sufficiency. Early detection and treatment of diseases associated with age enable older people to live as independently as possible. The health gain for older people achieved through preventive programmes is significant.

Achieving better health outcomes requires substantially strengthening public health functions and capacity. Prioritizing investment in public health institutional arrangements and capacity-building, and efforts to strengthen health protection and promotion and disease prevention can have important cost-effective benefits. Reviewing and adapting public health laws and instruments to modernize and strengthen public health functions can also help.

Revitalizing public health requires reforming the education and training of health professionals. They should focus on the new, people-centred methods to promote and protect health and prevent disease. This includes: team-based delivery of care; new forms of service delivery (including home care and long-term care); skills in supporting patient empowerment and self-care; and enhanced strategic planning, management, working across sectors and leadership capacity. It implies a new working culture that fosters new forms of cooperation between professionals in public health and health care as well as between health and social services professionals, and health and other sectors. It should be incorporated into pregradual education and training in the health promotion and protection field.

Developing adaptive policies, resilient structures and foresight to effectively anticipate and deal with public health emergencies is crucial for institutions as well as for citizens. It is important for policies to reflect the complexities of causal pathways and respond quickly and innovatively to unpredictable events, such as communicable disease outbreaks. The International Health Regulations require the Czech Republic to implement an intersectoral and cross-border approach to public health emergencies to respond to broad spectrum of risk factors and to be prepared to effectively manage health-related aspects of **emergencies and humanitarian disasters**, furthermore, to fulfill the obligations under the Decision No. 1082/2013/EU of the European Parliament and of the Council on serious cross-border threats to health and international cooperation within the European Centre for Disease Prevention and Control (ECDC).

4.4. Priority Area 4

Priority area 4

Creating resilient communities living in supportive environments (4)

Building resilience is a key factor in preventing disease, protecting and promoting health and well-being at both the individual and community levels. People's health chances are closely linked to the conditions in which they are born, grow, work and age. Systematically assessing the socioeconomic determinants of health in rapidly changing environment – especially related to technology, work, energy production and urbanization – is essential and must be followed by action to ensure positive benefits to health. Motivated and resilient communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and deal better with crisis and hardship. The National Healthy Cities Network based on the WHO Healthy Cities and Communities movement provides extensive examples on how to build such resilience, particularly by involving local people and generating community ownership of health issues. Other settings-based networks provide similar experiences – such as WHO healthy regions, health-promoting schools or health-promoting workplaces.

The role of the public sector in particular regions is irreplaceable. The public sector at the regional or local level should be provided with data on health, monitor and assess health indicators in the particular region, and evaluate health of the population and health determinants. Suggesting measures to improve health of the population in the particular region to prevent disease and reduce the adverse effects of health determinants is required as well as providing appropriate funding to promote and protect health and extend cooperation across sectors among relevant partners. Such approaches are very important for organizations, social group and others constituting civil society.

Collaboration between the environmental, health and other sectors is crucial to protect human health from the risks of a hazardous or contaminated environment and to create health-promoting social and physical settings. Hazards in the environment are a major determinant of health; many health conditions are linked to the environment, such as exposure to air pollution and the impact of climate change, and they interact with social determinants of health. Implementing preventive measures is crucial to protect health from the contaminated environment in particular regions.

5. National Strategy Implementation

5.1. Implementation Structure and National Strategy Implementation Management System ⁽³⁾

Management System

Essential elements of effective health protection and promotion and disease prevention management system include:

- **Government Council for Health and Environment** – operating as an inter-ministerial body for implementation of the National Strategy objectives and related implementing documents.
- **Ministerial Working Group for Health Protection and Promotion and Disease Prevention and for Implementation of the Health 2020 Programme in the Czech Republic as an advisory body to the Minister of Health** – its prime objective will be to fulfil and implement the National Strategy and provide methodological guidance, induction, coordination and detailed specification of short-term, mid-term and long-term measures in the area of health protection and promotion and disease prevention as well as to keep up with international developments and to ensure compliance with our international commitments. Members are appointed according to targets for health protection and promotion (**Figure No. 7: NS Health 2020 – Horizontal and vertical targets**).
- **Organizational unit within the National Institute of Public Health** – its main task will be to carry out day-to-day management and action control in disease prevention, health protection and promotion as well as to evaluate effectiveness of preventive actions and measures, to provide methodological guidance in the area of health impacts assessment, to propose process optimization, to provide methodological programme management, with the aim of becoming an efficient unit supporting the decision-making process at the Ministry of Health in the field of public health.
- **Continuous review and adjustment of strategic documents** relating to objectives and priorities of the National Strategy.
- **Systematic assessment of health status both nation-wide and at regional levels, fulfilment of National Strategy objectives, evaluation of specific measures and contribution thereof to health improvement.**
- **Systematic evaluation of activities carried out by public administration bodies mandated with public health protection** (Regional Public Health Authorities) **or contributing to public health protection** (Czech Agriculture and Food Inspection Authority, State Veterinary Administration, Czech Trade Inspection Authority, Czech Environmental Inspectorate, State Labour Inspection Office, etc.).
- **Health impact assessment in policy-making across all sectors**, monitoring and evaluation of impacts of these measures on health.

Human Resources (HR)

The following is required in order to provide effective HR-support of health protection and promotion and disease prevention:

- **Define and recruit specialized human resources in the healthcare sector and other sectors** as needed for disease prevention, health protection and promotion according to HR-based analysis and subject matter analysis of job tasks and job descriptions.
- **Expand professional training and education as needed for disease prevention, health protection and promotion**, e.g. by increasing the attractiveness of hygiene and epidemiology studies including preventative medicine at medical and non-medical colleges, also utilizing appropriate hands-on training and incorporating this topic in job specialization training and life-long training and education of physicians and non-physician health professionals.
- **Provide adequate professional training for medical and non-medical staff** engaged in disease prevention and health promotion, as well as **medical training/education for staff of public health protection bodies** as a basic requirement for effective disease prevention, public health protection and promotion.

Sustainable Funding of Disease Prevention, Health Protection and Promotion

To ensure smooth operation and efficiency of disease prevention, health protection and promotion, it is vital to obtain sustainable funding. The following steps shall be taken to accomplish the task:

- Identify sources and quantify existing funds in the system.
- Determine investment strategy and funds allocation.
- Determine financial sustainability parameters.
- Systematically evaluate effectiveness (by way of cost–benefit analysis) of disease prevention, health protection and promotion.

Legislation

In order to be successfully implemented, the National Strategy must be embedded in, and effectively supported by, appropriate legislation incorporating relevant EU legal regulations and other relating documents.

This requires the **existing legislation to be amended, primarily the Public Health Protection Act No. 258/2000 Coll.** so that it can better reflect the comprehensive scope of public health and healthcare, better take into account the role of the state and the public health protection bodies as well as local administration in disease prevention, health protection and promotion, their role in public health strategies and policies and the acceptance, implementation and evaluation thereof, as well as in monitoring and analysis of health and its determinants.

The basic legal framework relating to provision of health care services is covered by the **Act No. 372/2011 Coll.** on health care services and conditions of provision thereof.

Institutional Basis

Disease prevention, health protection and promotion cannot be successfully implemented without **functional and effective institutional infrastructure within the Ministry of Health as well as across all government sectors and other sections of the society.**

The institutional basis **at inter-sectoral level** is provided for by the Government Council for Health and Environment and requires cooperation between all ministries in taking actions according to the implementing documents.

The institutional basis **within the Ministry of Health** is constituted primarily by the Ministry of Health, the National Institute of Public Health, Regional Public Health Authorities, public health institutes, health insurers and the Institute of Health Information and Statistics. It is crucial to expand cooperation with hospitals and other health care facilities regarding health promotion, follow-up care and communication with the patient, as well as institutional information service enabling people to make informed decisions concerning their health.

In order to fulfil the tasks ensuing from the National Strategy it is necessary to **revitalize the existing disease prevention, health protection and promotion infrastructure.** Transformation of public health protection and promotion bodies and institutions was completed by amending the Public Health Protection Act No. 258/2000 Coll. in 2012. Now the system needs to be stabilized in terms of human resources and finances and its contents must be adjusted according to the aforesaid legislative measures.

In the process of accomplishing these tasks it is vital to cooperate with a wide range of sections of the society – primarily with citizens, families, representatives of various communities, civic initiatives, non-governmental organizations, local authorities, professional associations and institutions, schools, private sector, and mass media.

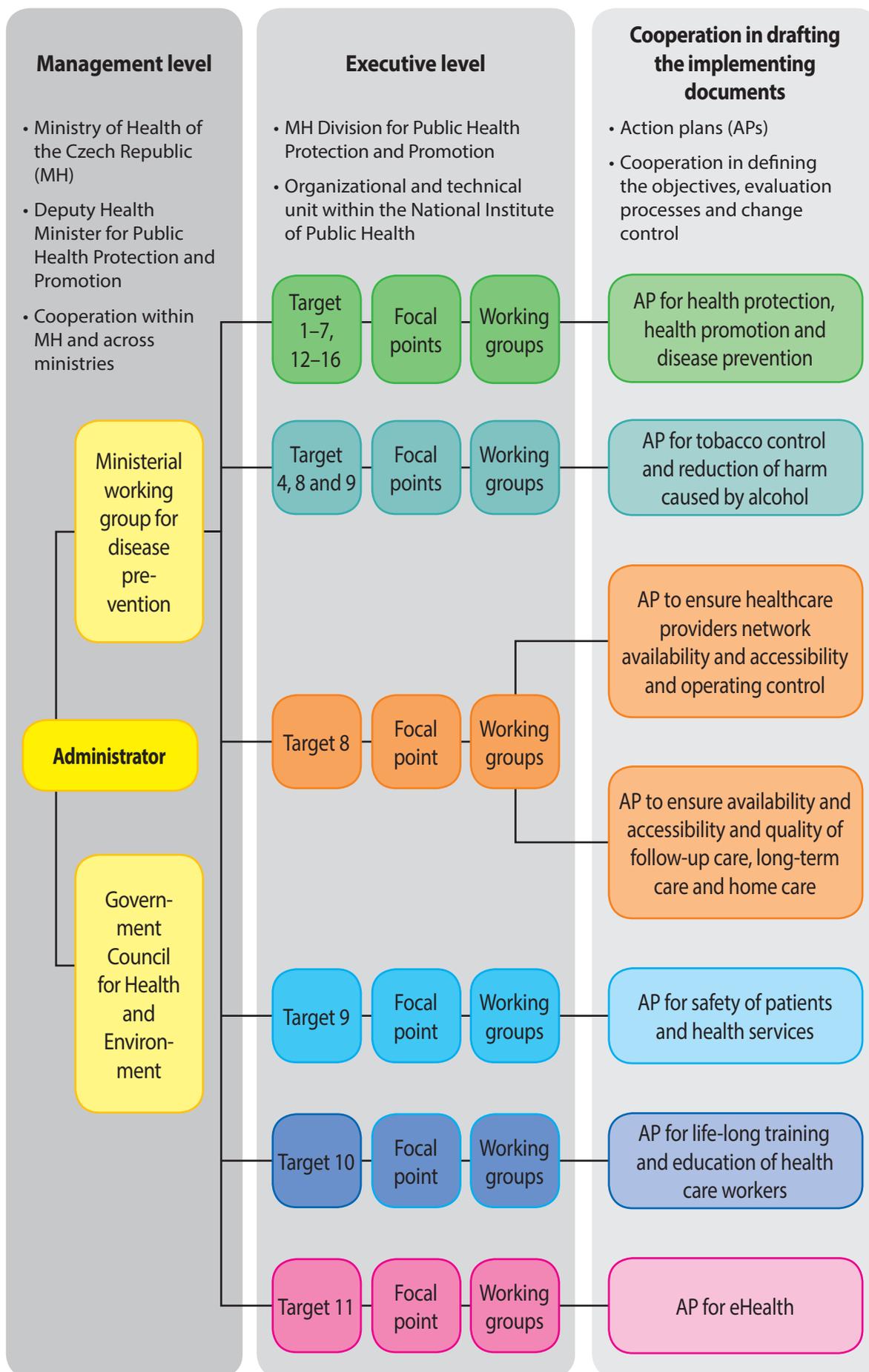
In order to ensure that disease prevention, health protection and promotion is implemented on the basis of evidence-based scientific knowledge it is crucial to obtain support from and to cooperate with individual divisions of the Ministry of Health, specialized medical associations under the Czech Medical Association of Jan Evangelista Purkyně, the Czech Medical Chamber, medical colleges, faculties of education etc.

Healthcare Policy

To be able to set out and implement health policy focused on the National Strategy objectives it is necessary, inter alia, to

- **utilize the outcome of Health 21 implementation analysis;**
- comply with commitments of the Czech Republic as a member state of the European Union and other international organizations;
- **utilize the experience of other developed countries;** for examples of institutional arrangements and coverage of disease prevention and health promotion in selected countries please refer to **Attachment No. 7.**

Figure No. 8: National Strategy implementing structures



5.2. Action Plan and Timescales

The National Strategy will be elaborated upon in individual implementing documents (action plans and other strategic and conceptual documents) according to specified targets of health protection and promotion and disease prevention, health condition of the Czech population and other public health and healthcare priorities. These documents will more closely specify partial objectives, responsibilities, indices and deadlines including definition of requirements for financial and non-financial coverage of relating indispensable costs.

List of Implementing Documents

- **Health protection and promotion and disease prevention action plan**

This action plan will cover targets 1–7, 12–16 (see Section 3.2, **Figure No. 7**) emphasizing the following.

- Creating the conditions for required funding of health promotion and preventative programmes including vaccination.
- Creating and implementing the life-long training and health education strategy, focused on helping the citizens to acknowledge the value of health and developing their capability to make informed decisions on their health.
- Utilization of effective social marketing methods in order to put forward healthier lifestyle choices based on contemporary scientific findings.
- Creating the conditions to support health and healthy lifestyle, to increase the level of health literacy and primary disease prevention including screening and vaccination programmes, and to decrease health inequalities; this requires active involvement of all ministries and other sections of the society.
- Strengthening of the whole-of-society approach to improvement of environment, workplace and living standard.
- Supporting the development and utilization of evaluation methods – economic health evaluation, health inequalities evaluation, Health Impact Assessment (HIA) as part of relevant concepts, health risks assessments etc.

Further instruments need to be created to implement the European Parliament and Council Resolution No. 1082/2013/EU on serious cross-border health threats (IHR).

- **Action plans and inter-sectoral strategic documents covering the area of tobacco control and reduction of health damage caused by alcohol**

Action plans and inter-sectoral strategic documents will cover targets 8, 9 and 4 (see Section 3.2, **Figure No. 7**). Under topic 4, the plans and documents will focus on development of inter-sectoral instruments relating to target 12 of Health 21 in compliance with the National Drug Control Strategy for the period of 2010–2018 and relating action plans as well as other national and international documents focused on this topic. (As regards tobacco, the documents will in particular take into account the WHO Framework Convention on Tobacco Control).

- **Action plan to ensure healthcare providers network availability, accessibility and operating control**

The action plan will cover target 8 (see Section 3.2, **Figure No. 7**) primarily aimed to centralize highly specialized healthcare pursuant to the Healthcare Services Act, as well as to establish a network of other providers of healthcare services aiming to concentrate specific types of healthcare.

- **Action plan to ensure availability, accessibility and quality improvement of follow-up care, long-term care, and home care**

The action plan will cover target 8 (see Section 3.2, **Figure No. 7**), focusing on improving the availability and accessibility of post-acute care in aging population in order to gradually eliminate the excessive demand versus supply of these services; setting up rules for changing one's choice of individual types of post-acute care and increase the sense of certainty among patients and health services providers regarding their entitlements to financial coverage.

- **Action plan to ensure quality and safety of healthcare services**

The action plan will cover target 9 (see Section 3.2, **Figure No. 7**), focusing on implementation of actions and tasks aimed to safeguard, control, and increase the quality of health care services and patient safety including health promotion (adoption and development of WHO standards for health-promoting hospitals) with respect to quality of healthcare services.

- **Action plan for life-long training and education of health care workers**

The action plan will cover target 10 (see Section 3.2, **Figure No. 7**), offering a system of analyses and prognoses to address the increasing education demands. This action plan is aimed at increasing the percentage of health care workers engaged in lifelong learning and education and to improve their soft skills as well as ICT skills and domain knowledge in health care, disease prevention and public health promotion.

• Action plan for eHealth

The action plan will cover target 11 (see Section 3.2, **Figure No. 7**). In August 2013, the eHealth project Steering Committee decided to draw up the National Conceptual Framework for e-Health as a basis for preparations of eHealth projects across the Czech Republic. The eHealth action plan should become an implementing tool for this concept, contributing to fulfilment of NS Health 2020.

Timescale

2014–2015: individual action plans to be drawn up and be approved by 31–12–2015; ongoing implementation of actions according to specified Health 21 targets as per the Government Resolutions No. 1046/2002 and No. 936/2007; the first report on NS Health 2020 implementation status to be submitted to the Cabinet by 30–9–2015.

2016–2020: action plans to be implemented.

2017: ongoing evaluation of the National Strategy and related implementing documents allowing for potential update of the National Strategy for the period beyond 2020.

2021: final report to be completed.

5.3. National Strategy Budget and Funding

The National Strategy is expected to utilize funds provided by the European Structural and Investment Fund for healthcare in the period of 2014–2020 as well as subsidies under the European Commission financial programme known as the Third EU Health Programme 2014–2020. Other costs will be covered as the state budget will allow. NS Health 2020 will be implemented by way of implementing documents whereby each of the documents will separately undergo a proper approval process and therefore the allocation of adequate funds will be planned and defined according to specific tasks.

Further funds as well as technical and expert support will be rendered to the Czech Republic by the World Health Organization as part of the Biennial Collaborative Agreements that are entered into by and between the WHO Regional Office for Europe and the Ministry of Health of the Czech Republic. The closest agreement is planned for 2014–2015 coinciding with the period dedicated to preparation of the National Strategy implementing documents.

The area of eHealth is counting on financial support both as part of the Employment Operating Programme for “soft” investments and as part of IROP where the issues of eHealth will be dealt with within Priority Axis 3 – Good Territorial Governance and Increase in Public Institutions Effectiveness, as well as specific task 3.3 – Increase in Public Administration Effectiveness and Transparency Through ITC Systems Expanded Development and Quality.

5.4. National Strategy Implementation Monitoring and Evaluation System

Regular annual reports on Health 21 fulfilment shall continue to be submitted pursuant to the Government Resolution No. 1046/2002 and No. 936/2007. As regards the National Strategy, regular reports on implementation status thereof shall be submitted according to a new government resolution.

Baseline values of monitoring indices for the purpose of National Strategy implementation assessment were obtained as an output from the Performance Report Evaluating the Attainment of Health 21 Targets from 2003 to 2012.

6. Strategy Development Process

Preparations to draw up Health 2020 – National Strategy for Health Protection and Promotion and Disease Prevention were formally initiated after the requirement had been raised for an update of the Health 21 programme with respect to the WHO Health 2020 programme approved at the 62nd session of the WHO Regional Committee for Europe in September 2012.

In order to accomplish the common objectives of WHO Health 2020, the National Strategy primarily employs the tools and procedures for public health protection and promotion and disease prevention.

The National Strategy constitutes a follow-up to the Health 21 programme supported by the Czech Government by Resolution No. 1046/2002 that:

- builds on the experiences gained from the Performance Report Evaluating the Attainment of Health 21 Targets from 2003 to 2012;
- reflects international developments and complies with international commitments of the Czech Republic as a member state of the European Union (EU) and the European region of WHO.

Furthermore, the National Strategy has been developed to address:

- the need to stabilize the system of disease prevention, health protection and promotion, and;
- the need to initiate efficient mechanisms to improve health of the population, sustainable in the long-term.

By resolution of the Senate of the Parliament of the Czech Republic No. 499 of 26 January 2012, adopted in the process of approving the bill to amend the Public Health Protection Act No. 258/2000 Coll. on public health protection and amendment of relating Acts, as amended, the Senate called upon the Ministry of Health to put forward the Conceptual Framework for Public Health Network and Primary Prevention in Public Health Protection.

The Conceptual Framework for Public Health Network and Primary Prevention in Public Health Protection (hereinafter Concept) was drawn up between April 2012 and March 2013 and was based on the “Propositions for Public Health Network Conceptual Framework and Strategy” introduced by Vladimír Valenta, M.D., Ph.D. after he had been appointed as Deputy Health Minister for Public Health Protection and Promotion and the Chief Public Health Officer of the Czech Republic in October 2012.

The said Concept was submitted by the Ministry of Health to the Senate of the Parliament of the Czech Republic in April 2013 as a baseline to stabilize and develop the system of public health protection and promotion as an integral part of the healthcare system. The Concept also formed a basis for the Health 2020 National Strategy.

Representatives of the Ministry of Health took part in the process of drawing up the Health 2020 document at the level of WHO as well as in translating, expert proofreading and publishing thereof between March and September 2013.

Between July and September of 2013, analytical part of the National Strategy preparation was completed and subsequently a process was triggered off to draw up the Health 2020 National Strategy as an intersection of the WHO Health 2020 programme and the Conceptual Framework for Public Health Network and Primary Prevention in Public Health Protection.

The National Strategy was approved by the Minister of Health – Martin Holcát, M.D., MBA – in December 2013. Having gone through the inter-sectoral amendment process it was approved by the Czech Government in January 2014 and by the Chamber of Deputies of the Parliament of the Czech Republic in March 2014.

7. National Strategy Development Team (alphabetical order)

Prof. Jan Holčík, M.D., D.Sc.	Social Medicine and Health Care Management Association, Czech Medical Association of J. E. Purkyně
Assoc. Prof. Jaroslav Kříž, M.D.	Hygiene and Community Medicine Association, Czech Medical Association of J. E. Purkyně
Růžena Kubínová, M.D.	National Institute of Public Health
Jarmila Rážová, M.D., Ph.D.	Ministry of Health of the Czech Republic
Jitka Sosnovcová, M.Sc.	National Institute of Public Health
Marta Špillingová M.A.	Ministry of Health of the Czech Republic
Vladimír Valenta, M.D., Ph.D.	Ministry of Health of the Czech Republic
Stanislav Wasserbauer, M.D.	Ministry of Health of the Czech Republic

The following authorities comments on strategy drafts were incorporated into the final version of the strategy

Ministry of Health of the Czech Republic (MH CR):

Department of European Funds MH CR

Department of International Affairs and European Union MH CR

Department of Health Services MH CR

Department of Informatics MH CR

Department of Health Insurance MH CR

MH CR Subordinate Organizations:

Regional Public Health Authority – South Moravian Region

Regional Public Health Authority – Hradec Králové Region

Regional Public Health Authority – Liberec Region

Regional Public Health Authority – Moravian-Silesian Region

Regional Public Health Authority – Pardubice Region

Regional Public Health Authority – Plzeň Region

Regional Public Health Authority – Central Bohemian Region

Regional Public Health Authority – Zlín Region

National Institute of Public Health

Health Institute Ústí nad Labem

Other Resorts

Ministry of Labour and Social Affairs of the Czech Republic

Ministry of Regional Development of the Czech Republic

Ministry of Industry and Trade of the Czech Republic

Regional Authorities

Regional Office of Zlín Region

Others

Academy of Sciences of the Czech Republic

Czech-Moravian Confederation of Trade Unions

Technological Agency of the Czech Republic

Office for Personal Data Protection

8. List of Abbreviations, References

AP	Action plan
CR	Czech Republic
ECDC	European Centre for Disease Prevention and Control
e-Health	Electronic health care
EC	European Commission
EU	European Union
HIA	Health Impact Assessment
HR	Human resources
ICT	Information and communication technology
IHR	International Health Regulations
IROP	Integrated Regional Operational Programme
MH CR	Ministry of Health of the Czech Republic
NS	National Strategy
NS Health 2020	Health 2020 – National Strategy on Health Protection and Promotion and Disease Prevention
OECD	Organization for Economic Co-operation and Development
WHO	World Health Organization

1. Health for all in the 21st century. *Ministry of Health of the Czech Republic* [online]. Prague: Ministry of Health CR, 3-12-2002 [cit. 28-08-2014]. Available from: http://mzcr.cz/Verejne/dokumenty/zdravi-pro-vsechny-v-stoleti_2461_1101_5.html.

2. *Health for all in the 21st century: performance Report evaluating the attainment of Health 21 targets from 2003 to 2012* [online]. Prague: National Institute of Public Health, 2013 [cited 28-08-2014]. Available from: www.szu.cz/uploads/documents/czpp/aktuality/Zdravi_21/Zdravi_21_final.17.6.doc.

3. Conceptual Framework for Public Health Network 2013. *Ministry of Health of the Czech Republic* [online]. Prague: Ministry of Health CR, 15-4-2014 [cited 28-08-2014]. Available from: http://www.mzcr.cz/verejne/dokumenty/koncepce-hygienicke-sluzby-2013_7740_5.html.

4. WORLD HEALTH ORGANIZATION. *Health 2020: A European policy framework and strategy for the 21st century*. Copenhagen: WHO, 2013. ISBN 978-92-890-0279-0.

9. Attachments

- Attachment No. 1: Performance Report on the Long-term Programme for Improving the Health of the Population of the Czech Republic from 2003 to 2012 – Summary
- Attachment No. 2: Selected legislative, strategic materials and concepts related to public health protection and promotion
- Attachment No. 3: Primary prevention effectiveness
- Attachment No. 4: Healthy life expectancy
- Attachment No. 5: Main causes of mortality and their determinants
- Attachment No. 6: List of current screening programmes
- Attachment No. 7: Disease prevention and health promotion in other countries – examples

Attachments can be found at www.mzcr.cz (in Czech)

HEALTH 2020

National Strategy for Health Protection
and Promotion and Disease Prevention