

EUROPEAN SOCIAL CHARTER

**THE TENTH REPORT
ON THE APPLICATION OF THE EUROPEAN SOCIAL CHARTER
SUBMITTED BY THE GOVERNMENT OF THE CZECH REPUBLIC
(for the period until December 31, 2011)**

Articles 3, 11, 12, 13 and 14 of the European Social Charter
and
Article 4 of the Additional Protocol of 1988

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ARTICLE 3: THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

Article 3, Section 1

“With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Contracting Parties undertake: to issue regulations to ensure the safety and protection of health at work;”

Legislation on health and safety at the workplace (hereinafter referred to as “OHS”)

1. **Act No. 262/2006 Coll.**, the Labour Code, as amended,
2. **Act No. 309/2006 Coll.**, stipulating further requirements for health and safety at work in labour-law relations and ensuring safety and health in activities or within services provided outside of labour-law relations,
3. **Act No. 258/2000 Coll.**, on Protection of Public Health and amending certain related Acts of the Parliament, as amended,
4. **Act No. 373/2011 Coll.**, on Specific Health Services, which entered into force on December 8, 2011 effective from April 1, 2012,
5. **Act No. 59/2006 Coll.**, on the Prevention of Serious Accidents Caused by Hazardous Chemical Substances or Chemical Preparations and amending Act No. 258/2000 Coll., on Protection of Public Health and amending certain related Acts of the Parliament, as amended, and Act No. 320/2002 Coll., Amending and Repealing Certain Acts in Connection with the Termination of Regional Authorities, as amended,
6. **Act No. 61/1988 Coll.**, on Mining Activities, Explosives and State Mining Administration, as amended,
7. **Act No. 251/2005 Coll.**, on Labour Inspection, as amended,
8. **Act No. 174/1968 Coll.**, on State Supervision of Safety, as amended,
9. **Government Decree No. 361/2007 Coll.**, laying down conditions for the protection of health at work,
10. **Government Decree No. 272/2011 Coll.**, on protection of health against adverse effects of noise and vibration which came into effect on November 1, 2011,
11. **Government Decree No. 1/2008 Coll.**, on protection of health against non-ionizing radiation, as amended by Government Regulation No. 106/2010 Coll.,
12. **Government Decree No. 378/2001 Coll.**, laying down detailed requirements for safe operation and use of machinery, technical equipment, instruments and tools,
13. **Government Decree No. 290/1995 Coll.**, laying down the list of occupational diseases,

14. **Government Decree No. 495/2001 Coll.**, establishing the extent and detailed conditions for the provision of personal protective equipment, washing, cleaning and disinfection means,
15. **Government Decree No. 11/2002 Coll.**, establishing the appearance and placement of safety signs and introduction of signals, as amended by Government Regulation No. 405/2004 Coll.,
16. **Government Decree No. 27/2002 Coll.**, laying down the methods of organization of work and work procedures that the employer is obliged to ensure for work related to animal breeding,
17. **Government Decree No. 28/2002 Coll.**, laying down the methods of organization of work and work procedures that the employer is obliged to ensure for forest work and at workplaces of similar nature,
18. **Government Decree No. 168/2002 Coll.**, laying down methods of organization of work and work procedures that the employer is obliged to ensure for the operation of transport equipment,
19. **Government Decree No. 148/2006 Coll.**, on protection of health against adverse effects of noise and vibration, cancelled on Nov. 1, 2011,
20. **Regulation No. 50/1978 Coll.**, on professional expertise in electrical engineering,
21. **Regulation No. 85/1978 Coll.**, on inspections, revisions and testing of gas equipment,
22. **Regulation No. 18/1979 Coll.**, which determines certain pressure equipment subject to specific obligations and provides for certain conditions to ensure the safety thereof,
23. **Regulation No. 21/1979 Coll.**, which determines certain gas equipment subject to specific obligations and provides for certain conditions to ensure the safety thereof,
24. **Regulation No. 48/1982 Coll.**, laying down basic requirements for ensuring safety of work and of technical equipment,
25. **Regulation No. 91/1993 Coll.**, to ensure safety of work in low-pressure boilers,
26. **Regulation No. 394/2006 Coll.**, defining work with sporadic and short-term exposure to asbestos and the procedure for determination of sporadic and short-term exposure within these activities,
27. **Regulation No. 432/2003 Coll.**, laying down the conditions for dividing jobs into categories, limit values of biological exposure tests, sampling conditions of biological material for biological exposure tests and requirements for reporting work with asbestos and biological agents,
28. **Regulation No. 600/2006 Coll.**, establishing tropical or otherwise difficult work areas for the purposes of additional leave,

29. **Regulation No. 523/2006 Coll.**, laying down limit values of noise indicators and the calculation thereof, basic requirements for the content of strategic noise maps and action plans and conditions of publicity in the preparation thereof (Regulation on Noise Mapping),
30. **Regulation No. 288/2003 Coll.**, establishing types of work and workplaces that are not suitable for pregnant women, breastfeeding women, mothers until the end of the ninth month after childbirth and adolescents, and the conditions under which young people can perform this work as an exception because of their professional training.

Update of the list of regulations contained in previous reports to include the legal regulations listed below in the field of safety and protection of health at the workplace for the period from 2008 until 2012 (first half of the year).

1. **Amendments to Regulation No. 22/1989 Coll.**, Regulation No. 361/2009 Coll., Regulation No. 35/2010 Coll., and Regulation No. 176/2011 Coll., amending Regulation No. **22/1989 Coll.**, on safety and occupational health and safety in mining and quarrying of non-reserved minerals underground,
2. **Amendment to Regulation No. 26/1989 Coll.**, Regulation No. 240/2009 Coll., amending Regulation No. **26/1989 Coll.**, on safety and occupational health and safety in mining activities and performing mining activities on the surface,
3. **Amendment to Regulation No. 51/1989 Coll.**, Regulation No. 395/2011 Coll., amending Regulation of the Czech Mining Authority No. **51/1989 Coll.**, on safety and occupational health and safety in the treatment and refining of minerals,
4. **Amendment to Regulation No. 55/1996 Coll.**, Regulation No. 265/2012 Coll., amending Regulation of the Czech Mining Authority No. **55/1996 Coll.**, on requirements to ensure health and safety at work and safety of operations carried out by underground mining methods,
5. **Amendment to Regulation No. 10/1994 Coll.**, Regulation No. 361/2009 Coll., amending Regulation of the Czech Mining Authority No. **10/1994 Coll.**, laying down technical requirements for carrying out anti-explosion dust and water caps,
6. **Amendment to Regulation No. 52/1997 Coll.**, Regulation No. 176/2011 Coll., amending Regulation of the Czech Mining Authority No. **52/1997 Coll.**, laying down requirements to ensure the safety and occupational health and safety in the liquidation of main mining works,
7. **Amendment to Regulation No. 659/2004 Coll.**, Regulation No. 35/2010 Coll., amending Regulation No. **659/2004 Coll.**, on safety and occupational health and safety in mines with danger of rock bursts,

8. **Government Decree No. 406/2004 Coll.**, on detailed requirements regarding safety and protection of health at the workplace in a potentially explosive environment,
9. **Government Decree No. 101/2005 Coll.**, on detailed requirements for workplaces and working environment,
10. **Government Decree No. 362/2005 Coll.**, on detailed requirements regarding safety and protection of health at workplaces with a risk of falling from a height or into a depth,
11. **Government Decree No. 591/2006 Coll.**, on detailed requirements regarding safety and protection of health during work on construction sites,
12. **Government Decree No. 592/2006 Coll.**, on conditions of accreditation and testing of professional competence,
13. **Government Decree No. 201/2010 Coll.**, on the method of recording accidents, reporting and sending records of the accident;
14. **Government Decree No. 114/2011 Coll.**, amending Government Decree No. 290/1995 Coll., laying down the list of occupational diseases;
15. **Regulation No. 73/2010 Coll.**, on determination of electrical devices and their division into classes and groups and detailed conditions of the safety thereof;
16. **Regulation No. 440/2001 Coll.**, on compensation for pain and compromised job prospects in the society, as amended by Regulation No. 50/2003 Coll.,
17. **Regulation No. 70/2012 Coll.**, on preventive examinations,
18. **Amendment to Regulation No. 239/1998 Coll.**, Regulation No. 52/2011 Coll., amending Regulation No. 239/1998 Coll., on safety and occupational health and safety in the mining and processing of oil and natural gas and in drilling and geophysical work and amending certain regulations to ensure the health and safety at work and safety in mining activities and activities using mining techniques.

On November 1, 2011, Government Decree No. 272/2011 Coll., on protection of health against adverse effects of noise and vibration came into force, which - *inter alia* - lays down hygienic limits of noise and vibration at work and replaced the previous Government Decree No. 148/2006 Coll. The Government Decree discontinued the national legal regulation of permissible exposure limits of vibration and laid down permissible exposure limits in accordance with European Parliament and Council Directive 2002/44/EC of June 25, 2002 on the minimum health and safety requirements regarding the exposure of workers to risks

arising from physical agents (vibration) sixteenth individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC.

Another legal regulation is Act No. 373/2011 Coll., on Specific Health Services which entered into force on December 8, 2011 with effect from April 1, 2012. The Act on Specific Health Services is one of a set of new legal regulations which replaced Act No. 20/1966 Coll., on Public Health Care. It is closely linked to the Act on Health Services and the Conditions of Providing those Services. In its definition of occupational medical services, the new Act builds on the scope of the health services laid down by the Occupational Health Services Convention (ILO No. 161), in particular regarding the regulation of the rights and obligations of the subjects involved. Providers of medical services, either in the field of general medicine or as general practitioners, provide occupational health services to employers always on the basis of a written contract, by virtue of their expertise, in workplaces with activities included in the first, second, second (risky), third or fourth category according to Art. 37 Sec. 2 of the Act on Protection of Public Health. If there is work belonging only to the first category occurs at the employer's workplaces, it is possible for occupational medical examinations (i.e. entry examinations and periodic examinations) to be provided by usual physicians of the employees or job seekers in question, always at the request of the employer or of the prospective employer.

In order to comply with ILO Convention No. 161 on Occupational Health Services under which the company health service includes broader activities than simply entry examinations and periodic examinations, the Act expressly provides that the physician providing occupational health services must be sufficiently familiar with the conditions of work for the employer so that comprehensive occupational medical services can be provided at the highest possible quality.

The occupational medical services provider is especially obliged to inform both employees and employee on the possible influence of factors of working conditions on the health of the employee. The occupational medical services provider shall also work with the employers, employees and concerned state supervisory authorities and other administrative bodies. Likewise, the occupational medical services provider shall inform the employer and the relevant administrative authorities on findings of material facts adversely affecting the health and safety at work, issue medical opinions for the purposes of assessing the causes of injury and also to keep medical records on how the working conditions affect the health of the workers.

At present, work is being finalized regarding the preparation of the publishing of a regulation to the Act No. 373/2011 Coll., which should regulate in more detail the types, frequency and content of medical examinations necessary to determine the health status of persons assessed and the assessment of health capability, range of examinations, procedure for ensuring and carrying out medical examinations, including on when to perform medical examinations, the conditions under which a medical opinion can be issued, the time-limit and the conditions for the validity thereof including the conditions under which one can request a new medical assessment, and the period during which the medical opinion can be applied.

Information about changes in legislation in the field of safety and health protection at work (OHS):

- The Czech Republic ratified the ILO Convention No. 81 on Labour Inspection and No. 129 on Labour Inspection in Agriculture.

- Amendment to the Labour Code No. **365/2011 Coll.**, effective as since January 1, 2012 in response to a Constitutional Court ruling published under No. 116/2008 Coll., changed the fundamental and systemic approaches of the Labour Code and reflected in the Labour Code the supportive role of the Civil Code in labour-law relations. Therefore, the amendment to the Labour Code introduced changes also in the area of regulation of health and safety, namely in the provisions of Art. 101 Sec. 6, Art. 102 Sec. 4 to 6, Art. 103 Sec. 1 to 3, Art. 104 Sections 2 and 5, Art. 105 Sec. 2 to 6 and Art. 108 Sec. 1, **to review and emphasize the prescriptive** (mandatory) **nature of these provisions** so that the public has a clear understanding of the content and to ensure that these provisions of the Labour Code have a precise meaning.
- The amendment to Act No. **309/2006 Coll.**, stipulating other requirements of health and safety at work in labour-law relations and measures for ensuring safety and health during activities or services provided outside of labour-law relations (Act on Other Conditions of Safety and Health at the Workplace) by Act No. 189/2008 Coll., which became effective on July 1, 2008 inserted into this Act Art. 10 Sec. 2 which requires that **the test of professional competence shall be re-taken every 5 years**.
- Act No. **225/2012 Coll.**, amending Act No. 309/2006 Coll., that stipulates other requirements of health and safety at work in labour-law relations and measures to ensure safety and health within activities or services provided outside labour-law relations (Act on Other Conditions of Safety and Health at the Workplace) as amended, and Act No. 634/2004 Coll., on Administrative Fees, as amended, **established administrative fees** in proceedings to grant accreditation, changing accreditation, extension of accreditation, extension of authority to conduct examinations of professional competence or special professional competence and authorization to conduct examinations of professional competence or special professional competence.
- Act No. 309/2006 Coll., on Other Conditions of Safety and Health at the Workplace, as amended, **provides in Art. 12 thereof** that the legal relations concerning the safety and health within activities or services provided outside labour-law relations are subject to Art. 101 Sections 1 and 2, Art. 102, 104 and 105 of the Labour Code and Art. 2 to 11, taking into account the conditions of activities carried out or the provision of services and the extent thereof in the case of:
 - a) **an employer who is a natural person who also works himself/herself**,
 - b) **a natural person who is self-employed** under a special legal regulation [e.g. Act No. 455/1991 Coll., on Trade Licenses (Trade Licenses Act), as amended],
 - c) **a cooperating family member** of a person referred to in subsection a) or b),
 - d) **a natural person or legal entity who authorizes construction** (the investor of a building) or is the contractor (builder) or is involved in the construction work.

Furthermore, according to Art. 13 of Act No. 309/2006 Coll., where the Labour Code or the first part of Act No. 309/2006 Coll. uses the term **employer or employee**, this shall also mean the aforementioned **persons under Art. 12** of the said Act.

In its Conclusions on the previous report, the Committee requested answers to the following questions:

The Committee asks that the next report contain more information on the changes introduced by the new Labour Code and the newly adopted legislation as well as the impact thereof on the legislative framework for health and safety at the workplace.

Answered above.

Information on changes resulting from the newly adopted legislation and its impact on the overall legislative framework of health and safety at work:

Answered above.

The Committee asks whether the authorities have considered drawing up an inventory of all contaminated buildings and materials. Bearing in mind the importance of this question in the light of the right to health of the population (Article 11), the Committee asks for the next report to provide specific information on steps taken to this effect.

Inventory of contaminated buildings and materials, including the action taken:

As regards the possibility to compile an inventory of contaminated buildings and materials, buildings and materials that contain asbestos are seen as a priority. Due to the fact that prior to the introduction of a ban on marketing asbestos, this substance had been commonly used in the Czech Republic, especially as an ingredient in a variety of construction and fire-resistant materials, it is not realistic to make an inventory of buildings in which asbestos thus used is still present. However, with regard to the fact that production of materials containing asbestos has been *de facto* discontinued in the Czech Republic since 1996, and with legislation banning it entirely since 2004 when the Labour Code prohibited the introduction of asbestos into the market, it nonetheless remains a priority to remove asbestos within renovated buildings or parts thereof.

Partly targeted search for buildings in which materials containing asbestos were clearly used in the past is the quest to find buildings of schools and educational institutions of all types that had undergone reconstruction within the “Green Savings” project because installing new thermal insulation in these buildings and the reconstruction work confirmed that the buildings had contained asbestos. To verify that the reconstruction projects were performed in accordance with legal requirements and the level of asbestos was not dangerous to the people who will study and work there after reconstruction, especially children and adolescents, it was decided to measure asbestos and other mineral fibres in the indoor environment of the residential rooms. Measurements were taken in a total of approximately 2000 measuring points in 248 buildings.

The data collection methodology was prepared in cooperation with the Czech Statistical Office and the Institute for Medical Information of the Czech Republic; the methodology became the basis for new Binding Instructions to the National Registry of Occupational Diseases issued by the Institute of Health Information Systems (IHIS/ÚZIS) on the basis of statutory authorization. Data on occupational diseases reported in the Czech Republic are transmitted to EUROSTAT via ÚZIS and the Czech Statistical Office (CSO/ČSÚ).

The Committee asks the next report to indicate specially how health and safety regulations apply to different categories of self-employed workers since the entry into force of the new Labour Code.

Answered above see Act No. 309/2006 Coll., stipulating further requirements for health and safety at work in labour-law relations and ensuring safety and health in activities or within services provided outside of labour-law relations (Act on Other Conditions of Safety and Health at the Work).

Article 3, Section 2

“With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Contracting Parties undertake: to provide for the enforcement of such regulations by measures of supervision;”

Updates and amendments to Article 3, Section 2

- a) “number of workplaces, including domestic, subject to the inspections, stating categories of enterprises that are not subject to these inspections”
- b) “number of inspections made”
- c) “the share of workers covered by these visits inspections”

Ad a) Around 380 organizations were within the supervisory powers of the state mining administration in the given period, of whom 270 are active in mining. Other organizations are monitored especially as owners of mining claims or they provide for the ultimate reclamation after mining, etc. Approximately 50 organizations carried out a geological and hydrogeological surveys, including the assessment thereof, approximately 90 organizations implemented constructions underground, about 50 organizations performed blasting operations as their main activity (burst work for mining companies, destruction, and other specialized work). Random inspections are performed regarding about 260 further organizations with between 1 and 5 employees.

Ad b) The state mining administration carried out a total of 7,097 inspections in 2008, while 7,061 inspections were carried out in 2009, 6,501 inspections in 2010 and 5,623 inspections in 2011.

Ad c) The number of employees employed in the extraction of minerals was 31,950 in **2008**, of which 16,000 were working underground. The number of other employees in mining activities and activities performed in a miner-like manner amounted to 3,700, of which 2,000 were working underground. The number of workers employed in the manufacture of explosives was about 1,500.

The number of employees employed in the extraction of minerals amounted to 29,800 in **2009**, of which 15,100 worked underground. The number of other employees in mining activities and activities performed in a miner-like manner amounted to 3,500, of which 2,000 were working underground. The number of workers employed in the manufacture of explosives was about 1,500.

The number of employees employed in the extraction of minerals was 29,300 in **2010**, of which 14,800 were working underground. The number of other employees in mining activities and activities performed in a miner-like manner amounted to 3,700, of which 2,000 were working underground. The number of workers employed in the manufacture of explosives was about 1,500.

The number of employees employed in the extraction of minerals amounted to 28,800 in **2011**, of which 15,000 were working underground. The number of other employees in mining activities and activities performed in a miner-like manner amounted to 3,550, of which 1,900 were working underground. The number of workers employed in the manufacture of explosives was about 1,500.

Updates and amendments to Article 3, Section 2 the system of civil and criminal penalties that guarantee the implementation of regulations on occupational health and safety and information on breaches ascertained

- a) the number of offences detected
- b) industries in which the offences occurred
- c) the action taken as the result thereof, including legal proceedings

In areas subject to inspections by the state mining administration, the following occurred in the year noted:

Ad a) **2008** – 43 workplaces visited, fines equal to CZK 419,200 imposed (of which by the Czech Mining Office CZK 4,000 , district mining offices imposed CZK 415,200), serious breaches of health and safety were punished in administrative proceedings by fines equal to CZK 3,191,000. The number of offences was not monitored during the inspection activity.

2009 – 52 workplaces visited, fines equal to CZK 393,700imposed (of which by the Czech Mining Office CZK 3,000 , district mining offices imposed CZK 390,700), serious breaches of health and safety were punished in administrative proceedings by fines equal to CZK 1,908,000. The number of offences was not monitored during the inspection activity.

2010 - 46 workplaces visited, fines equal to CZK 353,000 imposed (of which by the Czech Mining Office CZK 3000, district mining offices imposed CZK 350 000), serious breaches of health and safety were punished in administrative proceedings by fines equal to CZK 3,316,500. The number of offences was not monitored during the inspection activity.

2011 - 42 workplaces visited, fines equal to CZK 317,600 imposed (of which by the Czech Mining Office CZK 300, district mining offices imposed CZK 317,300), serious breaches of health and safety were punished in administrative proceedings by fines equal to CZK 1,935,000 (of which by Czech Mining Office CZK 100,000-, district mining authorities CZK 1,835,000). The number of offences was not monitored during the inspection activity.

Ad b) defects and deficiencies for which fines or penalties in administrative proceedings were imposed, were found in organizations which are subject to the supervision of the state mining administration.

Ad c) measures of a technical and organizational nature are being taken to remove the defects and deficiencies.

Activities of Inspectors of Labour Inspection in 2011

Inspection activities were carried out as set in the annual programme of inspections of the State Labour Inspection Office for the year 2011 which was discussed in advance with higher trade union bodies and organizations and approved by the Ministry of Labour and Social Affairs. When formulating this programme, the State Labour Inspectorate also based its

approach on the strategy of the European Union. The programme also took into account and reflected the results of the analysis of accidents at work and suggestions by the public for carrying out inspection, findings of the inspection activities in the past year, as well as suggestions and comments of the social partners. The programme of inspections for the year 2011 consisted of 18 main inspection tasks with nationwide coverage.

Apart from the predefined main tasks, the labour inspection authorities in 2011 focused to a large extent on announced coordinated inspections regarding legal regulations of employment, working conditions and relations, including health and safety and social insurance in coordination with the bodies of the Labour Office of the Czech Republic and the Social Security Administration. Extensive extraordinary inspection actions were aimed at detecting illegal employment in restaurants and accommodation facilities. Further coordinated inspections were carried out in retail stores, at construction sites, in primary and secondary schools (with a focus on repeated concluding of fixed-term employment contracts with teachers) and with entities providing packing and assembling activities.

Other tasks for the labour inspection authorities in the area of inspections had been defined by regional labour inspectorates in their plans tailored to individual regions and based on notifications received from the public and performed them by the public in their regional activities (e.g. summer camps focusing on compliance with legislative requirements in terms of ensuring health and safety issues and labour-law relations and working conditions (hereinafter referred to as “PVP”). In addition to performance of the main inspections, the regional labour inspectorates carried out other activities that were conducted within the scope of their responsibilities under the Act on Labour Inspection.

Cooperation started within the coordinated inspections with the bodies of the Labour Office of the Czech Republic, the Czech Social Security Administration, the Foreign Police, Customs Administration and local police in various cities. Outside these institutions, labour inspection authorities co-operated, based on agreed and signed contracts and negotiations, with various partners the Czech Trade Inspection, the Czech Environmental Inspection, trade unions, the police, building authorities, trade authorities, trade unions environmental hygiene stations, etc.

Inspection Activities Divided into Major Tasks in 2011

The main tasks were stipulated in the annual programme of inspections of the State Labour Inspection Office for the year 2011, based on which the control activities were realised.

List of Major Tasks in 2011

- Compliance with labour-law legislation including health and safety protection for employers who employ people with disabilities,
- Compliance with labour law relations when employing employees in small and medium-sized enterprises in the food industry,
- Monitoring of compliance with the privacy of employees in the workplace,
- Compliance with labour law by employment agencies,
- Implementation of inspections based on violations notification of labour law and regulations in the area of OHS,
- Safety in construction,
- Employers in transportation,
- OHS system and working conditions in small and medium-sized enterprises,

- Ensuring safety and technical equipment for the use of electrical equipment in their rental and leasing,
- Compliance with regulations to ensure health and safety and safety of technical equipment during operation of dedicated technical equipment steam and liquid boilers,
- Fulfilling the obligations arising from legislation to ensure health and safety of lifting equipment for material handling and loading,
- Safety in engineering,
- OHS system at schools and school facilities with a focus on vocational education,
- Review of OHS in agriculture,
- Compliance monitoring to ensure safety in the operation of gas equipment in buildings with public access,
- Integrated inspection pursuant to Act No. 59/2006 Coll., on the prevention of major accidents,
- The “Safe Enterprise”,
- Implementation of planned coordinated inspections in cooperation with bodies Labour Office (hereinafter referred to as the “LO”), the State Labour Inspection Office (hereinafter referred to as “SLIO”) and the Czech Social Security Administration (hereinafter referred to as “CSSA”) in the area of regulations on employment, working conditions and relations, including health and safety and social insurance (in areas such as restaurants and accommodation facilities, retail stores, agency employment; entities engaged in packaging and assembling activities; construction),
- Compliance with the tasks assigned by investor and contracting OHS coordinator at the site,
- Primary and secondary schools with a focus on re-negotiating relations with teachers,
- Coordinated inspections focused on compliance with labour law regulations by employment agencies,
- Coordinated inspections in cooperation between SLIO, LO and CSSA, focusing on selected areas of business of controlled people,
- Other joint inspections with government authorities,

Reports on individual tasks mentioned above are included in the Annual summary report on the results of inspections carried out by Labour Inspection in the year 2011 (<http://www.suip.cz/rocni-zpravy/>).

Activities Implemented Outside the Main Tasks Set

Prevention

The SLIO emphasizes prevention, and therefore provides information on working and wage conditions in the Czech Republic in several languages on its website.

In 2011, a pilot project of an electronic information exchange system was commissioned (hereinafter referred to as “IMI”) between the Member States of the European Union. The Czech Republic supported the introduction of this system for exchanging information that has proven to be very effective, economical, fast, and simpler. One of its great advantages is the automatic use of the language of the relevant country as there is no problem with the translation. An evaluation of the pilot project should be carried out in 2012, any deficiencies should be remedied and the use of IMI should be adopted as the official form of providing information, especially on posted workers in the provision of services among the countries of the European Union.

Counselling Activities

The Labour Inspection Act requires the State Labour Inspection Office to provide guidance to the public which is free of charge. In 2011, the SLIO and regional labour inspectorates provided advisory and counselling activities at least twice a week, usually on Mondays and

Wednesdays, or by appointment at any time during the work week at the seats of the regional labour inspectorates.

In addition, inspectors provided advice at least once per week at the other contact points set up for this purpose in all former district towns. The public was informed on the opening hours at the consultation sites and also on the websites of regional labour inspectorates. Many consultations were thus held outside consulting hours based on mutual agreement with the citizen or by telephone. Electronic means have been widely used. Professional advice on complex cases in the areas of labour law and OHS or in the field of prescribed technical equipment has been provided by inspectors knowledgeable in the field, usually by prior arrangement.

As in previous years, the most frequently asked questions related to remuneration, the creation and termination of employment, income compensation, overtime, holiday/leave entitlements, compliance in domestic and international transport and also equal treatment of workers. New areas of inquiry included the issue of the use of CCTV in the workplace, the use of work e-mails, etc. A small part of the questions were on problems in the area of safety and health at the workplace. Queries primarily concerned with the provision of personal protective equipment.

Also in 2011, questions were raised in a number of seminars and lectures organized in various fields of activities, in which the business community and self-employed workers took part. Lectures were focused on issues of new or proposed legislation in the field of occupational safety and technical equipment. The most frequently consulted topics were OHS, capacity to enter into a contract of employment and the application of Act No. 309/2006 Coll., following the practical compliance with the obligations of construction authorities, OHS coordinators at construction sites and contractors of construction work (especially the method and scope of occupational safety and health plan which is not regulated in detail by legislation) within the submitted project documentation.

OHS Campaign in 2011

Safety Campaign in Logging

Based on the increasing share of fatal accidents during work in the forest caused by natural persons who perform self-employed activity under Art. 12 and 13 of Act No. 309/2006 Coll., a campaign was launched with a focus on safety at work compliance in connection with logging, transportation and handling of wood.

The aim of this project was to examine how the self-employed comply with their obligations in ensuring safety at work in the forest. Apart from the Regional Inspectorate for Prague, all regional labour inspectorates took part in the task.

The total of 65 self-employed workers were inspected within the campaign and 83 deficiencies were found. Corrective measures (65 cases of identified deficiencies) and also technical and organizational measures (in 10 cases) were imposed.

The prevention and introduction of risks connected with felling of trees were fundamental parts of the campaign aiming to reduce the number of accidents at work. Based on the results of the campaign and accidents at work investigation, the State Labour Inspection decided to extend the inspections in forest industry (including self-employed workers) also in 2012.

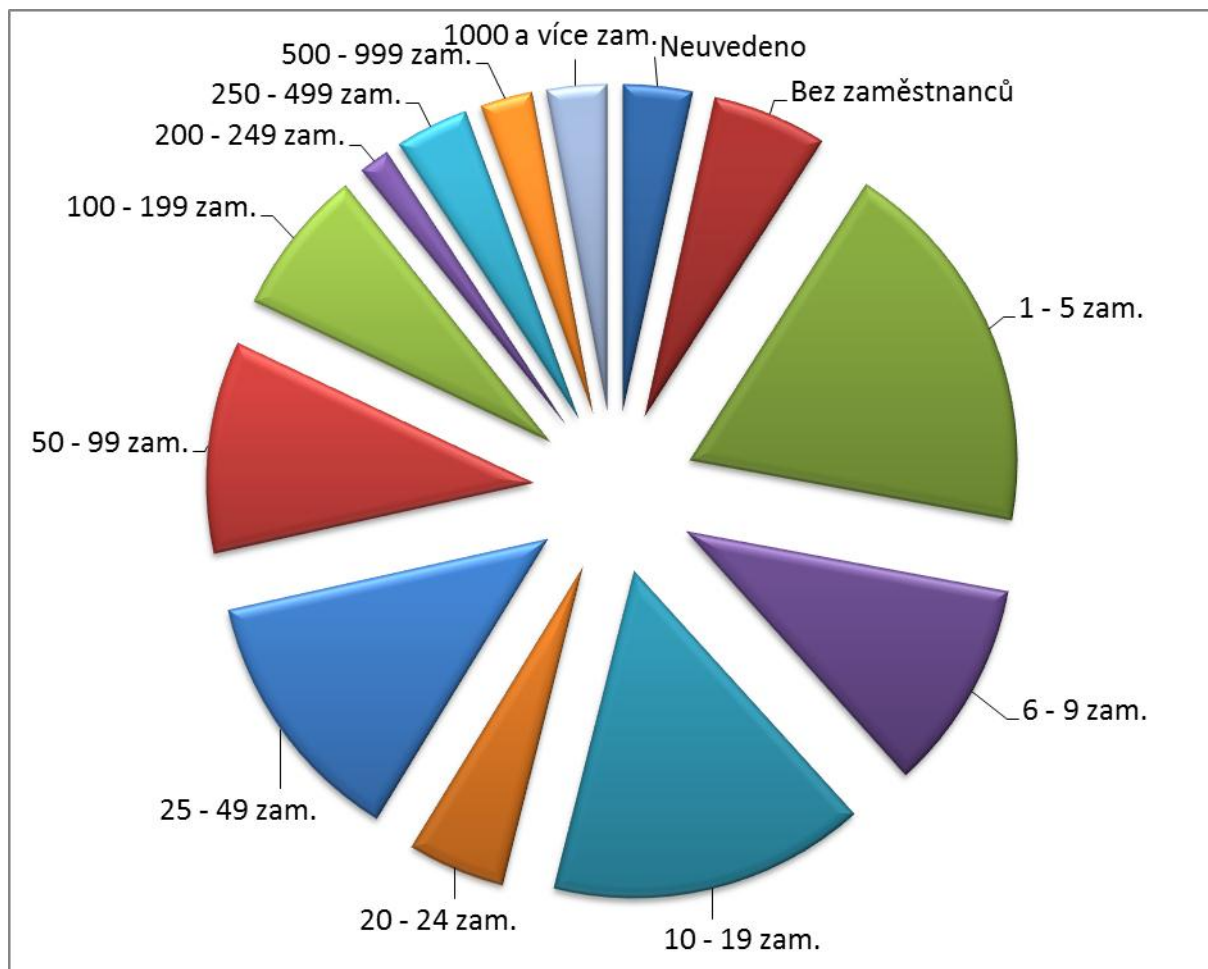
The Number of Inspections Entities, Number of Infringements in 2011

The main focus of Inspections	Number of Checked Employers	Cases of Infringement of Legal Regulations
Employers who employ people with disabilities	57	114
Employers in the food industry	217	389
Privacy protection of workers at the workplace	176	258
Employment agencies	58	149
Primary schools	52	33
Inspections of natural persons or legal entities cooperating with employment agencies	28	31
OHS in the construction sector	775	2,392
Employers in transport	350	1,383
OHS inspections in small and medium enterprises	3,355	13,630
Electric equipment in rental and leasing	149	520
OHS inspections focused on liquid and steam boilers	228	687
Lifting devices for material handling and loading	554	1,677
Gas equipment in buildings open to public	510	2,504
Responsibilities of managers supervising construction site	248	372
OHS inspections in engineering	314	1,114
OHS inspections at schools and educational institutions with practical teaching	251	1,082
OHS system in agriculture	219	1,023
Prevention of serious accidents	83	316
the "Safe Enterprise" program	38	160
OHS of self-employed persons and employers at work in forest	68	110
Inspections based on notifications from the public	2,640	5,866
Coordinated checks of compliance with the Employment Act, PVP, incl. OHS and social insurance	1,072	2,275
Coordinated inspections in hospitality and lodging	4,932	4,679
Joint OHS inspections	506	2,458
Coordinated inspections in retail stores	1,266	1,056
Coordinated inspections of packaging and assembling activities	1,328	1,756
Coordinated inspections of employment agencies	448	371
Coordinated inspections of construction sites	462	1,019
Main Tasks in Total	20,384	47,424
Accidents at Work	384	552
Follow-up Inspections	2,616	413
Other	431	862

Documentation and Approval of premises to be regularly occupied	2,395	135
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The Proportion of Inspections According to the Size of the Employer for All Main Tasks in 2011

ESAW Category	Quantity
Not stated	323
0 employees	536
1–5 employees	1,792
6–9 employees	986
10–19 employees	1,482
20–24 employees	458
25–49 employees	1,212
50–99 employees	998
100–199 employees	687
200–249 employees	145
250–499 employees	344
500–999 employees	246
1 000 employees or more	283



Key:

1000 a více zam.	1,000 employees or more
Bez zaměstnanců	No employees
zam.	Employees
Neuvedeno	Not available

The number of Inspections in the Most Frequently Supervised Industries in 2011

Industry	The number of Inspections
Boarding at restaurants, refreshment stands and mobile refreshments units	762
Construction of residential and non-residential buildings	567
Road freight transport	299
Bakery and confectionery production, apart from durable cakes	222
Mixed economy	212

Secondary vocational education at secondary schools	176
Non-specialized wholesale	170
Engineering	164
Maintenance and repair of motor vehicles, except motorcycles	146
Other production of carpentry and joinery	123
Secondary education at vocational schools	117
Manufacture of metal constructions and their components	112
General public administration activities	103

Inspections on the Basis of Notifications from the Public

	Number of Received Notifications	Number of Inspections
2006	5,485	2,607
2007	4,751	2,843
2008	5,236	3,584
2009	5,748	3,965
2010	5,543	3,714
2011	5,546	2,455

The most frequently breached provisions of Act No. 262/2006 Coll., in 2011

Provisions of the Labour Code		Wording	#
Article	Section		
37	1	Essential elements of an employment contract	4,128
102	1	Working conditions securing	3,136
103	1	Employer's obligations	2,786
103	2	Employer's obligations	2,396
96	1	Working hours records	1,628
112	3	Additional payment to the amount of guaranteed wage	1,452
141	1	Due date of wages payment	1,282
102	3	Employer's obligations	1,217

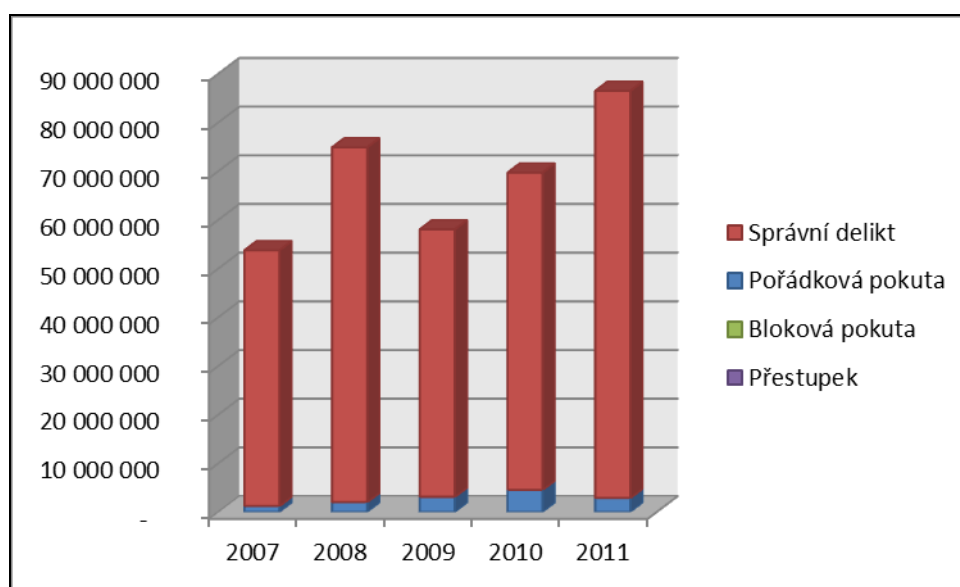
104	5	Personal protective equipment	1,175
102	4	Risks elimination -	932
112	2	Guaranteed wage	929
103	3	Health and safety training	867
313	1	Employment certificate	859
118	1	Compensation for Saturday and Sunday	708
116		Compensation for night work	470

The Number and Amount of Fines Imposed in 2011

The Main Focus of Inspections	Number of Fines Imposed	Total of Fines Imposed (in CZK)
Employers who employ people with disabilities	2	45 000
Employers in the food industry	20	428 000
Privacy protection of workers at the workplace	2	70 000
Employment agencies	9	700 000
Primary schools	5	170 000
Inspections of natural persons or legal entities cooperating with employment agencies	2	35 000
OHS in construction sector	81	2 129 000
Employers in transport	28	1 086 500
OHS inspections in small and medium enterprises	178	5 152 000
Electric equipment in rental and leasing	8	90 000
OHS inspections focused on liquid and steam boilers	11	189 000
Lifting devices for material handling and loading	25	916 000
Gas equipment in buildings open to public	47	821 000
Responsibilities of managers supervising construction site	27	586 000
OHS in engineering	12	305 000
OHS inspections at schools and educational institutions with vocational education	3	75 000
OHS system in agriculture	15	350 000
Inspections based on notifications from the public	392	11 648 000
Coordinated inspections of compliance with the Employment Act, PVP, incl. OHS and social insurance	190	4 646 500
Coordinated checks in the hospitality and accommodation	950	16 494 000
Joint inspections of OHS	80	1 411 000
Coordinated inspections in retail stores	66	1 007 000
Coordinated inspections of packaging and assembling activities	29	611 000
Coordinated inspections of employment agencies	11	175 000
Coordinated inspections of construction sites	84	1 430 000
Main Tasks in Total	2 277	50 570 000
Accidents at Work	158	14 202 000
Other	130	2 138 000
Fines imposed in previous years	211	16 697 000
Procedural Fines	94	2 893 000
Total	2 870	86 500 000

The Overview of the Number and Total Amount of Fines Imposed in 2006–2011

Year	# of Fines	Amount of Fines in CZK
2006	810	17 692 500
2007	2 044	52 826 700
2008	2 196	78 124 500
2009	1 905	59 912 000
2010	2 035	65 530 000
2011	2 870	86 500 000



Key:

Správní delikt	Administrative delict
Pořádková pokuta	Procedural fine
Bloková pokuta	Fine
Přestupek	Offence

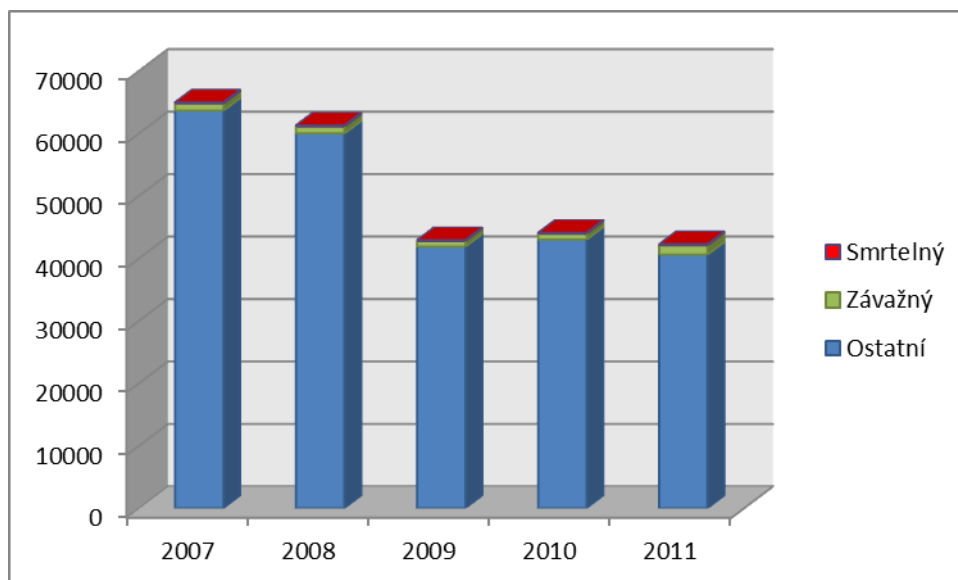
Accidents at Work

Overview of the Number of Accidents Recorded by the SLIO (State Labour Inspection Office) in 2006–2011

In accordance with Art. 5, Sec. 1, item e) of Act No. 251/2005 Coll., on Labour Inspection, as amended, SLIO carried out inspections focused on causes and circumstances of accidents at work or participated in an on-the-spot accident investigation in the case of 414 accidents (94 fatal, 313 serious and 7 other accidents). Regional labour inspectorates also carried out inspections based on notifications from the public concerning accidents at work.

Note: Other accidents at work – an injury with temporary incapacity to work of more than three days.
Serious accidents at work – an injury requiring hospitalization for more than five days.
Fatal accidents – an injury in which the consequences of the accident caused that the affected employee died within one year.

	Other accidents at work	Fatal accidents	Serious accidents at work	Total
	<i>Quantity of accidents</i>			
2006	66 819	156	1 087	68 062
2007	63 665	192	1 101	64 958
2008	59 590	183	1 079	60 852
2009	41 606	126	868	42 600
2010	42 684	135	928	43 747
2011	40 644	137	1 491	42 272



Key:

Smrtelný	Fatal accident at work
Závažný	Serious accident at work
Ostatní	Other accidents

The Highest Occurrence of Fatal Accidents at Work in Individual Industries in 2011

Industry	Type of injury			Total
	Fatal	Serious	Other	
	Quantity of accidents			
Road freight transport	14	72	1 058	1 144
Construction of residential and non-residential buildings	10	95	1 270	1 375
Urban and suburban passenger land transport	4	20	659	683
Mixed economy	4	70	1 817	1 891
Activities of private security agencies	3	10	192	205
Other specialized construction activities	3	16	162	181
Collection of non-hazardous waste	3	16	501	520
Tertiary education	3	6	87	96
Manufacture of metal constructions and their components	3	30	739	772
Sawmilling industry and impregnation of wood	3	12	270	285

The Overview of Fatal Accidents at Work in Individual Industries 2006–2011

Industry	2006	2007	2008	2009	2010	2011
Forestry and logging	8	10	6	2	4	3
Food and beverages production	1	7	2	5	4	1
Chemical products manufacturing	2	5	1	3	0	2
Mechanical products and facilities production	2	5	10	2	5	3
Civil engineering	37	49	51	27	27	16
Wholesale trade and trade intermediation (excluding motor vehicles)	6	10	12	6	5	5
Retail trade, repair of consumer goods excluding motor vehicles	5	6	2	3	1	2
Land transport, pneumatic conveying system	21	20	18	9	18	21
Other	74	80	81	69	71	84
Total	156	192	183	126	135	137

The Overview of the Number of Serious Accidents at Work by Industry in 2006–2011

Year of injury	2006	2007	2008	2009	2010	2011
Forestry and logging	19	22	22	12	16	14
Food and beverages production	20	39	31	32	49	19
Chemical products manufacturing	17	23	12	13	13	10
Mechanical products and facilities production	60	68	61	34	35	40
Civil engineering	170	193	184	175	138	166
Wholesale trade and trade mediation (excluding motor vehicles)	46	41	49	41	26	56
Retail trade, repair of consumer goods excluding motor vehicles	22	25	25	19	24	41
Land transport, pneumatic conveying system	77	69	65	54	68	108
Other	656	621	630	488	559	1 036
Total	1 087	1 101	1 079	868	928	1 490

Prohibitions Issued

The Overview of the Number of Prohibitions Issued in OHS field in 2006–2011

Year	2006	2007	2008	2009	2010	2011
Issued decision						
Put out of service machinery and machine equipment	32	10	20	4	10	81
Prohibition of professional activities	4	13	19	17	14	44
Overtime work Prohibition	4	0	0	0	0	0
Ban on technology	0	1	1	4	3	0
Ban on production and service areas usage	2	14	18	0	5	14
Total	42	38	58	25	32	139

Article 3, Section 3

“With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Contracting Parties undertake: to consult, as appropriate, employers’ and workers’ organisations on measures intended to improve industrial safety and health.”

In cooperation with the Czech Statistical Office and Institute for Medical Information of the Czech Republic, a methodology of data collection has been prepared that is in accordance with the methodology prescribed by the EODS (European Occupational Diseases Statistics). This methodology is the basis for new Binding Instructions to the National Registry of Occupational Diseases issued by the Institute of Health Information Systems (IHIS).

The Overview of Illnesses cases per annum from 2008–2011:

Year 2008

The number of occupational diseases in 2008 was 1403, an incidence of 30.7 per 100 000.

Year 2009

The number of occupational diseases for the year 2009 was 1313, an incidence of 30.9 per 100 000.

Year 2010

The number of occupational diseases for the year 2010 was 1292, an incidence of 30.0 per 100 000.

Year 2011

The number of occupational diseases for the year 2011 was 1266, an incidence of 30.3 per 100 000.

The course of consultation with organizations of employers and workers including measures to improve safety and health protection at work has remained unchanged since the last report.

In its Conclusions on the previous report, the Committee requested answers to the following questions:

The Committee reiterates its request for clarification as regard the creation of the Government Council for Safety and Hygiene at Work and whether this has an impact on arrangements which previously took place with the Council of Economic and Social Agreement.

The Government Council for Safety and Protection of Health at Work (hereinafter referred to as the “Council”) is a standing advisory body of the Government of the Czech Republic in the field of safety and health protection at the work. The Council was established by Czech Government Resolution No. 858 of September 3, 2003. The Statute of the Council was also approved by the same resolution.

The Council meets regularly according to its schedule of work and as needed, but at least once every three months. Organizational, technical and administrative work, including the publication of information on the activities of the Council, is provided by the secretariat of the Council which is an organizational unit of the Ministry of Labour and Social Affairs.

The Council prepares and approves proposals and recommendations on the implementation and regular evaluation of the implementation of the **National Policy of Safety and Health Protection at Work** usually approved by the Government of the Czech Republic for five-year periods. The national policy adopted in 2008 contains the following chapters:

I. The Importance of Protection of Safety and Health (OHS)

II. Evaluation of the Current Status and Trends in the Field of Occupational Safety and Health in the Czech Republic

1. Strengths of the Czech OHS System
- 2 Weaknesses of the Czech OHS System

III. Strategic Objectives and Tools of the National OHS Policy

1. Strategic Objectives of the National OHS Policy
2. Tools for Implementation and Enforcement of National OHS policy
 - 2.1 Legal Area
 - 2.2 Economic Support Tools of the OHS
 - 2.3 Institutional Tools for the Promotion and Enforcement of Rules
 - 2.4 Information and Awareness Tools

IV. Basic Priorities and Objectives of the National OHS Policy

1. Prevention of Occupational Risks
 - 1.1 Search, Assessment and Management of Occupational Risks
 - 1.2 Occupational Medical Services
 - 1.3 Multidisciplinary Services in Risk Prevention
2. Protection of Specific Groups
 - 2.1 Risky Jobs
 - 2.2 Children, Pupils, Students and Juvenile Workers
 - 2.3 Employees in Higher Age Categories
 - 2.4 Persons with Disabilities
 - 2.5 Agency Employees and Foreign Workers
3. Mitigation or Elimination of Consequences of Job-related Impairment of Health
4. Education and Training
 - 4.1 Education of Children, Pupils and Students
 - 4.2 Education in the Field of Occupational Safety and Health - Employees and Self-employed People
 - 4.3 Training for OHS Specialists
5. Research and Development
6. Information and Advisory
 - 6.1 Comprehensive Information Services
 - 6.2 Providing Information and Advisory to Small and Medium-sized Enterprises
7. Education and Promotion
8. Inspection Activities of State Administration Bodies

- 8.1 Cooperation of Inspection Authorities
- 8.2 Labour Inspection Bodies
- 8.3 Authorities of Health Protection

9. Cooperation of Bodies, Institutions, Social Partners and Experts

- 9.1 Cooperation at the National Level
- 9.2 Cooperation at the Regional Level
- 9.3 Cooperation at the Enterprise Level

10. Foreign and International Cooperation

V. Funding of the OHS System

VI. Monitoring the Implementation of the National Policy on OHS and Updates Thereto

In particular, the Council:

- Discusses and recommends to the government policy guidelines to promote greater cooperation and coordination of all public authorities and other institutions in the area of OHS,
- Discusses and recommends amendments to draft materials prepared for consideration by the relevant bodies of the European Union and other international institutions related to OHS,
- Discusses and recommends changes in departmental policies on OHS,
- Discusses and recommends priorities in research projects for government departments to support rigorous compliance in OHS,
- Identifies current issues in OHS, discusses and recommends appropriate measures regarding the focus of risk prevention plans and monitors the implementation thereof and evaluates the effectiveness of preventive measures adopted,
- Discusses draft plans of enforcement of legal regulations by the individual administrative bodies and the results of inspections, assesses typical breach of regulation and the effectiveness of the penalties imposed.

The Council adopts the **National Action Programme for Safety and Health at Work** for a two-year period. The priorities thereof for the years 2011 and 2012 were:

- Providing economic support to the OHS system,
- Motivating all persons to comply with the OHS rules and principles,
- Increasing the level of technical equipment safety,
- Targeted support for prevention within OHS,
- Ensuring quality and accessible occupational health care,
- Legal regulation for health and safety of children, pupils and students at all types of schools and school facilities,
- Systemic solution to comprehensive rehabilitation after an accident at work and occupational disease,
- Training of professionals in the field of OHS,
- Support to institutional research in the area of OHS,
- The application of the results of research projects in the implementation of specific projects in practice,
- Strengthening and supporting inspection and control activities in the area of OHS.

The Council has 28 members, including the Chairperson of the Council, three vice-presidents and other members of the Council. The term of office of all members of the Council is four years. The Council includes representatives of the Ministries of Labour and Social Affairs, Health, Interior, Education, Youth and Sports, Industry and Trade, the Ministry for Regional Development, Environment, Defence, State Labour Inspection Office, Czech Mining Office, the State Office for Nuclear Safety, the State Health Institute and the Czech Statistical Office and two independent experts with long experience in the field of safety and health protection at the work.

Employees are represented by the Czech-Moravian Confederation of Trade Unions and the Association of Free Trade Unions of the Czech Republic. Employers are represented by experts from the Confederation of Industry of the Czech Republic, the Association of Building Entrepreneurs, the Agricultural Association and Chamber of Commerce.

Representatives of the Ministry of Agriculture and directors of Occupational Safety Research Institute and the Technical Inspection of the Czech Republic are regularly invited to Council meetings as guests.

The Council Chairperson is the Minister of Labour and Social Affairs and two Vice-chairperson represent social partners, employers and employees.

The Chairperson of the Council has the right to require the cooperation of all public authorities and other institutions on matters relating to the safety and health protection at the work.

The Czech Government approves both the national policy and the national action plan, checks the execution of tasks and approves the annual report on the activities of the Council.

Information on the Government Council for Safety and Health Protection at Work, its composition, the work plan of the Council and its implementation and the relevant documents are available to public on the website http://OHSa.europa.eu/fop/czech-republic/cs/systems/rada_bozp.php and on the website of the Ministry of Labour and Social Affairs.

The Council of Economic and Social Agreement was established as an institutional platform for social dialogue between the government, unions and employers. According to its statute, the Council is a voluntary conciliation and initiative body of the Government, unions and employers which aims to achieve consensus on major issues of economic and social development. It is therefore a platform for social dialogue, the scope of which is much broader than the scope of work of the Council for Safety and Health Protection at Work which is closely focused on health and safety at work.

The working group on safety and health protection at work of the Council of Economic and Social Agreement led by the Chairperson of the Moravian Confederation of Trade Unions, is still active, but it has a narrower focus. Its members include three union representatives, three representatives of employers' associations and heads of professional institutions in the area of OHS of the Ministry of Labour and Social Affairs and the Ministry of Health. Its work focuses on the preparation and processing of comments on draft legislation in the field and reporting on the activities of trade unions' inspection services and

information on the state of OHS in enterprises and on the needs of employers and employees. The findings, suggestions and comments are forwarded for further exploitation to the Government Council for Safety and Health Protection at Work. Members of the working group also take part in activities of standing committees (either on ad hoc basis or are appointed as members of the committees).

ARTICLE 11: THE RIGHT TO PROTECTION OF HEALTH

Article 11, Paragraph 1

“With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia: to remove as far as possible the causes of ill-health;

The essential piece of legislation in the field of protection and promotion of public health is Act No. 258/2000 Coll., the Public Health Protection Act, amending some other legal acts, as amended, and statutory instruments implementing it. The act has, inter alia, incorporated relevant regulations of the European Union and determines rights and obligations of natural persons and legal entities in the field of protection and promotion of public health, structure of public health protection bodies, including their jurisdictions and powers, and tasks of other public administration bodies. However, it is not the only legal act focusing on protection and promotion of public health.

For example, **safety of food products** is dealt with Act No. 258/2000 Coll., and particularly also in Act No. 110/1997 Coll., on foodstuffs and tobacco products, and changing and amending some other related acts, and a number of its statutory instruments.

In May 2012, the Czech Republic ratified the World Health Organization’s Framework Convention on Tobacco Control. Issues pertaining to **tobacco, alcohol and other addictive substances** are also covered by Act No. 379/2005 Coll., regulating measures aimed at protection against harm caused by tobacco products, alcohol and other addictive substances, and amending related legal acts (the act was substantially amended by Act No. 305/2009 Coll., effective as of July 1, 2010). Government Decree No. 272/2011 Coll., determines protection of health against adverse effects of noise and vibrations. Problems of Noise Regulation of the Ministry of Health No. 523/2006 Coll., stipulating limits of noise indicators and methods of their determination, basic requirements applying to the content of strategic noise maps and action plans, and conditions of the public participation of the public in their preparation (Noise Mapping Regulation) etc.

The Long-Term Programme for Improving the Health of the Czech Population (**Health for All in the 21st Century** – The Health 21 Programme), which is the national version of the “Health for All in the 21st Century transnational programme of the World Health Organization was adopted by Resolution of the Government No. 1046, of October 30, 2002, continues to be the essential national strategic document in the field of protection and promotion of public health.

The principal goal of the HEALTH 21 Programme is to provide, in the long run, conditions and prerequisites for improving the health of citizens of the Czech Republic. The programme focuses on improving the health literacy of the population, education towards a healthy lifestyle, strengthening of health, prevent illness and the involvement of all society segments in the general interest in health. The programme is based on the fact that there does not exist any branch or discipline not affecting, to a greater or lesser extent, the health of people.

Other strategy documents touching upon different components of the field of protection and promotion of public health include, for example, the **National Programme for**

Addressing HIV/AIDS in the Czech Republic in 2008 – 2012, National Drug Policy Strategy for 2010 – 2018 and its Action Plan (2010 – 2012), **Food Safety and Nutrition Strategy** (Resolution of the Government No. 61/2010), **Action Plan for Health and Environment in the Czech Republic, Strategy for the Prevention of Sociopathic Phenomena in Children and Youths** in the jurisdiction of the Ministry of Education, Youth and Sports for the 2009 – 2012 etc.

Major implementing tools of the HEALTH 21 Programme include, for example, governmental subsidy programmes of the Ministry of Health of the Czech Republic, which provide financial support to many projects contributing to the fulfilment of most of the HEALTH 21 Programme's objectives.

Between 2008 and 2011, one of the major grant programmes described below, "**National Health Programme – Health Promotion Projects**", provided support amounting to approx. CZK 16.1 million to 89 projects concentrated on healthy lifestyle promotion and primary prevention of diseases (for example promotion of physical activities, prevention of harmful alcohol use and smoking etc.).

In 2010, the process of evaluation and updating of the Health 21 Programme document was started, but it has not yet been completed.

The Ministry of Health of the Czech Republic has created a national network of cardiovascular centres. The specialized centres fulfil the guarantor's role for particularly expensive and complex cases. In addition, the centres are also regional coordinators and are expected to actively participate in research, education and practical applications of new knowledge onto practice. The Ministry of Health of the Czech Republic has supported the newly established centres by providing the possibility of drawing funds for standardised equipment from EU structural funds in the framework of the Integrated Operational Programme (IOP) for them. Similarly, a network of specialized facilities for treatment of cerebrovascular diseases, called ictus and comprehensive cerebrovascular centres.

Furthermore, the Czech Republic actively participates in many international activities and initiatives a good example of which is the all-European "**Stent for Life**" project, the purpose of which is to implement the heart attack treatment model used in the Czech Republic all over Europe.

As to detailed information on consultations and check-ups focusing on ischemic heart diseases, the Czech Republic has implemented an **elaborate system of preventive medical examinations** enacted by a law, the purpose of which is, inter alia, to identify hitherto symptomless patients and send them to specialized centres, to provide education and therapy in the field of primary and secondary prevention, and to introduce appropriate preventive measures as early as since childhood.

According to Regulation No. 70/2012 Coll., to regulate preventive examinations fully covered by public health insurance, even healthy people undergo a complete physical examination every two years; the first adult age examination performed when the patient leaves the care of a general practitioner for children and youths, i.e. not later than at 19, and subsequent regular examinations performed at 30, 40, 50 and 60 include the blood pressure measurement, determining the Body Mass Index, total cholesterol, HDL-cholesterol, LDL-cholesterol levels and triacylglycerols. In addition, EKG examinations are performed at the age of 40 and then

at four-year intervals. According to Regulation No. 36/2012 Coll., to determine dispensary care, regular examinations covered by the public health insurance system are provided to patients suffering from high blood pressure, cardiac arrhythmia, ischemic heart diseases, obliterative atherosclerosis, aneurysms and valvular defects, or recovering from heart surgeries or angioplasty.

Circulatory system diseases, which are a part of the group known as chronic non-infectious ailments, share common risk factors, which means they also have the same way of prevention. Many preventive activities were thus focused on these risk factors (incorrect nutrition, promotion of physical activities, prevention of alcohol use or smoking etc.) and promotion of health, e.g. in the framework of the National Health Programme – Health Promotion Projects mentioned above.

In cooperation with the academic sector, results of a study examining the lifestyle of school children (namely the international “**Health Behaviour in School-aged Children**” – HSBC study) were broadly popularized as well, providing the necessary evidence on which future remedial or preventive measures should be based on. Cooperation of the Ministries of Agriculture, Education and Health resulted in a successful realisation of the EU **School Fruit Project**, the primary purpose of which is to make boarding habits of pupils attending the first stage of elementary school healthier.

Food safety legislation includes namely the following acts:

- Act No. 110/1997 Coll., regulating foodstuffs and tobacco products, and changing and amending some other related acts, as amended;
- Act No. 166/1999 Coll., The Veterinary Care Act, and changing and amending some other related acts, as amended;
- Act No. 146/2002 Coll., The Czech Agriculture and Food Inspection Authority Act, and changing and amending some other related acts, as amended;
- Act No. 147/2002 Coll., making provisions for the Central Institute for Supervising and Testing in Agriculture, and changing and amending some other related acts, as amended.

The State Veterinary Administration of the Czech Republic performs the supervisory role of the state in the field of animal origin products, health safety, while the Czech Agriculture and Food Inspection Authority and Central Institute for Supervising and Testing in Agriculture ČR supervise the health safety of non-animal food products, bottled spring water and tobacco, and fodders, respectively.

As to nuclear energy and ionizing radiation, the State Office for Nuclear Safety (“SONS”) is responsible for setting limits and conditions that need to be complied with respect to, for example, safe handling of nuclear materials or operation of nuclear facilities, and also acts as a supervisory body of the state, making sure that the limits and conditions are indeed complied with.

The SONS is a state administration and supervisory body with respect to the use of nuclear energy and ionizing radiation in the fields of nuclear safety, protection against radiation, emergency planning, physical protection of nuclear facilities, non-proliferation of nuclear weapons, and compliance with the ban of chemical, bacteriological (biological) and toxin weapons. The legal framework of the SONS’s activities is set by Act No. 18/1997 Coll., regulating peaceful utilization of nuclear energy and ionizing radiation (The Atomic Act) which, together with its statutory instruments, defines essential requirements of radiation monitoring (e.g. dosimetry, monitoring of interior and exterior areas of nuclear facilities etc.)

and institutions taking part in it, Act No. 19/1997 Coll., providing some measures related to the ban of chemical weapons, and Act No. 281/2002 Coll., regulating some measures related to the ban of bacteriological (biological) and toxin weapons. A list of 22 titles of statutory instruments applying to the area of operation of the SONS is attached as an annex hereto. The legal framework of the SONS is continuously updated to be in compliance with EU legislation, recommendations of the International Atomic Energy Agency etc.

Compliance with applicable regulations in the purview of the SONS is subject to state supervision. Pursuant to other legal acts (e.g. State Control Act or Rules of Administrative Procedure etc.), both planned (routine) and unplanned (ad-hoc) inspection visits take place in facilities or on the premises of holders of nuclear-related licenses and permits. The SONS has field offices with permanently present inspectors in the Dukovany and Temelín Nuclear Power Plants. The area of radiation protection is supervised through eight regional offices (Regional Centres) in Prague, Pilsen, Ústí nad Labem, České Budějovice, Kamenné (Příbram), Hradec Králové, Brno and Ostrava. In accordance with the State Control Act, results of the inspections are presented in protocols and discussed with the license/permit holder and remedial measures or sanctions are imposed; subsequent inspections of the SONS then make sure they are complied with.

Detailed annual reports describing the SONS's activities are submitted to the Government of the Czech Republic. Government resolutions on the annual reports invariably conclude, inter alia, that there were no cases of above-limit leakages of nuclear substances into the environment or irradiation of personnel registered in connection with the operation of the Dukovany and Temelín Nuclear Power Plants or other nuclear facilities and that fundamental nuclear safety and radiation protection requirements were complied with. The annual reports are available at www.sujb.cz.

The principal tool used to monitor the radiation situation in the territory of the Czech Republic is the Radiation Monitoring Network (RMN) the operation of which is managed by the SONS. Additional elements of the radiation monitoring system include the SONS's Regional Centres, the National Radiation Protection Institute in Prague, licensees authorized to operate nuclear facilities and agencies of the Ministries of Finance, Defence, Interior, Agriculture and Environment.

In the Conclusions of its previous report, the Committee required answers to the following questions:

The Committee requests that the next report contain precise data, distinguishing between urban and rural areas):

Due to the population density, rural and urban settlements and prevailing geographic conditions, there are no noticeable differences in the provision of health care between urban and rural areas in the Czech Republic, which is why they are not monitored.

Principal causes of infant mortality

The Czech Republic's infant mortality figures between 2008 and 2011 were as follows:

- 2008 2.83 ppt.
- 2009 2.88 ppt.
- 2010 2.67 ppt.
- 2011 2.74 ppt.

The most frequent causes of infant mortality during the same period of time were as follows:

- Some conditions originated in the perinatal period (the most common diagnoses included respiratory disorders specific to the perinatal period, haemorrhages, hematologic and disorders of the foetus/new-born);
- Innate disorders, deformations and chromosomal abnormalities (the most frequent diagnose being an innate circulatory system disorder);
- Non-specific symptoms, indications and abnormal clinical or laboratory findings.

The infant mortality rate (infants up to 1 year of age) in the Czech Republic has been low for a long period of time. With the infant mortality rate of 2.7 ‰, the Czech Republic ranks among best countries in the world. The low infant mortality rate is attributable mainly to a low new-born (first six days of life) mortality rate.

Principal causes of maternal mortality

These figures could be roughly estimated by the region, but the information does not make any distinction between urban and rural agglomerations. In all probability, the required information will never be available, as hospitals where births take place are located in towns and cities rather than in villages.

The Committee asks whether access to health care is guaranteed equally to Czech nations and foreign national residing or working lawfully in the Czech Republic:

No population segment in the Czech Republic is disadvantaged in terms of having a more difficult access to health care. The legislation in place stipulates that no one can be denied urgent health care. Act No. 20/1966 Coll., The Public Health Care Act, in effect until April 1, 2012, stipulated that every member of medical personnel was obliged to provide first aid to anyone whose life or health would have been seriously threatened without such aid and where help could not be obtained in time in the usual way, as well as to ensure follow-on professional care for the patient as necessary. The Act No. 372/2011 Coll., The Health Care Services Act, effective as of 1 April 1, 2012, stipulates that the provider of health care services must not reject a patient or stop taking care of him / her, if the patient needs to be provided urgent care, or if the health care services to be provided concern a childbirth or are necessary from the viewpoint of the protection of public health or occupational health, in emergencies, or if the patient has been ordered by the court to undergo protective medical treatment, unless a another legal act stipulates otherwise.

Medical care for the homeless is supported by direct subsidies of the Ministry of Health and the Capital City of Prague. In Prague, where the concentration of homeless people has long been high, the missionary and charity organization Naděje (Hope) operates a health care centre for homeless and uninsured people and other people in need funded by state and municipal subsidies. The centre provides outpatient care.

The state also allows preventive care to be provided to problematic groups (drug, alcohol or tobacco addicts, homeless people). Through a variety of subsidy programmes, it provides financial support to civic associations which, for example, employ medical and social workers visiting problematic communities maintaining low hygienic standards resulting in higher occurrence rates of Type A hepatitis and other diseases. The Ministry of Health together with the Council of the Government of the Czech Republic for Roma Community Affairs has drafted a job description of the medical and social assistant. Financial support is also allocated to civic associations implementing preventive measures in communities of addicts. In

particular, these measures involve street workers distributing syringe needles or anonymous tests among the addicts. As to homeless communities, there is an ambulance with medical personnel, which visits places with a high concentration of the homeless and offers medical assistance there.

The only difference exists between EU citizens, who are entitled to medical care funded from public health insurance systems, and third country citizens.

Citizens of non-EU countries legally residing in the territory of the Czech Republic, who are not employed, are **obliged**, pursuant to Act No. 326/1999 Coll., regulating the residence of foreign nationals in the territory of the Czech Republic and changing some other legal acts related to Regulation (EC) No. 810/2009 of the European Parliament and of the Council, dated July 13, 2009, establishing a Community Code on Visas, **to conclude a commercial health insurance policy to cover the costs of their medical care.**

As to citizens of non-EU (third) countries legally employed or otherwise economically active (self-employed, business activity) in the territory of the Czech Republic, they are legally subject to the public health insurance system and have the same equal access to medical care as Czech nationals.

As to updated results of the “National Health Programme” study, with a particular focus on statistical data for the purpose of a comparison of health care available to the Roma community and to the majority population

It is not possible to provide statistical data on the number of treated Roma citizens, as no population segment of the Czech Republic, including the Roma community, is disadvantaged in terms of its access to medical care. **For the above reason, the data is not categorized by ethnicity, and are not subject to a separate collection on the Roma community.**

However, several special inquiries of the health condition of the Roma community took place between 1998 and 2011, the last one at the international level, under the auspices of the Decade of Roma Inclusion in Madrid. They confirmed there was no difference between the Roma community and the majority population with respect to their access to health care; however, they also showed an increased occurrence rate of infectious diseases and musculoskeletal disorders.

The Committee ask for an assessment in the next report of the first years of operation of these instructions and a description of the situation concerning the management of patients waiting lists and waiting times:

As of November 1, 2011, waiting times of patients who are about to undergo a planned operation or treatment in some hospitals directly managed by the Ministry of Health are published. These hospitals publish waiting times for planned operations or treatment in excess of 2 months (3 weeks for planned medical examinations) for a six-month reference period on their web sites. The Ministry of Health monitors the information.

As of April 1, 2012, pursuant to Section 47, Paragraph 3, Subparagraph b), of Act No. 372/2011 Coll., regulating health care services and conditions of their provision, all providers of health care services are obliged to introduce and implement an in-house quality and safety assessment system. The Ministry of Health formulated some “minimum requirements”, which were published in the Official Journal of the Ministry of Health No. 5/2012. One of the

minimum requirements consists in monitoring compliance with waiting times of planned operations or treatment according to the “Methodological Guidelines for Monitoring Waiting Times for Planned Operations or Treatment” (Official Journal of the Ministry of Health No. 2/2008) and publishing waiting times for planned operations/treatment in excess of 2 months (3 weeks for planned medical examinations) for a six-month reference period on the provider’s website. The monitoring is used to acquire information for management purposes, to compare different health care facilities and to permanently improve the health care standard.

The Committee wishes to know the geographic distribution of these figures:

Statistical data:

According to 2010 data, there are 36.7 doctors, 6.6 dentists and 79.7 general nurses and midwives per every 10,000 inhabitants of the Czech Republic. Out of the total number of approximately 45,000 physicians, 52 % work in the outpatient care sphere and some 45 % in bed care facilities. The numbers of hospital beds per one physician and one nurse are 20.25 and 5.4, respectively. There are some 189 hospitals in the Czech Republic, with 62,219 beds, including 52,590 acute care beds, 231 new-born beds and 7,398 nursing after-care beds. There is one physician per roughly 231 inhabitants.

Statistical data on the provision of health care in the Czech Republic is available on the website of the Institute of Health Information and Statistics of the Czech Republic (IHIS) at www.uzis.cz (also in English).

See the annex for additional information.

Article 11, Paragraph 2

“With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia: to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;”

National legislation on public information, education and participation in the field of health, continuation of projects of the National Health Programme

In the health sector, this segment is provided mainly through activities of the National Institute of Public Health in Prague (NIPH) and its relocation of the places of work in some regions of the Czech Republic, which were established in 2008 in connection with a transfer of health support personnel and activities from health institutes. The staff of the NIPH organize health education for the public, provide advisory services in the field of prevention of diseases and promotion of a healthy lifestyle, pre-graduation and post-graduation educational courses in the field of public health protection and promotion, and implement health promotion projects. In this respect, they also cooperate with other organizations and institutions, including Regional Offices, Ministry of Education, Youth and Sports (“MEYS”), non-governmental non-profit organizations etc. Regional Public Health Departments also play some role in these efforts. Through its subsidy programmes, the Ministry of Health provides support to other organizations focusing on consultations and education toward health.

However, the Ministry of Health is not the only ministry into the purview of which the activities listed below fall – for example, the key ministry with respect to children and youths and primary prevention of risk behaviour at schools and school facilities is the MEYS etc.

Advisory and educational services also include the “**National Health Programme – Health Promotion Projects**” subsidy programme. Between 2008 and 2011, the programme provided support amounting to approx. CZK 16.1 million to 89 projects concentrating on healthy lifestyle promotion and primary prevention of diseases (for example promotion of physical activities, prevention of harmful alcohol use and smoking etc.).

Development of health promotion projects

The MEYS is an announcer of 13 nation-wide sporting events organized by the Association of School Sports Clubs, providing a CZK 15 million subsidy for these purposes every year.

Every year, MEYS allocates financial means from its budget in **support of activities of non-governmental non-profit organizations** in the field of sports and health promotion. These programmes include:

- National “Sport for All” programme
- Sport and school
- Sport for people with a disability
- Maintenance and operation of sports and fitness facilities

Annual financial support is also granted to the national rounds of qualification athletic competitions for youths not organized in sports clubs (“Support of Competitions and Contests in the Field of Extra-Curricular Education” development programme).

Continuous support is also provided to the international **Health Promoting School** programme (National network of the Health Promoting School project), implementation guaranteed by the National Institute of Public Health. The network consists of both nursery and elementary schools which prepare their own school development concepts using a health promotion manual, in which a common holistic philosophy of health is applied to each of the above mentioned school types.

Other selected health promotion projects, e.g. the **“Healthy Teeth”** comprehensive educational programme of dental care, have also been receiving long-term support. Oral health as a part of education toward health is dealt with in curricular documents. The MEYS is a member of the working group of the Ministry of Health and has long been supporting the comprehensive dental care educational programme, the primary purpose of which is to prevent dental caries among children attending the first stage of elementary schools. Dental caries-related issues are a part of the education-toward-health curricula of pedagogical schools.

On December 21, 2009, the government approved the **“Fruit to Schools”** project defined in Government Decree No. 478/2009 Coll., stipulating some conditions applying the provision of support for fruit and vegetables and fruit and vegetable products for children attending educational facilities. The principal objective of the project is to contribute to a permanent increase of the consumption of fruit and vegetables, to develop healthy eating habits among children, to combat childhood obesity and to reverse the trend of a decreasing consumption of fruit and vegetables. The funding provided by the European Commission is increased every year, as schools show an ever-increasing interest in the project. In the 2010/2011 school year, 81 % of the pupils belonging to the project’s target group were involved in the project.

Since 1999, the Government of the Czech Republic has been sponsoring milk consumption at schools. In 2001, the MEYS issued a Notification on the **“Milk in Schools”** project. Since then, all pupils participating in compulsory school attendance have been entitled to subsidized milk or selected milk products. As of 2009, the programme has been expanded to pupils of nursery schools, other pre-school facilities and secondary schools.

According to Section 32, Paragraph 2, of Act No. 561/2004 Coll., The Educational Act, advertising in contradiction with goals and the content of education and advertising and sales of products endangering the health, psychological and moral development of children, pupils, and students or directly threatening or damaging the environment is banned at schools.

Projects and programmes promoting sports, preventing risk behaviour among pupils, promoting leisure activities, healthy lifestyle, health etc.

2008

The total amount of **subsidy programmes** in support of sports, prevention of risk behaviour among pupils, and promotion of leisure activities was the same as in previous years, i.e. in excess of CZK 126.5 million, although a part of the budget was earmarked for co-financing of projects of EU structural funds. One of the subsidy programmes was focused directly on school meals. Free educational courses for pedagogic workers, supported by EU structural funds, were provided as well. They could select from 133 courses and seminars on health, healthy lifestyle, sports and health-related prevention, which were organized by the MEYS or organizations directly subordinate to it. Other projects financed from EU structural funds also contributed to promotion of health.

2009

The total amount of funds for **subsidy programmes** in support of sports, prevention of risk behaviour among children and youths (sociopathic phenomena), promotion of leisure activities and continuing education of pedagogic workers was almost CZK 109.9 million. One of the subsidy programmes was focused directly on school meals. Pedagogic workers could select from 108 courses and seminars on health, healthy lifestyle, sports and health-related prevention, which were organized by the MEYS or organizations directly subordinate to it. **Development programmes** for public universities and focused on health protection and healthy lifestyle promotion, received a subsidy of close to CZK 93 million. For example, a project of the Charles University in Prague, “Prevention and stress management, study and health failures of university students”, received a sum of CZK 133,000 from the decentralization development programme; another project of the same university, “Establishment and stabilization of a multi-purpose preventive-informational and outpatient centre of addictology for the Charles University students in Prague and increasing the availability of addictology studies for disadvantaged candidates” got CZK 1,500,000.

The programme “**Support of Work with Children and Youths**”, which promotes activities of both organized and unorganized youth, distributed subsidies amounting to CZK 180 million to about 290 legal entities. Most of the projects consisted in year-round activities, including summer camps for children and outdoor rehabilitation activities for children with a medical disability.

The **PROPOS project** provided a platform for a research project named “Pedagogic innovations at school”, which also involved **risky sexual behaviour**. The ESF project „Development of a modular education system in the field of prevention of sociopathic phenomena for pedagogic workers and advisors of schools and school facilities at the national level” dealt with issues related to components of the planned education portfolio to be offered to pedagogic workers of schools and school facilities.

2010

The MEYS acquired accreditation for a number of seminars designed to educate teachers and medical staff in education toward health. Free continuing education for pedagogic workers in the field of health, healthy lifestyle, prevention of risk behaviour of pupils and sports activities was provided in more than 160 courses and seminars. Subsidy programmes in support of sports, prevention of risk behaviour among children and youths (sociopathic phenomena) and promotion of leisure activities received funds amounting to almost CZK 639 million.

For example, one of the development programmes dealt with compensation and rehabilitation aids for pupils with a disability at schools. One of the priorities of the programme of support of work with children and youths was education toward mutual tolerance and understanding, and healthy lifestyle. A project of the School of Sports Studies of the Masaryk University in Brno, “**Be at ease with children, whether on the playground or in water**”, which was approved in 2010, is particularly inspirational in this respect. It comprised special attendance and internet courses designed especially for physical education teachers all over the country.

2011

Funds for **subsidy programmes** in support of sports, prevention of risk behaviour among children and youths (sociopathic phenomena), promotion of leisure activities and continuing education of pedagogic workers were available again. For example, the development programme “Support of the preparation of athletically talented pupils at sports-oriented secondary grammar schools” received a subsidy of almost CZK 62.5 million; a sum of more

than CZK 21 million was allocated to prevention of risk behaviour among pupils. The MEYS announced and launched “Programmes of state support of work with children and youths for non-governmental non-profit organizations for - 2011 – 2015 ”, which focus on taking care of the spare time of children and youths through non-governmental non-profit organizations of children and youths and non-governmental non-profit organizations working with them. One of the priorities of the programmes is education of children and youths in other selected areas, in particular toward mutual tolerance and understanding, and healthy lifestyle. The subsidy programme “Support of socially disadvantaged Roma pupils of secondary schools and colleges for the January 2011 – June 2011” provided subsidy amounting to more than CZK 4.3 million.

The MEYS acquired accreditation for a number of seminars designed to educate teachers and medical staff in education toward health. Free continuing education for pedagogic workers in the field of health, healthy lifestyle, prevention of risk behaviour of pupils and sports activities was provided in more than 112 courses and seminars.

Supplementary information on health education at schools (including healthy lifestyle and food safety issues)

During the period in question, the MEYS was focusing on a **positive climate at schools and school catering facilities, methodologies of education toward health and improved nutrition habits, protection of health of pupils and students.**

The interdepartmental working group established earlier and consisting of representatives of the MEYS, Ministry of Health, academic, civic and professional communities, whose task was to **analyse school catering and to propose changes aimed at implementing the latest scientific knowledge on nutrition and health**, proceeded with its work. In 2008, the MEYS established a new team dealing with issues of social programmes of education, sports and research designed for children, pupils and students with a medical or social disadvantage, foreigners, asylum seekers, members of minorities etc. The step helped improve the coordination of the above issues within the ministry and, at the same time, provided a connecting link to the education toward health programme, as the team was also responsible for the implementation and coordination of the **Health 21 Government Resolution** and other action documents of the Ministry of Health dealing with health issues (**National Action Plan for Child Accident Prevention, National Action Plan for Prevention of Obesity**). The purpose of several concepts implemented by the ministry is to reflect educational needs of individuals with a disability or medical or social disadvantage.

The **Czech School Inspectorate** was also concentrating on inquiries concerning issues of health and healthy lifestyle promotion, safe environment at schools, inner environment of schools and prevention of sociopathic phenomena.

Corrective physical education constitute a part of the Framework Educational Programmes (FEP); recommendations concerning their practical use are also published in the “Collection of pedagogic-organizational information for nursery schools, elementary schools, secondary schools, conservatoires, colleges, elementary schools of arts, language schools authorized to grant state language exam certificates, and school facilities (recommendations concerning corrective physical education are included in the document every year).

The **Forum for Education toward Health** is an annual event held under the auspices of the MEYS and the Ministry of Health. The conference focuses on current priorities in the field of protection and promotion of health, healthy nutrition, sociopathic phenomena and current legislation, sexual education, current HIV/AIDS issues and issues of commercial sexual abuse of children.

As to pupils with special education requirements, **methodological publications** on potential uses of support of motor development in the work with pupils of special elementary schools were issued. The documents are designed for special pedagogics working with pupils who have a serious physical or combined handicap. Their publication was financed from project funds (ministerial project). A methodological handbook on the use of dance in extracurricular activities was developed in the framework of the ESF SIM project.

During the period in question, all schools in the Czech Republic were concentrating on promotion of health perceived as a harmonic state of physical, mental and social well-being. All children-oriented pedagogic programmes enhance the principal focus by emphasizing the prerequisites needed to meet the above definition of health.

The recommended way of incorporating first aid into education (apart from Framework Educational Programmes) is presented, *inter alia*, in the **Methodological Guidance for Guaranteeing Safety and Protection of Children, Pupils and Students at Schools and Schools Facilities established by the MEYS** (recommended for use also by other schools and school facilities as well).

A **Recommendation on sexual education at elementary schools** was issued and joint seminars for teachers and medical staff on education take place on the premises of the MEYS. During the period in question, the School of Education of the Masaryk University in Brno organised annual seminars on topical issues and new specialised publications for lecturers of health education from schools of education and pedagogics.

Additional methodological articles on education, digital portfolios, contributions delivered at the Forum for Education toward Health conference etc. were presented on the www.rvp.cz (Framework Educational Programmes) internet portal in the framework of the Ministry's "Methodology II" co-financed by ESF.

In cooperation with the National Institute of Public Health, the MEYS organises an annual seminar on the "**Take in and Expend**" and "**Not a Single Day without Exercise**" campaigns. The seminar was designed for teachers, medical staff and other interested members of the professional community; its contributions dealt with health-oriented fitness, social inequalities and stereotypes in the field of education toward health.

The MEYS annually supports programmes of prevention of the use of habit-forming substances through its **Risk Behaviour Prevention (Anti-Drug Prevention)** subsidy programme. Healthy lifestyle promotion is a part of subsidies earmarked for leisure activities, sports, physical training and others. The standard of services is defined in close cooperation with regional prevention coordinators and efforts are made to establish service networks in the field of primary prevention of risk behaviour.

Every year, the MEYS organizes a series of seminars dedicated to the promotion of education toward health. In 2009, one of the seminars - **project the 7A – 7 times on allergies**. It was an opening seminar of the project, with subsequent ones taking place in regions. Their guarantors are the **Czech Initiative against Asthma** and other entities.

The website of the MEYS contains a link to the **Injury Prevention Centre**. The Centre attempts to provide a general overview of injury and injury prevention issues, with an emphasis on new phenomena in the field of and approaches to injury prevention and injury mechanisms.

Swimming courses have been present in Czech curricular documents since about 1985, but they took place even before that date. At the moment, it is up to every school whether it includes swimming courses in its curricula or not. However, if it does, the swimming courses become compulsory for its pupils. This is a principle applied in all areas of education of Framework Educational Programmes. Direct costs of the swimming courses are borne by the school using public funds.

The **National Institute of Public Health in Prague and the Ministry of Education, Youth and Sports** issued a **recommendation concerning purchases of school furniture for schools** (Main Principles of the Selection and Use of Ergonomically Suitable Furniture), see <http://www.szu.cz/tema/podpora-zdravi/skolni-nabytek>).

Since mid-2010, the Czech Academy of Dermatology and Venereology has been running a nationwide informational and educational campaign known as **School that is friendly to children suffering from eczema and psoriasis**. Its main pillars are educational courses for personnel of nursery and elementary schools and the **Meeting of children, parents and pedagogic personnel with dermatologists**.

On December 8, 2010, a seminar on **promotion of health in EU projects** took place on the premises of the National Institute of Health. Its purpose was to acquaint the broad professional community with results of EU projects being solved by the Institute, which could be used in practice, research and strategies in the Czech Republic at national, regional and local levels, and to improve the knowledge and awareness of project funding options using EU resources.

As to the 2010/2011 school year, a project/competition based on interdepartmental and international cooperation and promoting and supporting new forms of education in the field of healthy nutrition at elementary and secondary schools, was launched under the name **SAPERE – how to live a healthy life**.

The National Institute of Health published a handbook “**Proper nutrition against anorexia and bulimia**”, which is intended primarily for teachers at the second stage of elementary schools and six- or eight-year grammar schools.

Safety and protection of health of children and pupils

School systems of safety and protection of health of children are a significant priority for the pre-school age group; combined with effective prevention of sociopathic phenomena, they make an unquestionable contribution to the overall success of children. The Czech School Inspectorate (CSI) examined the level of the promotion of health and healthy lifestyle in offers of educational activities, on the basis of educational goals formulated in Framework Educational Programmes in the “Child and his/her body” segment, and injury incidence rates at schools.

The health topic was present in the educational programmes of all nursery schools visited by the CSI. The latter focused on elements of the promotion of healthy lifestyle (drinking regimen, food variability, rest and relaxation activities).

At all elementary schools it visited, the CSI was focusing on the fulfilment of goals of education toward health and healthy lifestyle. As far as the last school term is concerned, the theme was included (to a varying degree) in the educational programmes of all the schools. Most of the schools offer an extended portfolio of physical education and sports activities.

A marked focus on comprehensive education toward health was found at only 28.8 % of the schools visited by the CSI. The number of schools with a risk behaviour prevention strategy

in place is also increasing (found in 98.9 % of the educational programmes), while a prevention specialist/methodologist was present at 76.4 % of the schools. Equipment and facilities used for regular lessons of physical education also showed a slight improvement; 63.5 % of the schools had their own. Education toward health was present in the offer of optional subjects at 42.1 % of the schools and non-compulsory subjects promoting healthy lifestyle were offered by 23.6 % of the schools. Sports and leisure activities (skiing and swimming courses) were offered by 93.7 % of the schools.

Compared to other stages of education, the secondary education level has very elaborate school advisory systems and systems for the prevention of sociopathic phenomena in place. Prevention priorities include smoking and abuse of alcohol and habit-forming substances.

The MEYS provided methodological support and subsidies to prevention programmes focusing on injuries sustained in the course of leisure activities. Prevention of injuries of children constitutes an integral part of segments of school educational programmes concerning leisure centres. The **leisure centres** organize events such as the **Days for Health** or **Days without an Injury** for the broad public, which host a number of activities, including contests, tests and practical demonstrations the topic of which is safety and protection of health. Insofar as the prevention of injuries of children is concerned, the centres' day-to-day operation emphasizes the need to comply with safety principles when working with children and youths, which are defined for every activity or event (one-off events, hobby clubs, summer camps).

The prevention of injuries of children is a separate topic of educational programmes for leaders of summer camps. It is also present in the curricula of various educational forms designed for pedagogic personnel of leisure centres.

Safety of food products

Children, pupils and students acquire information about **food products harmless to health** by education outlined in Framework Educational Programmes, standards and other documents. In this respect, the MEYS cooperates with other institutions; for example, it participates in activities of the **National Council for Obesity**, established by the Ministry of Health.

The MEYS also cooperates with the **Food Safety Information Centre (FSIC)**, established by the Ministry of Agriculture. The website of the MEYS contains links to the website of the Ministry of Agriculture (MoA), www.viscojis.cz and www.bezpecnostpotravin.cz. The pedagogic community can find useful information on how pupils of elementary schools can be educated in proper nutrition, an offer of entertainment and educational programmes and supporting documents for the education of food products safety on the above web pages.

In accordance with Act N. 561/2004 Coll., children, pupils and students of schools and school facilities are provided **meals in accordance with nutrition standards** reflecting age-related specifics and needs of the clients and approved by the Ministry of Health. The MEYS provides also school catering in special cases, when it is not possible to make use of school catering facilities listed in the register of schools and school facilities, through its **“Substitute catering for children, pupils and students of schools and school facilities operated by regional or local authorities”** subsidy programme.

In the conclusions of its previous report, the Committee required answers to the following questions:

The Committee asks for the information in the next report to contain information on national legislation on public information, education and participation in the health field, and on whether the health promotion projects run under the National Health Programme referred to in Conclusions XIV-2 continued throughout the reference period.

Assuming that the term “National Health Programme” refers to the “Long-term programme of improvement of health of the population of the Czech Republic for 2003 – 2020 Health 21 Programme, the answer is that its health promotion projects continued throughout the period in question, i.e. 2008 - 2011, as well.

Education and participation in the health sector, health promotion projects

Ministry of Labour and Social Affairs

- National Plan for the Creation of Equal Opportunities for Persons with Disabilities 2010-2014
- National Strategy for the Protection of Children’s Rights (2012)
- National Action Plan for the Transformation and Unification of the System of Care for Children at Risk for 2009-2011

Ministry of Education, Youth and Sports

- State Youth Policy Strategy for the 2007-2013
- Strategy of the Education for the Sustainable Development of the Czech Republic for the 2008-2015
- National Action Plan of Inclusive Education for the 2010-2013
- Strategy of the Prevention of Risk Behaviour Manifestations of Children and Youths for 2009-2012

Ministry of Health

- Health 21 - Long-term Programme of Improvement of Health of the Population of the Czech Republic for 2003 – 2020
- National Action Plan for Preventing Child Injuries for 2007–2017

Office of the Government

- Roma Integration Strategy for 2010-2013
- Strategy for Combating Social Exclusion for 2011–2015
- National Drug Policy Strategy of the Czech Republic for 2010-20
- National Action Plan for the Prevention of Domestic Violence for 2011 -2014
- National Strategy on the Prevention of Violence against Children in the Czech Republic for 2008 - 2018

The Committee asks that the information in the current report be updated and described the measures taken to promote road safety.

Projects to promote road safety

Ministry of Transport

- Transport Policy of the Czech Republic for 2005-2013 [updated in 2011]
- National Road Safety Strategy for 2011-2020

Ministry of Interior

- Crime Prevention Strategy for 2008-2011

Ministry of Environment

- Strategic framework for sustainable development in the Czech Republic for 2010-2030
- State Environmental Policy of the Czech Republic for 2004-2010

Ministry of Agriculture

- Action Plan of Environmental Education and Public Awareness in the Czech Republic for 2007 - 2009

Measures to promote road safety

The MEYS fulfils tasks in the framework of the **National Road Safety Strategy**. Road safety is included in Framework Educational Programmes of all types of schools, from pre-school to secondary education. In the nationwide programme of road safety education, it supports further development of individual and group approaches, with a greater emphasis on training in realistic situations.

The **Framework Educational Programmes** permit effective forms of road safety education to be developed.

Road safety education is a part of the compulsory content of education defined by Framework Educational Programmes (for details please refer to www.vuppraha.cz, www.nuov.cz, www.nidm.cz, www.rvp.cz websites). Every school's educational programme defines a specific place of road safety education in the school's curricula, and the subject is subsequently taught in accordance with the Framework Educational Programme of the education branch in question, the school's orientation and needs of the region.

Nursery schools

As to nursery schools, the subject of road safety education is included in the pre-school education Framework Educational Programme, namely in "The Child and the World" sector. The education offer includes, *inter alia*:

- instructions on dangerous situations and on ways of protecting against them that children can make use of (e.g. traffic scenarios),
- traffic-related games and activities, training of safe behaviour in traffic scenarios a child routinely participates in, practical training of safe behaviour in some other scenarios that may occur.

Anticipated outputs include, *inter alia*:

- dealing with routine activities and requirements, behaving adequately and safely both at home and in public places (street, playground etc.),
- being aware of risks and dangers that may be encountered in the neighbourhood.

Just like first aid, injury-related issues are included in Framework Educational Programmes as an overarching subject and in different areas of education, in a way commensurate with the age of pupils.

Elementary schools

As to elementary schools, the subject of road safety education is included in the first stage basic education Framework Educational Programme, in the “**Man and his world**” education area. In the “Place where we live” segment, pupils learn to understand the organization of life within a family, at school, in the municipality and in the society as whole, as they get to know the immediate neighbourhood and relations and links existing within it. They learn how to enter the everyday life with their own activities and ideas, to look for new and interesting things, and to move safely in this world. Emphasis is placed on road safety education, getting to know local and regional facts in practice, and developing direct experience on the part of pupils..

The anticipated output of the education area is a pupil who:

- abides by principles of safe behaviour in order not to threaten his/her own and others’ health,
- responds adequately to instructions of adults in emergency situations,
- applies reasonable ways of behaviour in health-threatening situations and model scenarios simulating emergencies,
- can treat minor injuries and summon medical help.

At the second stage of elementary schools, road safety education elements are included in the “Man and society” and “Man and health” education areas. Particular emphasis is placed on safe behaviour that does not endanger the pupil’s own and others’ health and life, behaviour in emergencies and first aid basics.

The MEYS grants **approval clauses** only to textbooks complying with Framework Educational Programmes. If a textbook deals with road safety or first aid education or education toward responsibility for one’s own health etc., it will get the approval only if the relevant issues are handled correctly and in a methodologically convenient manner. Road safety issues are covered mainly by textbooks pertaining to the “Man and his world” education area. In accordance with the Education Act, textbooks with a valid approval clause are provided free of charge to all pupils of elementary schools and relevant grades of six- or eight-year secondary schools in the Czech Republic. The approval procedure also includes a professional opinion of the Ministry of Transport on the correctness of the texts.

Secondary schools¹

Education, irrespective of the subject or education area, including road safety, is not uniform in terms of its forms and content, and is (can be) different from school to school, even though the education branch may be identical, depending on local conditions and the school’s personnel and equipment. Road safety education belongs to so-called cross-curricular topics,

1 The term “secondary schools” is deemed to denote all types of schools generally designated as: grammar schools, secondary vocational schools, secondary technical schools (industrial, agricultural, medical, arts etc.), vocational training centres and practical schools.

which represent current problems and issues and are a compulsory part of education. It is also often included in so-called extracurricular activities, to intensify its preventive effect and to help pupils understand the notion of safety in the broadest possible context.

Road safety education in education branches not containing compulsory education and training for the purpose of obtaining a driving license is governed by so-called “education results” in the “Goals of secondary education” of Framework Educational Programmes:

- a pupil can estimate consequences of his/her own behaviour and actions in different situation, and adjusts his/her behaviour accordingly,
- a pupil shows a responsible attitude to his/her own and others' health,
- a pupil behaves in an informed and responsible manner in emergencies and life or life-threatening situations and can provide help to others.

The “Education toward health” chapter aims to develop capabilities to actively promote and protect health within a broader community; this means that

- a pupil rejects all forms of risk behaviour,
- depending on a specific situation he/she encounters, he/she can intervene in cases of serious injuries and in life-threatening situations,
- a pupil assumes responsibility for health, safety and quality of the environment,
- a content/subject matter of the education is also focused on the prevention of injuries and diseases.

In some education branches, the relevant Framework Educational Programmes require teaching and training allowing students who have completed it to pass a professional capability test led by an authorized examiner, in accordance with provisions of Act No. 247/2000 Coll., regulating acquiring and improving professional competences needed to drive motor vehicles. As a rule, these branches educate and train its pupils for professions in which professional knowledge and a driving license are indispensable prerequisites for finding a job in the labour market. In addition to subjects taught in accordance with the relevant Framework Educational Programme, the curricula also contain the education and training which Regulation of the Ministry of Transport No. 470/2000 Coll. requires to be taught at driving schools, depending on the driving license category. The state budget costs of teaching the subject are estimated at about CZK 50 million. The total number of students of the branches referred to above is 39,322, i.e. about 8.1 % of all secondary school students.

The “Driving of motor vehicles” subject is intended for students of 3rd or 4th grades of secondary schools, i.e. the age group from 17 to 18 years. The subject is taught nationwide for relevant education branches.

Other examples of good practices and information on road safety education as a part of education are available at the www.rvp.cz methodological website, which is jointly financed by the European Social Fund and the national budget of the Czech Republic. The site presents information about interesting projects, such as “Let’s pretend we are drivers” or “Road safety education at practical elementary schools”, or documents describing road safety teaching experience of other countries.

The MEYS includes a **Road Safety Contest of Young Bikers** in the official list of competitions published in its Official Journal every year. Insofar as road safety education is concerned, the MEYS maintains close cooperation with the Ministry of Transport, whose

teaching and educational documents rank among the sources used to teach the subject of road safety at schools.

Examples of interdepartmental cooperation

Together with other ministries, the MEYS participated in the work of the WHO-organized interdepartmental working group dealing with **BCA projects on issues of traffic accident-related injuries of children in the Czech Republic.**

Another example is the “**From the bike to the motorcycle**” project, organized by the civic association Mobility club, o.s., following an agreement with the Ministry and Regional Offices.

The website of the MEYS and the www.rvp.cz methodological portal contain links to the **BESIP website**, including recommendations how the information contained there can be used to teach the subject of road safety at schools.

The Committee asks for detailed information in the next report on consultation and screening for other illness and their frequency and accessibility focusing in particular on ischemic heart disease as this is identified in its conclusions under Article 11 as a clause of high mortality rates.

Answered above.

Article 11, Paragraph 3

“With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia: to prevent as far as possible epidemic, endemic and other diseases.”

Legislative framework governing sales and offers of tobacco products and alcohol, restrictions applying to advertising and promotion of the above products and smoking in public places:

The general policy, legal framework and related measures are presented in the information concerning Article 11, Paragraph 1.

According to annual surveys conducted by the National Institute of Health in Prague, the percentage of smokers (including occasional) among the adult population of the Czech Republic ranks between 28 and 32. Between 1997 and 2011, there was neither any reduction of smoking prevalence nor any upward trend in efforts to quit smoking.² It still holds true that men use tobacco products more than women. However, tobacco products are used by children and youths as well. According to the HBSC (Health Behaviour in School-Aged Children) study of 2010, a tenth of the 13 years old and a fourth of the 15 years old admitted smoking during the last week. Compared to the previous survey conducted in 2006, there is an apparent increase. The survey showed a trend of smoking girls prevailing over smoking boys.³

The consumption of alcohol is stabilized at a relatively high level of approximately 10 litres of pure alcohol per person (including children) per year. According to a recent study focused on the incidence of forms of alcohol consumption that pose a risk or are harmful to health among young adults (18 to 39 years) in the Czech Republic, 26 % of men and 16 % of women were found to consume risk-posing average daily alcohol intakes⁴.

Insofar as alcohol and tobacco products are regulated; the essential piece of legislation is Act N. 379/2005 Coll., to regulate measures aimed at protection against harm caused by tobacco products, alcohol and other addictive substances, and amending other related acts.

² Sovinová H., Sadílek P., Csémy L. Vývoj prevalence kuřáctví v dospělé populaci ČR, názory a postoje občanů ČR k problematice kouření (období 1997 – 2011) – výzkumná zpráva (The development of smoking prevalence among the adult population of the Czech Republic, opinions and attitudes of Czech citizens on/to smoking (1997 – 2011) – research report), National Institute of Public Health 2012. Available on-line at: <http://www.szu.cz/uploads/documents/czsp/zavislosti/koureni/zprava-kuractvi-2011.pdf>.

³ Kalman M., Sigmund E., Sigmundová D., Hamřík Z., Beneš L., Benešová D., Csémy L. Národní zpráva o zdraví a životním stylu dětí a školáků na základě mezinárodního výzkumu uskutečněného v roce 2010 v rámci mezinárodního projektu „Health Behaviour in School-aged Children: WHO Collaborative Cross-National study (HBSC) (National Report on the health and lifestyle of children and school pupils based on international research carried out in 2010 in the framework of the international “„Health Behaviour in School-aged Children: WHO Collaborative Cross-National study (HBSC)”). Palacký University in Olomouc. Olomouc 2011 ISBN 978-80-244-2983-0.

⁴ Csémy L., Sovinová H., Procházka B. Rizikové a škodlivé pití alkoholu u mladých dospělých: demografické a sociální souvislosti (Risky and harmful drinking of alcohol among young adults: demographic and social consequences). Prakt. Lék. 2011, 91 N. 11, pp. 655 – 660.

Restrictions and limitations applying to the availability of tobacco products and smoking are stipulated in Title II of the Act.

According to Section 3 of the Act, tobacco products, tobacco articles and electronic cigarettes can only be sold in stores defined by the Building Act, and in designated locations, as well as in shops selling daily and periodical press, in catering establishments operated under a trade license for catering and accommodation services, or in accommodation facilities, except those designated for the accommodation of children and youth.

Additional restrictions and bans applying to tobacco products and tobacco articles are stipulated in the Excise Duties Act. According to Section 4 of Act No. 379/2005 Coll., sales of tobacco products, tobacco articles and electronic cigarettes through vending machines is prohibited where sales to persons under the age of 18 cannot be prevented. Mail order sales and all other forms of sales of the products referred to above, in respect whereof it is not possible to verify the buyer's age, are also prohibited.

According to Section 4 of Act No. 379/2005 Coll., the sale of products that imitate the shape and appearance of tobacco products and tobacco articles in the form of food products and toys is prohibited.

According to Section 6 of the Act, the sale of tobacco products to anyone under 18 years of age is prohibited.

Section 7 of the Act stipulates that, wherever tobacco products, tobacco articles and electronic cigarettes are sold, the operator is obliged to post text clearly visible to the buyer and stating that the sale of tobacco products to persons under 18 years of age is prohibited. The text must be in the Czech language, in black block letters on a white background, with a letter size of at least 5 cm. The second paragraph of the same section stipulates that any person selling tobacco products must over 18 years of age, unless he/she is a student preparing for a future career in the hotel or tourism industry, or for the profession of a chef, waiter or shop assistant.

According to Section 8 of Act No. 379/2005 Coll., smoking is prohibited in

a) in public areas which include:

1. enclosed spaces open for and accessible to the public;
2. interiors of buildings of state authorities and bodies and bodies of local governments open for accessible to the public;
3. interiors of facilities established by the state or regional governments open for accessible to the public;
4. interiors of buildings of financial institutions open for and accessible to the public;
5. means of public road and rail transport and municipal transport;
6. interior areas of buildings associated with public transport that are open for and accessible to the public;
7. covered platforms, shelters and waiting rooms/areas of public road and rail transport and municipal transport.

b) in exterior and interior spaces and areas of all types of schools and school facilities,

c) in interior spaces and areas of non-smoking facilities and in interior spaces reserved for non-smokers, if the facility in question has separate areas reserved for smokers and non-smokers;

d) in indoor entertainment venues, such as cinemas, theatres, exhibition and concert halls, as well as in sports arenas and spaces where working meetings take place, with the exception of special areas separated from the rest of the building by construction elements and reserved for smoking that have an adequate ventilation system meeting the requirements set forth in a special legal regulation in place,

e) interiors of medical facilities of all types, except for closed psychiatric wards and other facilities for the treatment of addictions, where, however, smoking is permitted special areas separated from the rest of the building by construction elements and reserved for smoking that can be permanently ventilated outside the building while occupied.

In addition, smoking is prohibited in interior spaces and areas of buildings used by state authorities and bodies, bodies of regional governments, facilities providing public services and established by the state or regional governments and financial institutions, including their canteens, cafeterias and other catering facilities; in this respect, building managers are obliged to ensure that persons working in or visiting these buildings are protected against harmful effects of smoking.

Operators of catering establishments operated under a trade license for catering and accommodation services are required to place a clearly visible sign to inform persons before they enter:

a) whether the establishment is a non-smoking facility; if this is the case, a „Smoking prohibited“ graphic sign must be placed at the entrance;

b) whether the establishment is a smoking facility; if this is the case, a „Smoking permitted“ graphic sign must be placed at the entrance; or

c) whether the establishment is a facility with separate areas reserved for smokers and non-smokers, respectively; if this is the case, a “Separate areas for smokers and non-smokers“ graphic sign must be placed at the entrance and, at the same time, the areas in which smoking is prohibited must be marked with a „Smoking prohibited“ graphic sign and the areas in which smoking is permitted must be marked with a „Smoking permitted“ graphic sign. Smoking establishments and establishments with separate areas reserved for smokers and non-smokers, respectively, must have an adequate ventilation system meeting the requirements set forth in a special legal regulation. Areas of establishments with separate areas reserved for smokers and non-smokers must have the former areas separated from the latter areas by construction elements.

Provisions of Section 9a of the Act authorize self-governing municipalities to issue bylaw temporarily or permanently prohibiting smoking in public playgrounds, sport grounds, interiors of buildings designed for sports, cultural or social events, or at sports, cultural or social events, if such venues or events are intended or reserved for persons under 18 years of age.

Restrictions applying to the availability of alcoholic beverages are dealt with in Title III of Act N. 379/2005 Coll.

According to Section 10 of the Act, alcoholic beverages may be sold or served only in specialized stores of alcoholic beverages, specialized alcohol-selling departments of large sales outlets, groceries or in catering establishments operated under a trade license for catering and accommodation services, and accommodation and cultural facilities, except for those intended for persons under 18 years of age.

According to Section 11 of the Act, it is forbidden to sell and manufacture toys imitating the shape and appearance of alcoholic beverages. The same restriction applies to imports of toys imitating the shape and appearance of alcoholic beverages. Any person selling or serving alcoholic beverages must be over 18 years of age, unless he/she is a student preparing for a future career in the hotel or tourism industry, or for the profession of a chef, waiter or shop assistant.

According to Section 12 of the Act, alcoholic beverages must not be sold or served to persons under 18 years of age, at all events designated for persons under 18 years of age, persons who are obviously under the influence of alcoholic beverages or other habit-forming substances, in health care facilities, in means of transport exclusively designated for national public transport, with the exception of railway dining cars, on aircraft boards and in certain shipboard areas of public water transport, at sporting events, with the exception of tap beer the original wort extract of which is up to 10 % of weight, and in all types of schools and school facilities. Also prohibited are sales of alcoholic beverages by means of vending machines where sales to persons under 18 years of age cannot be ruled out. Mail order sales and all other forms of sales in respect whereof it is not possible to verify the buyer's age are also prohibited.

Provisions of Section 13 of the Act authorize self-governing municipalities to issue a bylaw decree restricting or prohibiting sales, serving and consumption of alcoholic beverages on certain days, during certain hours of the day, or in certain places during social, cultural or sporting events believed to pose a risk of increased problems or negative social phenomena caused by the behaviour of individuals under the influence of alcohol.

According to Section 14 of the Act, the operator of any place where alcohol is sold is obliged to post text clearly visible to the buyer and stating that the sale of alcohol to persons under 18 years of age is prohibited. The text must be in the Czech language, in black block letters on a white background, with a letter size of at least 5 cm. The manner in which the information on the product or service is presented must be clearly distinguished from the manner in which the information on tobacco products is presented.

The advertising ban described above does not apply to advertisements in periodical press, non-periodical publications, on leaflets, posters or in other printed documents, as well as advertisements disseminated by information society services and intended solely for professionals dealing in tobacco products, advertisements in specialized shops selling tobacco products and their shop windows, adequate designations of such shops, advertisements of tobacco products in large sales outlets selling or providing a wide range of products and services, subject to the advertisements being placed in the area of the outlet designated to sell tobacco products, sponsoring of motorsport competitions and communication of sponsors at their venues, unless the sponsored event or activity involves several EU member states or other states of the European Economic Area, or is held in several European Union member states or in other countries of the European Economic Area, or achieves cross-border effects through other means, and to publications printed and issued in third countries, unless primarily intended for the internal market of the European Union.

Advertisements of tobacco products permitted by the law must contain a clear warning reading as follows: "The Ministry of Health warns: smoking causes cancer.", the size of which must be at least 20 % of the advertising message. As to printed advertisements, the

warning text must be placed on a white background along the bottom edge of the advertisement area and occupy at least 20 % of it. The text must be printed in black bold capital letters and its height must be at least 80 % of that of the white background. Advertisements disseminated by audio-visual means must contain headlines with the warning according to the first and second sentences of this paragraph. At the same time, tobacco advertisements must not target persons under 18 years of age; in particular, they must not depict people falling into the above age group or use elements, means or actions primarily addressing such people, encourage smoking by words or by showing, for example, scenes involving an open box of cigarettes, or scenes where people smoke or hold cigarettes, packs of cigarettes or other tobacco products or smoking accessories. In addition, the advertising methods outlined above must not include free supply of samples of tobacco products to the general public, the purpose of which is to promote a specific tobacco product.

Advertisements of alcoholic beverages are subject to provisions of Section 4 of Act No. 40/1995 Coll., advertisement Act, as amended. Advertisements of alcoholic beverages must not encourage immodest consumption of alcoholic beverages, judge abstinence or alcohol restraint in an ironic or negative manner, target people under 18 years of age (in particular, they must not depict people under 18 years of age or looking to be under 18 years of age consuming alcohol or make use of elements, means or actions primarily addressing people under 18 years of age), relate the consumption of alcohol to improved performance or the driving of a motor vehicle, or make any implications of alcohol consumption contributing towards social or sexual success. In addition, such advertisements must not claim the alcohol content in an alcoholic beverage possesses curative properties, or has a stimulating or calming effect, or is a way to deal with one's personal problems, or emphasize the alcohol content as a positive property of the beverage.

Mandatory vaccination in the Czech Republic

Mandatory vaccination in the Czech Republic is governed by Act No. 258/2000 Coll., Public Health Protection Act, and amending some other legal acts, as amended, its scope being defined by an implementing regulation, namely Decree No. 537/2006 Coll., stipulating immunization against infectious diseases, as amended. Health care facilities performing the vaccination in the extent set forth by the implementing decree referred to above obtain vaccines from the distributor who will supply the vaccines free of charge.

According to applicable legislation in force, the vaccination administered in the Czech Republic is divided into the following groups:

- Regular vaccinations against tuberculosis (only for children with indications), diphtheria, tetanus, pertussis, invasive Haemophilic influenza Type b disease, poliomyelitis and viral hepatitis B, measles, rubella, mumps, pneumococcal infections and viral hepatitis B.
- Special vaccinations against viral hepatitis A, viral hepatitis B and rabies, administered to personnel of health care facilities and students of medical/health care disciplines.
- Irregular/extraordinary vaccinations, which term denotes vaccination of people to prevent infections during emergencies, vaccinations administered in cases of injuries, accidents, wounds that refuse to heal, and prior to some treatment types, against tetanus and rabies.
- Vaccinations administered upon request of an individual who wishes to be protected against infections for which a vaccine is available.

System of epidemiological vigilance for infectious diseases

Decree No. 473/2008 Coll., regulating the system of epidemiological vigilance for selected infections, presents a list of infections in respect whereof the epidemiological vigilance (surveillance) system is implemented, including the scope of collected data, the manner in which infections are reported (including applicable deadlines), laboratory diagnostics, epidemiological inquiries, determination of the type and execution of anti-epidemic measures against infectious diseases, as well as basic characteristics, clinical definitions and classification of infectious diseases. The abovementioned decree provides for surveillance of the following diseases: diphtheria, pertussis, measles, influenza and acute respiration diseases, invasive meningococcal diseases, invasive Haemophilic influenza Type b and non-b diseases, infections caused by human immunodeficiency virus (HIV/AIDS), tuberculosis, legionellosis, poliomyelitis, tetanus, rubella and congenital rubella syndrome, mumps, West Nile fever, enterohemorrhagic Escherichia coli (EHEC), viral hepatitis A, B, C, E, Chlamydia trachomatis infections, invasive pneumococcal infections, campylobacteriosis, Lyme disease, herpes zoster, rotavirus infections, salmonellosis, acquired or congenital syphilis, tick-borne encephalitis and chicken pox.

Since 1993, the Czech Republic has been using a public health service information system for reporting, keeping track of and collecting surveillance data on infectious diseases, known as EPIDAT. The data environment of the system is modified/updated once a year, depending on requirements of the European TESSy system and in accordance with case definitions applied in the European Union.

In the conclusions of its previous report, the Committee required answers to the following questions:

The Committee wishes the next report to provide information on the legislative framework of the sale and supply of tobacco and alcohol, as well as on restrictions on advertising and smoking in the public.

Advertisements and promotion of tobacco products and alcohol are governed by Act No. 40/1995 Coll., Advertisement Act, and changing and supplementing Act No. 468/1991 Coll., to regulate radio and television broadcasting, as amended.

According to Section 3 of the Act, advertisements of tobacco products and sponsoring the purpose or direct or indirect result of which is promotion of tobacco products are forbidden, unless stipulated otherwise. Also forbidden are advertisements that do not mention tobacco products directly, but use their trademarks, emblems, logos or other typical features, unless stipulated otherwise.

The Committee asks that the next report to provide information on accidents.

Statistical information on occupational injuries, including fatal ones, and occupational diseases by the industry and including the affected percentage of the workforce

Updating:

Personal accident rate and preventive measures adopted (in the field subject to the supervision of state mining authorities):

Fatal accidents

In **2008**, there were 1,039 occupational injuries, including 12 fatal ones, sustained during the performance of activities subject to the supervision of state mining authorities. Seven fatal

accidents were sustained in the course of black coal mining operations, one in the course of brown coal mining operations, three in the course of extraction of non-metallic raw materials, and one in the course of other mining activities.

In **2009**, there were 898 occupational injuries, including 7 fatal ones, sustained during the performance of activities subject to the supervision of state mining authorities. Three fatal accidents were sustained in the course of black coal mining operations, one in the course of extraction of ores, and three in the course of extraction of non-metallic raw materials.

In **2010**, there were 815 occupational injuries, including 5 fatal ones, sustained during the performance of activities subject to the supervision of state mining authorities. Three fatal accidents were sustained in the course of black coal mining operations, one in the course of extraction of non-metallic raw materials, and one in the course of operations carried out using mining methods or techniques.

In **2011**, there were 752 occupational injuries, including 11 fatal ones, sustained during the performance of activities subject to the supervision of state mining authorities. Five fatal accidents were sustained in the course of black coal mining operations, one in the course of deep brown coal mining operations, one in the course of open-pit brown coal mining operations, and four in connection with the manufacture or use of explosives.

Number of people employed in the extraction of minerals

Year	Black coal	Brown coal	Others
2008	18000	8500	9150
2009	16200	8200	8900
2010	16000	7700	9300
2011	16200	7100	9050

ARTICLE 12: RIGHT TO SOCIAL SECURITY

Article 12, Section 1

“With a view of ensuring the effective exercise of the right to social security, the Contracting Parties undertake: to establish or maintain a system of social security;”

Legislation in the field of social security:

- Act No. 117/1995 Coll., on State Social Support, as amended,
- Act No. 110/2006 Coll., on the Minimum Subsistence Level and Living Wage, as amended,
- Act No. 100/1988 Coll., on Social Security, as amended,
- Act No. 582/1991 Coll., on the Organization and Implementation of Social Security, as amended,
- Act No. 589/1992 Coll., on Social Security Insurance and Contribution to the State Employment Policy, as amended,
- Act No. 187/2006 Coll., on Sickness Insurance, as amended,
- Act No. 155/1995 Coll., on Pension Insurance, as amended,
- Act No. 108/2006 Coll., on Social Services, as amended,
- Act No. 111/2006 Coll., on Assistance in Material Need, as amended,
- Act No. 435/2004 Coll., on Employment, as amended,
- Decree No. 182/1991 Coll., Implementing the Social Security Act and the Act on the Powers of the Czech Republic in Social Security, as amended,
- Regulation No. 505/2006 Coll., Implementing Certain Provisions of the Social Services Act, as amended,
- Regulation No. 284/1995 Coll., Implementing the Act on Pension Insurance, as amended,
- Regulation No. 504/2006 Coll., which implements certain provisions of the Act on Assistance in Material Need, as amended.

Effective from January 2012, amendments to the legislation were adopted within **Social Reform I**; these will become effective in 2012 and 2013. The aim of this reform in the social field is in particular:

- Streamlining the management of public resources allocated to the social sector, the unification of the process of payment of non-insurance benefits – the implementation by a single administrative body, namely the Labour Office of the Czech Republic,
- Changes in the field of benefits provided to disabled people, the introduction of an electronic Social Systems Card,
- Changes in drawing welfare benefits – parental allowance (enables greater latitude to draw allowances and flexible decisions on the length and amount of parental allowance),
- Changes in the social security of persons in material need.

Overview of Legislation Adopted in the Context of Social Reform in 2011 and 2012:

- Act No. 329/2011 Coll., on Providing Benefits to Persons with Disabilities and amending related Acts of the Parliament, as amended by Act No. 141/2012 Coll., and Act No. 331/2012 Coll., (the Act comes into force on December 1, 2012),
- Act No. 366/2011 Coll., amending Act No. 111/2006 Coll., on Assistance in Material Need, as amended, Act No. 108/2006 Coll., on Social Services, as amended, Act No. 117/1995 Coll., on State Social Support, as amended, and other related Acts of the Parliament,
- Act No. 367/2011 Coll., amending Act No. 435/2004 Coll., on Employment, as amended, and other related Acts of the Parliament,

- Regulation No. 388/2011 Coll., on the implementation of certain provisions of the Act on Providing Benefits to Persons with Disabilities,
- Regulation No. 389/2011 Coll., on the implementation of certain provisions of the Act on Assistance in Material Need,
- Regulation No. 390/2011 Coll., amending Regulation No. 518/2004 Coll. implementing the Act No. 435/2004 Coll., on Employment, as amended,
- Regulation No. 391/2011 Coll., amending Regulation No. 505/2006 Coll., which implements certain provisions of the Social Services Act, as amended,
- Regulation No. 424/2011 Coll., on the specimen, design and essential elements of the Social Systems Card, specimen, essential elements and confirmation of the loss, theft, damage or destruction of the Social Systems Card and specimen of standardized social worker records, as amended by Regulation No. 203/2012 Coll.

Health care is provided on the territory of the Czech Republic mainly on the basis of compulsory health insurance. A foreigner is a participant of the public health insurance if his / her permanent residence is in the Czech Republic. In the absence of permanent residence, if he / she is an employee of an employer seated in the Czech Republic or having permanent residence permit. In some cases, the insurance is paid by the state (such as on behalf of dependent children, pensioners, etc.).

In the given period, the health insurance system has been regulated by:

- Act No. 48/1997 Coll., on Public Health Insurance and Amending Certain Related Acts of the Parliament, as amended,
- Act No. 592/1992 Coll., on Public Health Insurance , as amended,
- Act No. 551/1991 Coll., on the General Health Insurance Company (VZP) of the Czech Republic, as amended,
- Act No. 280/1992 Coll., on Departmental, Professional, Corporate and Other Insurance Companies, as amended.

Overview of Changes in the Field of Public Health Insurance in the Reporting Period:

On June 1, 2008, the entitlement for compensation of the health insurance company towards a third party to pay the costs of care covered by health insurance spent as a result of intentional illegal act of the third party towards an insured person was introduced.

From August 1, 2008, the conditions for imposing regulatory fees were changed as follows:

- An exemption from payments of regulatory fees by the legal representatives for the stay of a new-born child from birth to the first day of release from the medical facility; regulatory fees for the stay of the legal representative remain in force;
- Insured people in institutional care in homes for people with disabilities became exempt from the payment of all regulatory fees;
- Regulatory fees are not charged when the insured person is placed without their consent into care for reasons specified by special law as long as the consent to the care of the insured is expressed by a court;
- Donors of organs for transplantations shall be exempt from payment of regulatory fees which are directly related to the donation;
- Establishing a fine of up to CZK 50,000 for unauthorized collection of fees by doctors and medical facilities; whereas repeated fines for this are the reason for termination of the contractual relation.

From April 1, 2009, certain payments of regulatory fees were repealed for children under 18 years of age and the limit on the amount of regulatory fees was decreased to CZK 2,500 /year for children under 18 years and those aged 65 years and more.

From January 1, 2010, the new regulation stipulates the provision of vaccines against influenza as a part of care covered by the insurance.

Other changes have been introduced from December 1, 2011, among other things a change of the regulatory fee for one day of hospitalization from CZK 60 to CZK 100. The right of the insured person established to choose either to be provided health care to the extent of the basic variant, or to the extent of an economically more demanding variant, also introduced the obligation of the insured person to pay to the medical facility that provided medical care the difference between the basic variant and price of the economically more demanding option.

A duty has been introduced for the insured person who has been provided institutional care, complex spa care or institutional care in children's specialist hospitals and sanatoria to pay for each day that he / she has been provided this care a regulatory fee of 100 CZK.

The introduced reform measures followed a number of objectives, namely to set limits to development of medicine in order to cover the increasing costs of health care while maintaining the quality of health care.

In its Conclusions on the previous report, the Committee requested answers to the following questions:

The Committee asks for figures in percentage indicating the personal coverage of each brand of social security.

The Committee reiterates that it has to be regularly provided with percentage figures concerning the - coverage of the population for all areas of social security branches.

The Committee reiterates regular information on all social security benefits, including information on their minimum level, should be provided and therefore expects the next report on Article 12 to contain such information.

Benefits in Material Need

In the case of assistance in material need and social care benefits for people with disabilities, the query of the Committee does not make it clear what the definition of the "whole" is. Not all benefits are intended for an individual in the Czech Republic. Some benefits – typically benefit in material need (subsistence allowance) – may provide for one or more persons ("household") who may or may not form a family. The required information necessary for the provision of these benefits would not be of a real and true information value and the interpretation of the "reported data" will be difficult for possible discrepancies. The required data can thus only be provided for that state social support which has the nature of family benefits, because only in this case is it possible to define a meaningful whole.

Family benefits

The Czech Republic refers in this regard to the 10th report on the implementation of the European Code of Social Security in which the following information on family allowances coverage, conditions of entitlement and level of benefits are listed:

- On average 481,300 dependent children a month were receiving child allowance in 2011, which means that it had been provided approximately to 20.6 % of all dependent children.
- Social allowance was paid on average to 14,400 families with dependent children a month in 2011, i.e. about 1.0 % of families with dependent children.
- Parental allowance was paid on average to 323,100 families with young children in 2011, i.e. about 22.2 % of families with dependent children.
- A dependent child is entitled to child allowance if he/she lives in a family the decisive income of which is less than the amount of the minimum subsistence of the family multiplied by of 2.4. Child allowance is provided at three different levels according to the age of the child.
- Until December 31, 2011, families with children had the right to social allowance if their decisive income was less than the product of the minimum subsistence of the family and the coefficient of 2.0. The social allowance helped cover the costs associated with the children's needs – low-income families with children and with a disabled family member (child or parent). This allowance has been cancelled as of January 1, 2012.
- A parent who personally and duly cares for a child who is the youngest in the family has the right to parental allowance. Before December 31, 2011, parental allowance had been provided in three versions (faster drawing, classic drawing, slower drawing) until the child reached two, three or four years of age. By selecting the disbursement period, the parent also chooses the amount of the monthly allowance. Since January 1, 2012, parental allowance has been determined by the total amount (max. 220,000 CZK) which the parent can draw until the child is four years old. Gainful employment or income of the parents is not monitored (by earning money, the parent can improve the financial situation of the family), what is limited is the placing of a child in pre-school facilities (provided for in Art. 31 Sec. 3 of Act No. 117/1995 Coll., on State Social Support, as amended).
- Family allowances are paid in the form of periodical monthly financial payments.

The amount of child allowance in 2011 and 2012 has been set at a fixed monthly amount, for a child under 6 years of age equal to CZK 500, for a child of 6 to 15 years equal to CZK 610, for a dependent child of 15 to 26 years equal to CZK 700.

The amount of social allowance in 2011 depended on the income of families with children and the degree of disability of the child or parents. The average monthly amount of the benefit was CZK 2,537.

The amount of the parental allowance in 2011 was determined in fixed monthly instalments in three ranges: increased amount of CZK 11,400, the basic amount of CZK 7,600 and the reduced amount of CZK 3,800, which correspond to the length of payment of the selected parental allowance. From January 1, 2012, the total amount of CZK 220,000 which a parent insured for sickness draws monthly in the amounts of their choice until the child reaches four years of age and the maximum monthly amount of CZK 11,500. Parents who are not participants in sickness insurance scheme are entitled to parental allowance in fixed monthly amounts of CZK 7,600 until the end of the ninth month of age of the child and then CZK 3,800 until the child reaches four years of age.

Benefits in Material Need

Proportional data regarding personal benefits coverage in material need cannot be provided. An individual contribution is provided in many cases to more people within a scope of jointly assessed persons. In principle, the range of persons who are entitled to draw benefits in material need and are considered together is made up of people who use the same apartment together and share the cost of common household. For that reason, it is impossible to determine the population to which the following benefits data could or should be related.

- Subsistence Allowance in 2011 – the average monthly level of disbursed benefits amounted to 101,500.
- Housing supplement in 2011 – the average monthly level of disbursed benefits amounted to 26,100.
- Extraordinary immediate assistance in 2011 – the average monthly level of paid out benefits amounted to 10,000.

The subsistence allowance and housing supplement have the form of recurring payments. Their specific monthly amount is based on the total income and social and financial circumstances of all persons considered together.

- Average monthly subsistence allowance amounted to CZK 3,324 in 2011.
- Average monthly housing supplement amounted to CZK 2,718 in 2011.

Extraordinary immediate assistance is a lump-sum grant. The amount shall be determined by the specific situation, but up until the limits stipulated by the law. In determining the amount of extraordinary immediate assistance, the authority takes into consideration the income and social and financial status of the person or persons jointly assessed.

- The average amount of extraordinary immediate assistance amounted to CZK 2,612 in 2011.

For more information on extraordinary immediate assistance and determining the amount of benefits in each situation, see the explanations on Article 13 Sec. 4.

Benefits for Persons with Disabilities

In 2011, persons with disabilities were provided the following cash social care benefits that help to solve mobility, housing and special aids:

- Lump-sum contribution of special aids (an optional lump-sum allowance that can be granted to disabled people, visually impaired people and hearing impaired citizens to obtain aids that they need in order to eliminate, mitigate or overcome the effects of their disability);
- Allowance for housing modifications (an obligatory one-off allowance provided to persons with severe impediments of the skeletal or musculoskeletal system constraining to large extent their mobility and to stone-blind or practically blind persons);
- Contribution to the purchase of a motor vehicle, the contribution to the total overhaul of a motor vehicle (an obligatory one-off allowance provided to a person with a severe impediments of the skeletal or the musculoskeletal system who will use the vehicle for his/her own transport, in case the person is not placed in a special facility for whole year and is dependent on individual transport). It is also provided to parents of a dependent child, if the child is over three years of age with a severe impediment in the skeletal or the

musculoskeletal system, stone-blind or practically blind people or severely mentally affected, and the parent will use the vehicle to transport the child;

- Contribution to a specific modification of a motor vehicle (an obligatory one-off allowance provided to a person with a severe impediments of the skeletal or the musculoskeletal system who drives himself/herself and needs a special modification to a motor vehicle because of his / her permanent disability);

- Contribution to the operation of a motor vehicle (an obligatory one-off allowance is granted to a person owning or operating a motor vehicle once a year in case his/her disability justifies extra benefits for seriously disabled people in level II or III and will only use the motor vehicle for his / her regular transportation or when the motor vehicle will be used for regular transportation of the husband/wife, child or persons the next of kin whose disability justifies the granting of special benefits for seriously disabled people in level II or III, or who is a parent of a dependent child who is being treated at the University Hospital clinic for malignant tumour or hemoblastosis, during the time required to treat the acute phase of the disease in this medical facility);

- Contribution to individual transportation (an obligatory one-off allowance to be granted for a calendar year to a person with a severe defect in the skeletal or the musculoskeletal system, stone-blind or practically blind people or parents of a dependent child who is being treated at the University Hospital clinic for malignant tumour or hemoblastosis during the time required to treat the acute phase of the disease in this medical facility who is regularly transported individually and who is neither an owner or operator of a motor vehicle nor is in receipt of the contribution to the operation of a motor vehicle or motor vehicle nor is transported by a motor vehicle the operation of which is covered by a contribution to the operation of a motor vehicle);

- Contribution to payment for the use of barrier-free apartment (an obligatory recurring allowance provided to persons with severe impediments of the skeletal or the musculoskeletal system and stone-blind or practically blind persons who live in a barrier-free apartment);

- Contribution for use of a garage (optional recurring allowance may be provided to persons with severe impediments of the skeletal or the musculoskeletal system and persons stone-blind or practically blind using a wheelchair flat);

- Contribution to stone-blind or almost blind person (an optional recurring allowance may be given to the stone-blind or practically blind person for guide-dog feeding).

It is clear that each of allowances has its own group of entitled persons linked to the nature of the disability, that these allowances are both recurring and one-time, compulsory and optional, that respond to specific (often very specific) needs of people with disabilities. And for these reasons, **the proportional data on personal benefits coverage for persons with disabilities cannot be provided.**

A similar situation exists regarding information on the minimum level of benefits for people with disabilities. Compulsory benefits are disbursed either in fixed amounts per month or year, or at the determination of a specific proportional limit or the maximum percentage amount. Income and property situation are assessed not only for optional benefits, but in many cases for obligatory benefits as well.

From January 1, 2012, these allowances have been cancelled. Under the new Act No. 329/2011 Coll., on Providing Benefits to Persons with Disabilities and amending related Acts , only two benefits are provided – a mobility allowance and allowance for special aid.

Pension Allowances

The percentages of the personal pension insurance coverage:

Number of covered employees: 4,257,171

Number of covered self-employed persons: 742,251

Total number of employees: 4,257,171 (i.e. 100 % of covered people).

The old-age pension consists of two components:

a) the **basic part** (CZK 2,170 in 2010)

b) the **percentage part** (depends on individual's income and the number of years of insurance).

In 2010, the pension amount with a minimum second component was CZK 2,940 , i.e. 2,170 + 770. **The percentage amount of CZK 770 is determined** for the minimum required insurance period (26 years) from the average indexed **assessment base** (for the decisive period from 1986 to 2009), **which is lower than CZK 2,000 and the pensioner thus receives from the pension insurance 1.5 times their previous gross income.**

The replacement ratio in this case is 1.49 – i.e. 1,972 / 2,940.

Pensions lower than 3,000 CZK are paid to less than 0.4 % of old-age pensioners and this mostly represents shortened or shared pensions.

The minimum amount of pension benefits

The total minimum old-age or disability pension is not established in the Czech Republic. what is laid down is only the minimum amount of the payment for the percentage level of CZK 770, but this provision is entirely negligible, because the sum of CZK 770 was established at a time when pensions to wives were being cancelled. Pensions to wives had been awarded until 1995 to married women who had reached the age of 65 (or became disabled) and did not get the right to their own retirement (old-age) benefits because they had not worked for the required period to be entitled to old-age pension. With the adoption of Act No. 155/1995 Coll., on Social Security, the pensions to wives disappeared and these pensions were transformed into old age or disability pensions. **Since then, they have been indexed many times.**

Disability pensions (of the third degree) are also not really affected by this. Disabled who participate on insurance for more than 15 years or have been disabled since childhood are entitled to a disability pension calculated on the average monthly wage in the national economy (the amount of such income is similar to an amount stipulated for a qualified worker).

Social security insurance and contribution to the state employment policy

Social security premiums include premiums for pension insurance, sickness insurance and contribution to the state employment policy. The income from premiums goes into the state budget of the Czech Republic.

In connection with the provision of unemployment allowance, a contribution to the state employment policy is paid.

An employee who is entitled by virtue of the employment to participate in insurance should pay the premium, which is 6.5 % of the assessment base. These premiums are composed only of pension insurance premiums. An employee does not pay sickness insurance premiums and a contribution to the state employment policy.

The contribution to the state employment policy system is paid by the employer due to the participation of its employees and the insurance is laid down in the amount of 1.2% of the assessment base.

The self-employed pay contributions to the state employment policy system in the amount of 1.2 % of the assessment base.

Information on the minimum level of unemployment as of December 31, 2011

The Czech system does not work with the concept of minimum unemployment benefit. The level of unemployment is determined by the average monthly net salary which the job seeker received in the last employment prior to entry in the register of job seekers. For the self-employed, the amount of unemployment benefits is calculated from the last assessment base. The level of unemployment benefit is determined as a percentage. The percentage rate of unemployment benefit equals 65 % in the first two months of the support period, 50 % in the next 2 months and 45 % of the average monthly net earnings or assessment base for the remainder of the support period.

In the event that the job seeker has complied with the requirement of prior employment taking into account the substitute calculation periods, and this period is considered as their last job and the job seeker (with or without fault of his own) is unable to prove the amount of the average monthly net income or the assessment base, or at the average monthly net earnings or calculation basis cannot be determined, the unemployment benefit for the first two months is determined as 0.15 times the average wage in the national economy for the first to the third quarter of the calendar year preceding the calendar year in which the request for this benefit was filed, the next two months 0.12 times and for the remaining period of support 0.11 times the average wage in the national economy for the first to the third quarter of the calendar year preceding the calendar year in which the request for this benefit was filed.

Until December 31, 2011, the average wage had been used for the calculation of unemployment benefits in the cases referred to in the preceding Sec., which was CZK 23,324 . 0.15 times the average wage as stated above amounted to CZK 3,499, 0.12 times the average wage amounted to CZK 2,799 and 0.11 times the average wage resulted in an amount of CZK 2,566.

Given that the amount of unemployment benefits depends on the previous income of job seekers, we cannot provide with minimum level of unemployment benefits. Until December 31, 2011 a maximum of unemployment benefits amounted to 0.58 times of the average wage i.e. CZK 13,528.

A regulation of the Government of the Czech Republic guarantees a minimum wage for employees performing weekly working time work of 40 hours. The minimum wage for employees remunerated by a monthly wage before December 31, 2011 was CZK 8,000. Unemployment benefit would in this case be set at 65 % for the first two months, 50 % for the next two months and 45 % of the average monthly net earnings for the remainder of the support period. Average monthly net earnings are calculated under Art. 351 and following of the Act No. 262/2006 Coll., the Labour Code, as amended, effective until December 31, 2011.

Article 12, Section 2

“With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake: to maintain the social security system at a satisfactory level at least equal to that required for ratification of International Labour Convention (No. 102) concerning Minimum Standards of Social Security;”

According to expert conclusions based on the latest reports on the implementation of ILO Convention No. 102 Concerning Minimum Standards of Social Security the Czech Republic complies with this Convention.

The Czech Republic is also a signatory to the European Code of Social Security. For more detailed information on the amount of single allowances, the Czech Republic refers to the reports on implementation of the European Code of Social Security.

Calculation of the share for the evaluation of old-age pension for the application of the 2012 ILO Convention No. 102 and the European Code of Social Security:

The calculation uses the gross monthly wage of a qualified worker (corresponds to the wage of a metal turner – a machine tool setter and operator based on Job specification KZAM 72231) in 2011, i.e. CZK 23,310.

Net salary is CZK 18,032 per month for the taxpayer after the application of tax credits.

The personal assessment base CZK 23,310 is reduced:

$11,061 + (23,310 - 11,061) \times 28\% = \text{CZK } 14,491$.

The percentage amount for thirty years of insurance is $30 \times 1.5\% \times 14,491 = \text{CZK } 6,521$.

The pension consists from the basic level and percentage level: $2,270 + 6,521 = \text{CZK } 8,791$.

The ratio of income after the event covered by insurance policy (retirement) and income before the event covered by insurance policy (net salary) $8,791/18,032 = 48.8\%$.

Monthly salary in CZK		Monthly old-age benefit in CZK	Ratio old-age pension / salary in %	
Gross	Net		Gross	Net
23,310	18,032	8,791	37.7	48.8

The European Code of Social Security and ILO Convention require a minimum share of the pension for the previous insured salary of 40 %. **The Czech Republic fulfils the required level of the amount of old-age benefits in respect to net wage.**

Article 12, Section 3

“With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake: to endeavour to raise progressively the system of social security to a higher level;”

Increasing the level of the health insurance system is gradually achieved through the reforms – see response in Sec. 1

In its Conclusions on the previous report, the Committee requested answers to the following questions:

The Committee requests that the next report contain information and up-date on the results of the changes introduced since 2003 concerning sickness insurance and sickness benefit, including statistical data.

Sickness insurance

The sickness insurance in the Czech Republic currently provides four types of benefits, namely:

- sickness benefit,
- maternity benefit
- nursing allowance,
- pregnancy and maternity compensation benefit.

All benefits are provided for calendar days and always disbursed by the relevant regional Social Security Administration. If the claim for the same allowance arises from more than one insurance scheme, only one allowance calculated on all earned income is provided. The amount of benefits depends on the achieved earnings, percentage for a daily allowance and the specified amount of reduction limit. The decisive period for the calculation is usually 12 calendar months preceding the event covered by insurance policy. The calculated daily assessment base is usually reduced.

The Czech health insurance system does not work with a defined minimum amount of any benefit, the amount of benefit is always based on the level of income reached.

The dynamics of changes to sickness insurance were very significant until 2003. The defined period of time should be evaluated in terms of two phases of sickness insurance development: the period 2003–2008 and the period lasting from 2009 to date, i.e. the period since the implementation of the new Health Insurance Act. The main objective of the new Health Insurance Act was to unify the legislation into a single Act, reducing the level of solidarity so that the system is fairer to policyholders with higher incomes, the introduction of measures to encourage the effectiveness of mechanisms of checks and changing the structure of benefits in order to avoid abuse of the system.

Over the years 2003–2008 there have been many changes, the objective of which was to curb abuse of the benefits and achieve savings in public budgets. Legislative changes with effect from January 1, 2003 were introduced by Act No. 420/2002 Coll., No. 421/2003 Coll., No. 424/2003 Coll., No. 359/2004 Coll., No. 436/2004 Coll., No. 168/2005 Sb., No. 361/2005 Coll., No. 588/2006 Coll., No. 261/2007 Coll. and No. 305/2008 Coll.

The most important measures undertaken in these periods are in particular:

- Extension of the decisive period used to determine the basis of assessment for determining the amount from a calendar quarter to 12 calendar months,
- Reduction of the daily assessment basis for the calculation of sickness benefits and support of care for family members into the first reduction limit of 90 % from 100 % for the first to fourteenth day of temporary incapacity to work and reducing the sickness benefit for the first three days from 50 % to 25 % for the first three calendar days of temporary incapacity to work,
- Suspension of annual increase of reduction caps.

Overview reduction limits in the years 2003–2008

Period	Fully assessable income up to an amount (hereinafter reduced to 90 % for the first 14 days of temporary incapacity to work)	Reduced income for 60 % of the amounts in the range of
Jan 1, 2003 – Dec 31, 2003	480 CZK	480 CZK – 690 CZK
Jan 1, 2004 – Dec 31, 2004	480 CZK	480 CZK – 690 CZK
Jan 1, 2005 – Dec 31, 2005	510 CZK	510 CZK – 690 CZK
Jan 1, 2006 – Dec 31, 2006	510 CZK	510 CZK – 730 CZK
Jan 1, 2007 – Dec 31, 2007	550 CZK	550 CZK – 790 CZK
Jan 1, 2008 – Dec 31, 2008	550 CZK	550 CZK – 790 CZK

In 2008, Act No. 261/2007 Coll., on Stabilization of Public Budgets imposed certain measures that had been partially taken from Act No. 187/2006 Coll., on Health Insurance (although valid, it was still not in force at that time). These were mainly the introduction of a three-day waiting period when sickness benefits are not paid out, a shorter protection period after termination of employment from 42 to 7 calendar days, cancellation of eligibility for support in taking care of a family member in the protection period and cancelling the entitlement to maternity benefits for jobseekers. In addition, an adjustment was made to the percentage rate of sickness benefits and family member care benefits. To determine the amount of sickness benefits and care of family members benefits, the first reduction limit of 90 % applied to the amount of the daily assessment base. The amount of sickness benefit per calendar day was set at the rate of 60 % of the daily reduced assessment base as long as it was the 4th to the 30th day of temporary incapacity to work, 66 % during the 31st to the 60th day of temporary incapacity to work, and 72 % from the 61st calendar day of temporary incapacity to work . The amount of support in the care of family members was 60 % of the daily reduced assessment base.

Since 2009, a new Act No. 187/2006 Coll., on Health Insurance and the Act No. 589/1991 Coll., on Social Security Premiums and Contribution to the State Employment Policy became effective.

A fundamental change in premiums compared to earlier legislation was the adjustment of rates of premiums so that employees do not pay sickness insurance premiums and employers pay 2.3%. The premiums for the self-employed were reduced from 4.4 % to 1.4 %. Self-employed persons had the opportunity to pay the premium from the basis that they determine

for themselves. From January 2011, some measures beneficial to the self-employed were cancelled, i.e. the possibility to specify any assessment base for the payment of the premiums and the premiums rate increased from 1.4 % to 2.3 %.

The new legal regulation on health insurance has introduced many changes compared with the previous legislation, of which the most important are:

- Uniformity of the system (newly established group of insured people),
- Implementation of insurance transferred only to the insurance institution (benefits are paid only to the Social Security Administration),
- The introduction of protective elements (introduction of three reduction limits, entitlement to sickness benefit from the 15th day of temporary incapacity to work, the change in sanction mechanisms for violations of the healthcare regime of the employees, the introduction of sanctions against doctors and employers in non-compliance),
- Increasing equity (people with higher incomes are expected to reach more appropriate allowances),
- Active participation of employers in the financial provisioning of employees for 14 days of illness (wage compensation payment),
- A reduction in rates of premiums (the employer pays health insurance at 2.3 % of the monthly assessment base, the employee does not contribute to the system),
- The principle of equal treatment (it is now possible for the father or husband to claim maternity benefits),
- The possibility of changing caregivers taking care of a family member and draw maternity benefits,
- Only one allowance is paid out from all earned income.

Changes in the sickness insurance system have continued in subsequent years, in particular, in changing of premiums parameters, introduction and then abolition of the three-day waiting period during the period of taking care of a sick child, changes in percentages rate and postponing of the entitlement to sickness benefit from the 22nd day of temporary incapacity to work starting on January 1, 2011 (the employer pays a wage compensation to an employee from 4th – 21st day of temporary incapacity to work). Only one rate was introduced for the entire period of temporary incapacity to work, amounting to 60 % of the reduced daily assessment base.

Although the premium rate set at 2.3 % for the employer should have increased from 2010, the Act No. 362/2009 Coll., as amended, left it the same for the year 2010, including the option to deduct half of the remuneration compensation paid from the insurance premiums. The possibility of deducting remuneration compensation was cancelled as of January 2011, but the premium rate was again left at the same amount. Small employers⁵, however, were given the option to enter into a special mode of premium payment, which allows deducting half the wage/salary compensation if they will pay health insurance premiums of 3.3 % instead of 2.3 %.

From January 1, 2010, for calculation of the maternity benefit is used the first reduction limit of the daily assessment base of 90 % instead of 100 % as in the previous year. The amount of maternity benefit was set at 60 %. However, as a consequence of the Constitutional Court judgment, the parameters were returned to their original level in July 2010.

⁵ Employers with up to 25 employees

Reduction limits have changed annually since 2009.

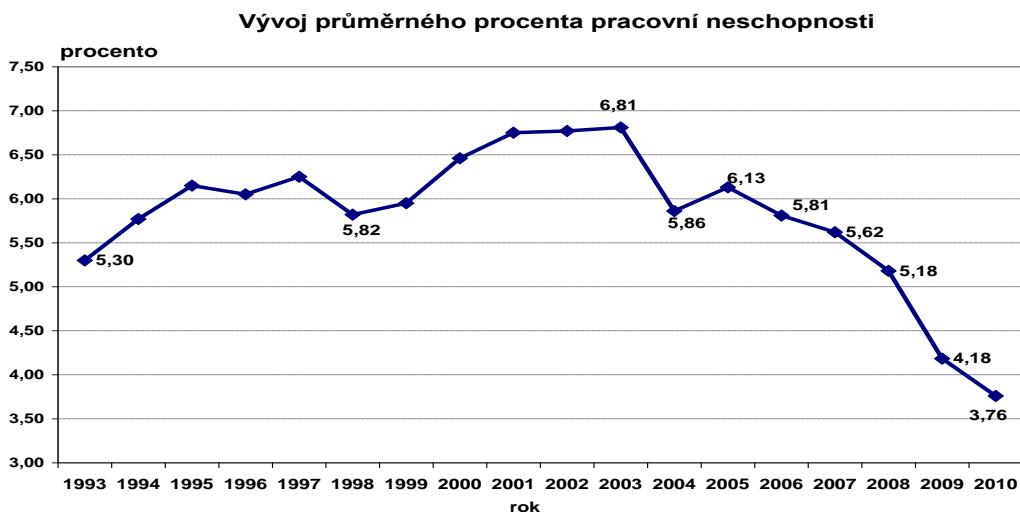
Overview of Reduction Limits in 2009-2012

Period	1st reduction threshold (90 % credited, 100 % for the maternity benefit)	2nd reduction limit (60 % credited)	3rd reduction limit (30 % credited)
2009	786 CZK	1 178 CZK	2 356 CZK
2010	791 CZK	1 186 CZK	2 371 CZK
2011	825 CZK	1 237 CZK	2 474 CZK
2012	838 CZK	1 257 CZK	2 514 CZK

There has been a further expansion of the group of insured persons since January 2012. The new regulation stipulates that insured persons (subject to the conditions laid down by the Health Insurance Act) also include individuals such as partners and company secretaries of limited liability companies, liquidators, proctors and other categories of persons. In addition, new regulations were introduced that favour the insured in the calculation of allowances (e.g. the inclusion of unpaid days off to segregated days etc.).

Statistical data

The measures adopted had a significant influence on the decrease of temporary incapacity to work. Since 2003, the average percentage of temporary incapacity to work has decreased significantly. While 86 out of 1000 insured persons were absent at the workplace daily in 2003, the figure was only 37 people in 2011.

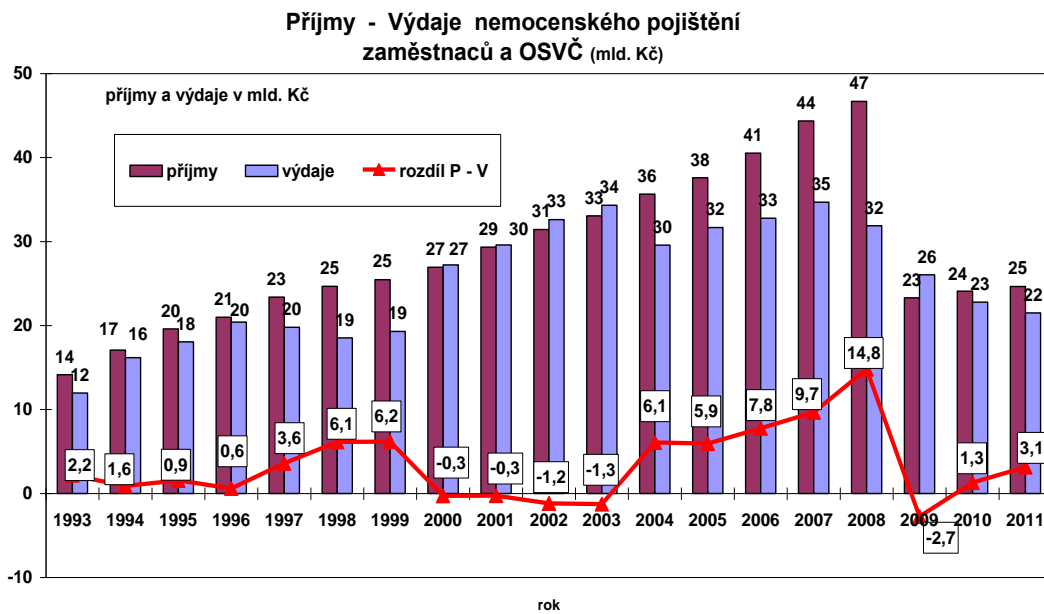


Graph: The Progress of the Average Percentage of Incapacity to Work

Key:

Procento	Per cent
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The balance of sickness insurance showed higher costs to pay benefits than revenues from premiums in the period 2000–2003. Reducing the level of benefits meant a surplus of funds in the period 2004–2008 in the amount of CZK 19 % – 46 %. In 2009, the employees were granted a premium rate reduced from 4.4 % to 2.3 %, which of course had an impact on the balance of the system.



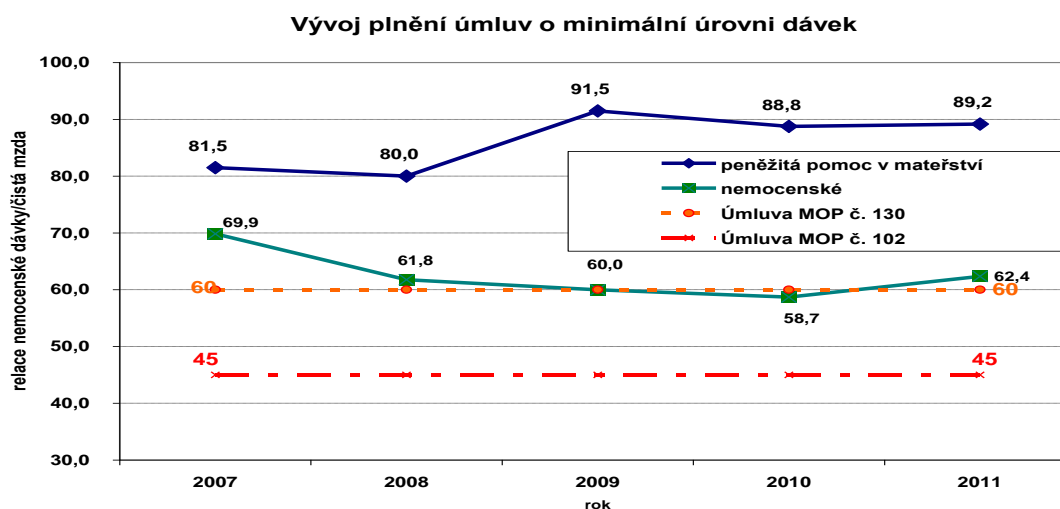
Graph: Income and Expenses of the Sickness Insurance System of Employees and the Self-employed

Key:

Příjmy a výdaje v mld. Kč	Income and expenses in billions CZK
Příjmy	Income
Výdaje	Expenses
Rozdíl P-V	Difference I-E

Despite the change of parameters for determining the level of benefits, the Czech Republic fulfils the minimum level of sickness benefits required by ratified

conventions.



Graph: The Progress of the Compliance with Treaties on the Minimum Amount of Benefits

Key:

Peněžitá pomoc v mateřství	Maternity benefit
Nemocenské	Sickness benefit
Úmluva MOP č. 130	ILO Agreement No. 130
Úmluva MOP č. 102	ILO Agreement No. 102

The Czech Republic refers in this regard to the last (10th) report on the application of the European Code of Social Security, which is attached as an Annex.

Number of covered employees: 4,257,171 people

Number of covered self-employed persons: 22443 persons

Total number of employees: 4,257,171 people (i.e. 100 % of covered employees)

Calculation of the share for the evaluation of the level of sickness benefits for the year 2012:

The uses the gross monthly wage of a qualified worker (corresponds to the wage of a metal turner – a machine tool setter and operator based on Job specification KZAM 72231) in 2011, i.e. CZK 23,310.

Gross wages from employment: CZK 23,310, of which the net wage after the tax deductions amounts to CZK 19,966.

Daily assessment basis (hereinafter referred to as the “DAB”) for the calculation of sickness benefits: the proportion of annual salary and number of days in the relevant period: $23,310 \times 12/365 = \text{CZK } 766.36$.

DAB is reduced as follows:

DAB: $766.36 \times 90\% = \text{CZK } 690$.

Daily sickness benefit:

It is 60 % of the DAB from the 22nd day of the temporary incapacity to work:

60 % of 690 = **CZK 414**.

Monthly sickness benefit: $30 \times 414 = \text{CZK } 12,420$.

Children benefits paid out in the amount of 1,220 (2 x CZK 610).

Net income = CZK 21,186.

Sickness benefit and child benefits for two children = CZK 13,640.

The ratio between the income after insurance claim (sickness benefit) and income before the insurance claim (net salary): **13,640 / 21,186 = 64.4 %.**

Application of the European Code of Social Security in the period 2003–2012

Year	Monthly salary in CZK		Monthly sickness benefit in CZK	Monthly allowances for 2 children in CZK	Monthly sickness benefit in CZK	Ratio sickness benefits/salary (incl. child allowance) in %	
	gross salary	net salary				brutto	netto
2003	15 936	13 178	10 229	1 319	11 548	67,30	80,10
2004	17 682	14 526	10 191	1 319	11 510	60,60	72,60
2005	18 717	15 551	10 489	1 342	11 831	59,00	70,00
2006	19 507	15 883	11 025	1 193	12 218	59,00	71,60
2007	20 801	17 398	11 786	1 216	13 002	59,10	69,60
2008	23 002	18 834	11 160	1 220	12 380	51,10	61,80
2009	24 575	22 570	13 050	1 220	14 270	55,30	60,00
2010	22 995	21 764	12 270	1 220	13 490	55,70	58,70
2011	24 146	20 641	12 870	0 (does not belong)	12 870	53,30	62,40
2012	23 310	19 966	12 420	1 220	13 640	55,60	64,40

The European Code of Social Security requires a proportion of sickness benefits to previous income of 45 %. **The Czech Republic fulfils the required level of sickness benefits to the gross salary as well as net salary.**

The Committee requests the next report explain the reform in the old-age pension scheme in the light of the criteria listed by the Committee in the General introduction to Conclusions XVI-1:

*“The Committee notes regarding the Report of the Czech Republic that social security benefits are linked to the subsistence level, defined as the minimum level of income to avoid poverty. The subsistence minimum is regulated by the government in the event of an increase in the rate of consumer prices by at least 5 %. Pensions are similarly regulated, i.e. if the increase in the coefficient of consumer prices is at least 5 %. Any modification of the level of old-age pensions must be at least 70 % of the increased rate of consumer prices. Consideration must also be taken to the level of growth in real incomes. **The Committee requests more detailed information on the regulation of social security benefits; the current level of increase compared with the growth rate of consumer prices and growth of income.**”*

The Czech Republic refers in this regard to the last (10th) report on the implementation of the European Code of Social Security, which is attached as an Annex.

*The Committee asks the next report to up-date the situation concerning old age pensions. The Committee reiterates that the next report should contain **information on the results obtained of the changes introduced, including statistical data.***

Pension increasing (basic general rules)

- The level of old-age pensions is increasing each year in January; a different procedure is used only under high inflation (at least 5 %),

- The increase in old-age pensions is laid down by the legal regulation so that the average old-age pension increase covers 100 % growth in prices and also one third of the real wages growth; the basic part of pension (9 % of the average wage) is increased based on the growth of average wage and the percentage rate based on the consumer prices growth,
- Growth of the total consumer price index (hereinafter referred to as the “CPI”) for households is determined for a period of twelve months for the regular January increases, namely until August of the calendar year preceding the year of pensions increase,
- The pensions are increased extraordinarily if prices growth in the assessed period amounted to at least 5 %; pensions in this case are increased from retirement payments due on the fifth calendar month following the calendar month in which prices growth achieved at least 5 %.

The specific amount of adjustment is determined each year by a regulation.

Year-on-year indexes for old-age pension, the average gross nominal wages and consumer prices (cost of living)

Year	Old-age pension *		Average wage (re-calculated numbers)		Average annual consumer price index (cost of living) for households in total in %
	abs. in CZK	index in %	abs. in CZK	index in %	
2001	6 352	.	14 378	108.8	104.7
2002	6 830	107.5	15 524	108.0	101.8
2003	7 071	103.5	16 430	105.8	100.1
2004	7 256	102.6	17 466	106.3	102.8
2005	7 730	106.5	18 344	105.0	101.9
2006	8 175	105.7	19 546	106.6	102.5
2007	8 735	106.9	20 957	107.2	102.8
2008	9 151	104.8	22 592	107.8	106.3
2009	10 029	109.6	23 344	103.3	101.0
2010	10 090	100.6	23 864	102.2	101.5
2011	10 527	104.5	24 436	102.4	101.9
2012	10 766	102.1			103.4

The Committee asks the next report to clarify the conditions under which the job-seeker loses entitlement to unemployment benefits and also relevant figures concerning suspension of unemployment benefits.

In compliance with Art. 45 of Act No. 435/2004 Coll., on Employment, as amended (hereinafter referred to as the “Employment Act”), entitlement to unemployment benefit shall terminate when the support period expires, the job seeker is deleted from the register of job

seekers (Art. 29 of the Act on Employment) or removed from the register of job seekers (Art. 30 of the Act on Employment).

In this context, it is also worth mentioning that the situation may arise also when entitlement to unemployment benefit of the applicant for employment does not terminate, but is not provided to the job seeker for a certain period of time. Job seekers are not provided unemployment benefits for the time when they get old-age pensions according to Art. 44 of the Employment Act, also when they draw sickness benefits (excluding sickness benefits that are provided to job seekers because of participation in sickness insurance in respect of performance of activities pursuant to Art. 25 Sec. 3 of the Employment Act (the non-conflicting employment) or employment pursuant to Art. 25, Sec. 6 (short-term employment) and during service of custody. Job seekers also do not get unemployment benefits for the duration of the labour-law relation or service contract based on which they perform any of the activities according to Art. 25 Sec. 3 of the Employment Act.

The Czech Republic refers in this regard to the last (10th) report on the application of the European Code of Social Security, which is attached as an Annex.

Article 12, Section 4

“With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake: to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:

- a) equal treatment with their own nationals and nationals of other Contracting Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Contracting Parties,***
- b) the granting, maintenance and resumption of social security rights by the accumulation of insurance or employment periods completed under the legislation of each of the Contracting Parties .”***

As an EU Member State, the Czech Republic adopted binding and directly applicable European rules coordinating social security, which includes health insurance. Regulation (EEC) 1408/71 and its implementing Regulation (EEC) 574/72 were binding and directly applicable before April 30, 2010. The European Parliament and Council Regulation (EC) No. 883/2004, as amended, and its implementing Regulation of the European Parliament and Council Regulation (EC) 987/2009, as amended, have been applied since May 1, 2010. These regulations, *inter alia*, contain uniform rules to determine the applicable legal regulation on social security in the EU/EEA or Switzerland. Generally it can be said that a person has health insurance in the Member State in which gainful activity is carried out. If there is no gainful activity carried out, is the person insured in the State from which he/she receives benefits based on previous employment . If no benefits are drawn, the person is a beneficiary of the same health insurance as a family member who is his/her insured breadwinner. If a person does not have such a provider, and therefore is an economically inactive person, then is insured in the Member State in which he/she has so-called de facto residence (that is a country, where the focus of the interests of the person is).

The Czech Republic has concluded bilateral or multilateral agreements on social security with selected States that are not members of the EU; the agreements have been applicable over the given period and have covered health care benefits within the specified extent. Namely, the list includes agreements with the following States:

Bosnia and Herzegovina:

The Convention between the Czechoslovak Republic and the Federative People's Republic of Yugoslavia on Social Insurance, Belgrade, May 22, 1957 (No. 3/1958 Coll.)

Montenegro

The Agreement between the Czech Republic and the Federal Republic of Yugoslavia on Social Security, Belgrade, Jan 17, 2002 (No. 130/2002 Coll. Intl. T.)

Croatia

The Agreement between the Czech Republic and the Republic of Croatia on Social Security, Prague, Jan 22, 1999 (No. 82/2000 Coll. Intl. T.)

Israel

The Agreement between the Czech Republic and Israel on Social Security, Jerusalem, July 16, 2000 (No. 73/2002 Coll. Intl. T.)

Japan

The Agreement between the Czech Republic and Japan on Social Security, concluded in Prague, Feb 21, 2008 (No. 42/2009 Coll. Intl. T.)

Macedonia (FYROM)

The Agreement between the Czech Republic and the Republic of Macedonia on Social Security concluded in Skopje, Oct 7, 2005 (No. 2/2007 Coll. Intl. T.)

Serbia

The Agreement between the Czech Republic and the Federal Republic of Yugoslavia on Social Security concluded in Belgrade, January 17, 2002 (No. 130/2002 Coll. Intl. T.)

Turkey

The Agreement between the Czech Republic and the Republic of Turkey on Social Security, Ankara, Oct 2, 2003 (No. 135/2004 Coll. Intl. T.)

All these agreements contain the element of equality of the parties, i.e. the same treatment of nationals of the other Party who fall under the personal jurisdiction of these agreements.

The Committee asks for the next report to provide information about the extension in practice of the equal treatment principle to third countries nationals.

In general, the Czech legislation in the field of social security does not tie participation in insurance or entitlement to benefits to the nationality of the person concerned.

With regard to migration within the EU/EEA, the CR applies the European regulations on coordination of social security systems – Regulation 883/2004, 987/2009 and 1231/2010. These regulations are directly applicable and apply the principle of equality of treatment, aggregation of insurance periods, application of rule of law and export of benefits, thus

maintaining acquired rights. Their personal jurisdiction includes not only citizens of the EU/EEA, but also stateless persons and refugees residing in a Member State who are or have been subject to the legislation of one or more Member States, as well as their family members and surviving kin. Thanks to Regulation 1231/2010, the EU coordination regulations cover nationals of other countries who are legally resident in the EU.

The Committee asks whether social security agreements had been negotiated with Albania, Armenia, Georgia and Turkey, and if not, whether it was planned to do so and by when. The Committee asks that the next report provide information on any agreements that are being planned with the three remaining countries and the time span for their negotiation. It also asks whether the conclusion of such agreement is foreseen with States which have ratified the Charter outside the reference period, i.e. Serbia and the Russian Federation.

In relation to “third countries”, i.e. countries outside the EU/EEA countries, the Czech Republic has concluded bilateral social security agreements with the following countries:

Australia, Bosnia and Herzegovina, Montenegro, Chile, Croatia, India, Israel, Japan, Canada, Republic of Korea, Macedonia, Moldova, Québec, Serbia, Syria, Turkey, Ukraine and USA. As to the validity and scope thereof, please see the attached table of contracts updated for the month of October 2012. These agreements on social security do not refer to the length of stay.

Currently, bilateral treaties with **Albania**, **Georgia**, Azerbaijan, Belarus, Mongolia and Tunisia are being prepared, as well as a new treaty with Bosnia and Herzegovina; in August 2012, the first round of negotiations took place regarding the Social Security Agreement with China. The Czech Republic also expressed an interest in concluding a social security agreement with the Republic of South Africa. We expect that the agreements which are now in preparation and regarding which first rounds of negotiations were held, will be concluded within two years if the situation continues to evolve with a similar intensity of interest in concluding the agreement.

Specifically to answer the questions of the Committee of Social Rights: agreements with Turkey and Serbia have been valid since the years 2002 and 2004. Only the first rounds of negotiations have taken place with **Albania and Georgia** during which mutual exchange of information on social security and basic ideas about the form of the agreement occurred. Negotiations with Albania took place in May 2012 and with Georgia in autumn 2010 in Prague. Further discussions should be initiated by the other party, whereas in the spring of this year, Georgia once again demonstrated its interest in the negotiation of the agreement. The agreement with the **Russian Federation** was signed on December 8, 2011 and has already been approved in the Czech Republic; the approval by the Russian side is pending (approved in December 2012). The Czech Republic is not negotiating an agreement with **Armenia** at the moment and no steps have been taken to negotiate an agreement.

The aim of agreements is to prevent damaging the rights of migrants from the states that are a party to the treaty or eliminating a threat to their claims for benefits from a social security system. Agreements provide for the provision of benefits and implementing the principles of the application of the principles of coordination within its factual scope .

Principles to ensure the rights of migrants:

- Summary of insurance periods;

- Export of benefits into the other state that is a party to the treaty (into the state of residence);
- Non-discrimination (equal treatment of nationals of a state that is a party to the treaty);
- Insurance against the risks included in the factual scope of the agreement in one of the states that are a party to the treaty.

In order to implement the agreements, administrative arrangements are always negotiated which usually enter into force on the same day as the agreement they implement.

Bilateral agreements on social security - as at October 23, 2012											
State	Date of Signature	Entry into Force	Official Gazette (Collection of treaties)	Sickness and maternity benefits		Pensions	Accidents at work and occupational diseases benefits		Unemployment benefits	Family allowance	Funeral allowance
				Health care	Monet. allow.		Health care	Monet. allow.			
Australia	September 16, 2009	July 1, 2011	58/2011			UR					
Bosnia and Herzegovina ⁴	May 22, 1957	December 1, 1957	3/1958	UR	UR	UR	UR	UR		UR	UR
Bulgaria	November 25, 1998	January 1, 2000	2/2000		O	O		O		O	O
Montenegro	January 17, 2002	December 1, 2002	130/2002	UR	UR	UR	UR	UR	UR	UR	UR
France ⁷	October 12, 1948	July 1, 1949	215/1949	O ¹	O	O		O			O
Chile	December 7, 2000	March 1, 2004	23/2004	UR ¹		UR					
Croatia	January 22, 1999	July 1, 2000	82/2000	UR	UR	UR	UR	UR	UR	UR	UR
India	June 8, 2010					UR					
Italy	October 11, 2001										
Israel	July 16, 2000	July 1, 2002	73/2002	O ⁵	O	O	O ⁶	O		O	
Japan	February 21, 2008	June 1, 2009	42/2009			UR					
Canada	May 24, 2001	January 1, 2003	1/2003			UR					
South Korea	December 14, 2007	November 1, 2008	80/2008			UR					
Cyprus ⁷	January 19, 1999	March 1, 2000	106/2000		UR	UR		UR	UR	UR	UR
Lithuania ⁷	May 27, 1999	August 1, 2000	136/2000		UR	UR		UR	UR	UR	UR
Luxembourg ⁷	November 17, 2000	March 1, 2002	18/2002	UR	UR	UR	UR	UR	UR	UR	UR
Hungary ⁷	January 30, 1959	December 1, 1959	21/1960	O	O	O	O	O		O	
Macedonia	October 7, 2005	January 1, 2007	2/2007	UR	UR	UR	UR	UR	UR	UR	

Moldova	November 11, 2011	October 1, 2012	85/2012			UR					
Germany ⁷	July 27, 2001	September 1, 2002	94/2002	UR	UR	UR	UR	UR			
Netherlands ^{2 7}	May 30, 2001	September 1, 2002	93/2002		UR	UR				UR (Niz.)	
Poland ⁷	April 5, 1948	October 1, 1948	261/1948	O	O	O	O	O	O	O	O
Quebec	February 19, 2002	November 1, 2003	124/2003			UR					
Austria ⁷	July 20, 1999	July 1, 2001	55/2001	UR	UR	UR	UR	UR	UR		
Romania ⁷	September 24, 2002	March 1, 2004	25/2004	UR	UR	UR	UR	UR		UR	
Russia ^{3 8}	December 2, 1959	July 1, 1960	TERMINATED	O	O	O	O	O		O	
Russia	December 8, 2011				O	O		O		O	O
Slovakia ⁷	October 29, 1992	January 1, 1993	228/1993		UR	UR		UR	O	UR	UR
Slovenia ^{4 7}	May 22, 1957	December 1, 1957	3/1958	UR	UR	UR	UR	UR		UR	UR
Serbia	January 17, 2002	December 1, 2002	130/2002	UR	UR	UR	UR	UR	UR	UR	UR
Syria	March 25, 2010				UR ⁹	UR					
Spain ⁷	May 13, 2002	May 1, 2004	52/2004	UR	UR	UR	UR	UR	UR	UR	
Switzerland	July 10, 1996	November 1, 1997	267/1997		UR	O		O			
Turkey	October 2, 2003	January 1, 2005	135/2004	UR	UR	UR	UR	UR	UR	UR	UR
Ukraine	July 4, 2001	April 1, 2003	29/2003		O	O		O	O	O	O
USA ²	July 12, 1968	July 12, 1968	unpubl.			O					
USA	September 7, 2007	January 1, 2009	85/2008			UR					

O	The treaty only applies to citizens of the Czech Republic and the other state that is a party to the treaty
UR	Universal application – the treaty applies to all persons subject to the legislation of the Czech Republic and the other state that is a party to the treaty
	The ratification process is on-going regarding the treaty

1) involves only medical care provided to pensioners

2) payment of benefits only

3) this is a treaty concluded between Czechoslovakia and the USSR

4) the terms of the treaty concluded between Czechoslovakia and the Federal People's Republic of Yugoslavia

5) includes health care only in the event of unexpected births

6) includes emergency health care only

7) the treaty remains in force, but the coordination regulations of the EC are applied preferably

8) expired on January 1, 2009 in relation to RF

9) cash benefits only in the event of an accident at work and occupational diseases

ARTICLE 13: RIGHT TO SOCIAL AND MEDICAL PROTECTION

Article 13, Section 1

“With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake: to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;”

Updating data in the area of unemployment for the reference period from January 2008 until December 2011.

In 2009, the list of situations in which the job seeker is not entitled to unemployment benefits **was expanded** to include job seekers who in the last 6 months prior to inclusion in the register of job seekers without a serious reason repeatedly terminated a suitable employment (Art. 20 of the Act on Employment) mediated by the Labour Office.

Other changes entitlement to unemployment occurred in 2011, and according to the rules applicable to December 31, 2011:

A job seeker is not entitled to unemployment benefit if:

- a) The job seeker’s employment was terminated during the last six months prior to inclusion in the register of job seekers by the employer for breach of -employment obligations arising from legal regulations applicable to the work performed by the employee in an especially gross manner; this applies also in case of termination of another labour-law relation on similar grounds,
- b) The job seeker repeatedly terminated his/her suitable employment (Art. 20 of the Employment Act) mediated by the regional branch of the Labour Office without a serious reason during the last 6 months prior to inclusion in the register of job seekers,
- c) The job seeker has become entitled to a service pension under special legislation and this service pension is higher than unemployment benefit which would have belonged to the job seeker if he was not entitled to a service pension,
- d) On the date on which unemployment benefit is to be granted, the job seeker performs any of the activities stipulated in Art. 25 Sec. 3 of the Act on Employment, i.e. he/she is employed or is a civil servant or works under agreement to work outside the scope of employment with monthly income higher than half of the minimum wage.

Benefits in Material Need

Most of the amendments to the Act No. 111/2006 Coll., on Assistance in Material Need, as amended (hereinafter referred to as the “Act on Assistance in Material Need”) were of a legislative-technical nature and resulted from changes of other legislation. A significant change in the reference period was **the introduction of public service work principle**.

Public service work meant helping the local community in matters that are of interest to the community, especially in improving the environment in the community, maintaining cleanliness of streets and other public areas, assisting in cultural development and social welfare. Public service work was carried out by persons in material need based on a written agreement with the municipality. Remuneration has not been paid for the performance of public services work, but the performance of public services work has been positively reflected in the amount of the living allowance. Public service work has become an important tool for activation of people who for various reasons have not participated in the labour market on a long-term basis, and remained in a state of material need. The work only concerned people who were monitored for possible increase in income. Public service work is a tool that strengthens or develops the ability to work or helps to preserve it, develops and builds social skills, etc. For many people, the performance of public services work became a bridge to obtaining and keeping a job in the regular labour market. If a person has performed public service work for at least 30 hours in a calendar month, a bonus was granted in determining the amount for subsistence (and therefore the amount of the subsistence allowance). On the contrary, a person who had not performed public service work and who had received a subsistence allowance for more than six months, was penalized in determining the subsistence allowance. This approach was based on the assumption that such person has not been trying enough to overcome the unfavourable social situation on their own.

The amount of aid is illustrated in the following examples, which refer to the state in 2011.

Example 1

Individual

- Unemployed person (without entitlement to unemployment benefit, actively trying to find a job, performing public service work of up to 20 hours per month),
- Lives in a municipality with 60,000 residents and paid 5,000 CZK monthly for housing.

The subsistence minimum is 3,126 CZK.

Social security benefits

Housing allowance $4,863 - (0.3 * 3126) = 3,926$ CZK

(normative costs for a 1-member household in a municipality with a population of 60,000 = 4,863 CZK)

Material need assistance

The amount of subsistence: 3,126 CZK

Income for assistance in material need CZK 0

Subsistence **allowance** $3,126 - (0 - (0.3 * 0)) =$ CZK 3,126

Housing supplement $(5,000 - 3,926) - (0 + 3,126 - 3,126) =$ CZK 1,074

Such individual received CZK 3,926 from the state social support system, CZK 4,200 from the system of assistance in material need. Total aid from the state under the two systems reached CZK 8,126. The final disposable income of the person and social security benefits and assistance in material need after paying for housing costs ($3,926 + 3,126 + 1,074 - 5,000$) was CZK 3,126.

Example 2

Complete family

- 2 children aged 2 and 7 years
- Unemployed father (without the entitlement to unemployment benefit, actively trying to find a job, performing public service work of up to 20 hours per month)
- Mother drawing parental allowance (until the child reaches three years of age)
- Live in a municipality with 20,000 residents and pay 8,000 monthly for housing.

The subsistence minimum of the family ($2,880 + 2,600 + 1,600 + 1,960$) is CZK 9,040,

Social assistance allowances

Parental allowance CZK 7,600

Child benefits $500 + 610 =$ CZK 1,110

Housing supplement $8,000 - (0.3 * 9,040) =$ CZK 5,288

(subsistence minimum for a household of 4 people in a municipality with a population of 20,000 = CZK 11,521)

Material need allowances

The amount of subsistence $2,880 + 2,600 + 1,600 + 1,960 =$ CZK 9,040

Income for assistance in material need $7,600 + 1,110 =$ CZK 8,710

Subsistence allowance $9,040 - (8,710 - (0.3 * 8,710)) =$ CZK 2,943

Housing supplement $(8,000 - 5,288) - (8,710 + 2,943 - 9,040) =$ CZK 99

The family received CZK 13,988 from the state social support and CZK 3,042 from the system of assistance in material need. The total assistance from the state under the two systems was therefore CZK 17,030. The final disposable income of the family with state social support and assistance in material need after paying for housing costs ($7,600 + 1,110 + 5,288 + 2,943 + 99 - 8,000$) was CZK 9,040.

Example 3

Mother with one child aged 10 years

Mother is unemployed (without entitlement to unemployment benefit, trying to find a job, performing public service work of up to 20 hours per month)

Father pays a child maintenance in the amount of CZK 1,500 per month

The family lives in a rented apartment in a village with a population of 30,000 and the cost of housing is CZK 6,500 per month.

The minimum subsistence of the family ($2,880 + 1,960$) is 4,840 CZK.

Social security benefits:

Child benefit = CZK 610

Housing supplement $6,500 - (0.3 * 4,840) = \text{CZK } 5,048$

(subsistence minimum for a 2-member household in a municipality with a population of 30,000 = CZK 6,505)

Material need allowances

The amount of subsistence $2,880 + 1,960 = \text{CZK } 4,840$

Income for assistance in material need $1,500 + 610 = \text{CZK } 2,110$

Subsistence allowance $4,840 - (2,110 - (0.3 * 2,110)) = \text{CZK } 3,363$

Housing supplement $(6,500 - 5,048) - (2,110 + 3,363 - 4,840) = \text{CZK } 819$

The family has received CZK 5,658 from the system of state social support, CZK 4,182 from the system of assistance in material need. The total assistance from the state under these two systems of allowances was CZK 9,840. The final disposable income of the family with state social support and assistance in material need after paying for housing costs ($1,500 + 610 + 5,048 + 3,363 + 819 - 6,500$) was CZK 4,840.

In its Conclusions on the previous report, the Committee required answers to the following questions:

The Committee asks which assistance may be refused in other cases (the failure to comply with one's obligation as a legal representative of a child in ensuring mandatory school attendance, for a person who is not entitled to sickness benefit because of its self-induced incapacity to work, i.e. having engaged in a fight in a drunk state or having intentionally committed a crime). The Committee asks what forms of social assistance may be refused in such circumstances and whether the assistance is withdrawn in its entirety and whether the withdrawal of such assistance may amount to the deprivation of a means of subsistence for the person concerned.

The information required is included in the previous report on the application of the European Social Charter. Regarding the system of assistance in material need in the reference period, a person was not considered as in material need if he/she had been penalized under the Administration Infraction Act for non-fulfilment by the legal representative of the obligations of a child relating to proper compliance with compulsory school attendance. Such a person was not considered a person in material need for three months from the date of coming into force of the decision to impose sanctions. A person in material need is also not a person who has no entitlement to sick leave because they intentionally inflicted harm upon themselves or their incapacity for work was attributable to participation in a fight, the immediate result of intoxication or use of drugs or tools used for an intentional criminal offence and therefore they are not entitled to sickness benefits or are entitled only to sickness benefits at a reduced rate. The Act on Assistance in Material Need allows the authority of assistance in material need in cases there are good reasons to do so to consider such a person as a person in material need and provide them with a living allowance and housing supplement. Those who have been found eligible because of those reasons to receive assistance in material need and who would be at risk of serious bodily harm, had been granted extraordinary immediate assistance in the amount of the difference between their income and the subsistence minimum.

The Committee notes that the situation which it previously found to be discriminatory towards foreign nationals legally resident in the Czech Republic, has not changed. Foreign nationals in connection with obtaining a permanent residence permit and thus entitlement to social aid are still subjected to the requirement of uninterrupted residence of 5 years with a view to

earning a permanent residence permit and thus an entitlement to social assistance. The Committee considers that the length of prior residence remains excessive and therefore the situation amounts to a violation of the Charter on this ground. The Committee asks for further clarification on this issue.

The Czech Republic does not agree with the conclusions of the Committee on the matter. The Committee interprets the information filed inaccurately and does not distinguish between the conditions under which permanent residence is granted and the conditions required for entitlement to social aid, as stated in the previous report.

The Czech Republic reiterates that **the right to social aid arises to nationals of the Parties to the Charter irrespective of eligibility for permanent residence, even in cases of legal residence and employment in the Czech Republic as well as short-term residence in the Czech Republic, where it is clear that such assistance is needed.**

The Committee notes that although the report contained information on the different types of benefits of support, there was a lack of information on the level of support, including its various forms (basic benefits and all sorts of additional benefits) paid to a single person without their own resources.

This question cannot be answered, because in many systems the whole household is assessed, not an individual, and this takes into account a number of variables (residence area, effort to get out of an unfavourable situation, the number of persons living in the household, their age, self-sufficiency, etc.).

The Committee asks what “no good reason” means and what forms of social assistance are withdrawn following the very first rejection of a job offer.

According to the relevant provisions of the Employment Act, refusing an offer of suitable employment mediated by the regional branch of the Labour Office of the Czech Republic is a reason for exclusion from the register of job seekers, as long as the job seeker does so without a serious reason. The list of important reasons is contained in the provisions of Art. 5 c) of the Employment Act. Serious reasons are reasons under this provision resulting from:

- The necessary personal care for a child under the age of 4 years,
 - The necessary personal care for a natural person who is under a special law deemed to be dependent on the assistance of another person in stage II (moderate dependence), stage III (severe dependence) or stage IV (complete dependence) if the job seeker lives permanently with them and they jointly pay the cost of their needs, and these conditions are not required in the case of a person who is considered kin for the purposes of pensions,
 - Attendance of a child in pre-school and compulsory school attendance of the child,
 - The place of employment or the nature of employment of the other spouse or registered partner,
 - Immediate termination of employment by the employee in accordance with Art. 56 of the Labour Code,
 - Health reasons that – according to medical opinion – prevent any employment or performing obligations in cooperation with the regional branch of the Labour Office of the Czech Republic in job mediation,
- or
- Other serious personal reasons, such as ethical, moral or religious, or reasons worthy of special consideration.

The Committee asks what the impact has been of the introduction of medical charges to persons without the necessary resources

The impact on these persons is limited to the provisions of Art. 16 Sec. 2 letter d) regulating the circumstances when regulatory fees are not paid:

“Regulatory fees pursuant to Sec. 1 a) to f) are not paid
d) if the insured person authenticates himself/herself with a decision, notification or certificate issued by the authority of assistance in material need on benefit granted to the person under a special legal regulation (Law No. 111/2006 Coll., on Assistance in Material Need, amended), not older than 30 days.”

Article 13, Section 2

“With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake: to ensure that persons receiving such assistance shall not, for that reason suffer from diminution of their political or social rights;”

In the given period, no changes occurred in the application of social and political rights. Persons benefiting from social and medical assistance are not curtailed in their political and social rights as a result of this assistance.

Article 13, Section 3

“With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake: to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;”

The Act No. 108/2006 Coll., on Social Services, as amended, lists a type of social service called “social guidance”, and that statute (Art. 37) further enacts basic social counselling that must always be ensured by providers of social services (is considered essential for the provision of social services); basic social counselling gives people the necessary information to solve their difficult social situation. In addition to the obligation of social service providers, the law requires municipalities (Art. 94) and regions (Art. 95) to ensure the availability of information on possibilities or ways of providing social services in their territory.

As regards the financing of basic social services counselling, or the activities of social services, these providers are, [depending on their nature (e.g., non-profit organizations, run by local governments, etc.)], mainly financed from public budgets.

Art. 1, Sec. 2 of the Act on Assistance in Material Need provides that everyone has the right to basic social counselling to tackle poverty relief or poverty prevention. In the reference period, the authorities of assistance in material need in the “front line” have been the municipal authorities. These authorities were to perform this task adequately staffed and financially equipped. Basic social counselling embodied in the Act on Assistance in Material Need is provided free of charge. The core of this assistance was to inform on benefits and other forms of assistance that exist in the Czech Republic and that can improve or completely resolve the unfavourable social situation of the individual or family, on ways of applying for benefits and on the specific conditions under which they are provided.

Any person who finds himself in this situation can contact any state authority with subject-matter jurisdiction to inquire about or request expert advice.

In its Conclusions on the previous report, the Committee requested answers to the following questions:

The Committee requests the States to guarantee that persons without adequate resources or at risk of becoming so are offered advice and assistance to make them fully aware of their rights to social and medical assistance and the ways to exercise these rights. The Committee asks whether the Act 111/2006 Coll. fulfils the requirement. It also asks whether services and institutions concerned are provided with sufficient means to give appropriate assistance as necessary to person without resources.

Answered above.

Article 13, Section 4

“With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake: to apply the provisions referred to in paragraph 1, 2 and 3 to this article on an equal footing with their nationals to nationals of other Contracting Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on December 11th 1953.”

Social and medical assistance has been provided under the same conditions as in the previous reference period and in accordance with the principles of equal treatment.

In its Conclusions on the previous report, the Committee requested answers to the following questions:

The Committee asks for more detail as to the nature and extent of “extraordinary immediate assistance” which is provided in such situations and whether a clear legal basis exists in law for the provision of this form of social assistance.

In the case of assistance in material need (extraordinary immediate assistance) it is generally a benefit that allows provision of effective assistance in a variety of adverse social circumstances in which an individual or family find themselves which is usually characterized by suddenness. The conditions under which the extraordinary immediate assistance is provided are described in the previous report, but we are repeating them because of the question by the Committee.

The Act on Assistance in Material Need lays down assistance through this benefit in several situations.

- The first situation is when a person does not meet the conditions of material poverty, as the law provides, but in light of its income, the overall social and property ownership relations are at risk of serious harm to health. The extraordinary immediate assistance shall be considered as an addition to the income of a subsistence level, in the case of a dependent child up to the subsistence level. The question of whether a person is at risk of serious bodily harm is assessed by the authority of assistance in material need individually, based on information obtained from social work with that individual.
- The second situation is when a person suffers a serious incident and their overall social and financial circumstances are such that they do not allow them to overcome the unfavourable situation on their own. Serious incidents means in particular a natural disaster (such as flood, storm, and strong winds, earthquakes), fire or other destructive event, environmental or industrial accident. The amount of the benefit is determined with regard to property ownership rights and the income situation of persons up to 15 times the subsistence level of the individual.
- The third situation is when a person (given the income and overall social and property ownership situation) lacks sufficient resources:
 - a) necessary to cover a one-time expense associated particularly with the payment of an administrative fee for proven loss of personal documents, issuing a duplicate birth certificate or documents required for employment, payment of fare in the event of loss of funds, and in case of the necessity to

pay for lodging (allowance can be provided up to the amount of the one-time expense), or

b) the costs associated with the acquisition or repair of essential durables and basic household equipment and reasonable costs related to education or special interests of a dependent child. The allowance may be provided up to the amount of these expenses, to a maximum during the calendar year of up to 10 times the individual's subsistence minimum.

- The last situation is when a person at a given time, with regard to a poor social background, does not have sufficient funds and cannot successfully resolve their situation and is at risk of social exclusion, such as when released from custody or imprisonment, released from a medical facility after treatment for an addiction, released from a psychiatric hospital or a treatment facility to treat serious addictions, or is released from the educational facility for institutional or protective care or from foster care after reaching the age of 18 years or 19 years, or has not satisfactorily met the vital necessities of life due to the fact that the person is homeless or is a person whose rights and interests are threatened by criminal activity of another person. The benefit can be up to CZK 1,000 with regard to immediate necessities. The allowance may be granted several times a year, the total must not exceed 4 times the subsistence level of the individual.

The group of persons entitled to extraordinary immediate assistance is wider than for subsistence allowance and housing supplement due to the nature of this benefit. Among others, also **people residing in the Czech Republic under the Aliens Act (that is during any “legal” residence in the Czech Republic) are eligible**. Regarding **the extraordinary immediate assistance** that is provided in the first of these situations (serious bodily harm), **this allowance may be paid to a person who resides in the territory of the Czech Republic in conflict with the legal regulation on the residence of foreigners**, i.e. in the case of an “illegal alien”. The Act on Assistance in Material Need thus allows the state to provide effective assistance to persons who are victims of trafficking, who provide commercial sex, are victims of abduction, etc.

ARTICLE 14: THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

Article 14, Section 1

“With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Contracting Parties undertake: to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;”

No changes occurred in the reporting period in terms of access to social services, social care and social-legal protection of children.

In its Conclusions on the previous report, the Committee requested answers to the following questions:

The Committee asks that the next report provide details on the main lines of the reform in the meaning of Article 14 of the Social Charter.

The main objective of the Social Services Act was to support the process of social inclusion and social cohesion of the society, the assistance was to become accessible, of high quality, efficient and economical. From January 1, 2007 (when the Act No. 108/2006 Coll., on Social Services, came into force) the state has expanded the types of social services; the status of non-governmental organizations during registration and financing gained a level playing field; the quality of services was defined, rules were set for cooperation between service providers and public administration, the position of client of the services as equal partners in the process has been strengthened; services began to depend on the interests of the person based on subsequently drafted civil-law agreement; on the basis of assessment of the need, people caring for another person receive a care allowance which may be used to pay for the care of the family or care by professional service providers.

Currently, the MLSA set priorities for development of social services 2009–2012, the concept of support of transformation of residential social services (institutions) and most recently prepared a Long-term Plan of the Ministry of Labour and Social Affairs on Social Inclusion until 2020.

The Committee asks for the next report to provide the staffing figures for all the Czech Republic’s social services.

According to MLSA statistics for 2010, the number of social workers work in social services was 1,600, 18,500 carers, 800 teachers and 6,500 medical (non-MD) staff.

The Committee asks whether there is any legislation on personal data protection.

There is only the general Act No. 101/2000 Coll., on the protection of personal data in the Czech Republic which applies in the field of social services. Quality standards of social services, which are part of the Implementing Regulations to the Act No. 108/2006 Coll., on Social Services, state that the provider must process their internal guidelines for keeping records and documentation of persons containing personal data in social service. In some services, usually for drug addicted and homeless people, it is necessary to allow for the possibility of anonymous services. Also Act No. 108/2006 Coll., deals with the confidentiality of data relating to persons who are provided social service and contribution to care by workers of districts, cities, and social services employees.

Article 14, Section 2

“With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Contracting Parties undertake: to encourage the participation of individuals and voluntary or other organizations in the establishment and maintenance of such services.”

No changes of the effective exercise of the right to the use of social services occurred in the reporting period.

In its Conclusions on the previous report, the Committee requested answers to the following questions:

The Committee asks that the next report give examples of cooperation between non-profit-making organisations and local authorities in the social services provision field.

Cooperation takes place in the actual provision and delivery of social services, as well as in their planning. This can be seen particularly in the medium-term development planning process of social services, which usually takes place under clearly defined processes including e.g. participation of representatives of municipalities/districts and non-profit organizations (as providers of social services) in mapping the current situation in a municipality/region/county, assessing the needs of users, providers of social services and communities/regions, determination of measures depending on existing capabilities to meet those needs, and negotiating the type of cooperation between the authorities and NGOs. If the Committee is interested in a fully detailed description of the practical course of cooperation, it would be possible to demonstrate a number of specific examples, both from larger cities or rural regions across the Czech Republic.

Despite its repeated requests, the Committee again finds no information about the initiatives taken to encourage the participation of the public in the creation and the maintenance of social services.

Initiatives to promote public participation will be evidenced in the medium-term development planning process of social services. A common part of these processes is to inform the public, as well as its involvement in planning of social services. This is put into practice through participation of citizens who are interested in the process in different working groups or through holding public meetings at which citizens have the opportunity to speak to the design and delivery of social services in the area in which they live. Public involvement is also done through surveys of their needs and opinions, etc., and in the form of interviews with an interviewer or filling in survey questionnaires, etc.

Under the new Social Services Act (Act No. 108/2006 Coll.), non-profit-making organization must now obtain authorisation from the local authorities to be entered on an official register and to be able to provide social services to the public. The Committee asks for additional clarification, on this point.

Non-profit organizations have to obtain licence to provide social services under the same conditions as other organizations established by the public authorities (regions, cities). The rules apply to all natural and legal persons if they want to provide social services; they must register at the respective regional office and meet statutory registration conditions (e.g. material, hygiene and personal conditions, financial integrity, etc.). The registration process is a devolved state administration, so it is the same in the entire territory of the country. A service provider who wants to obtain a government grant must continue to work

with the district to create a strategic plan for the development of social services. In the event the service is evaluated as needed, it is possible to support it using sources from the state budget. It is a measure to ensure the provision of good quality services and qualified providers.

The Committee asks again whether the quality of social services provided by non-public providers is supervised by the various bodies that promote them or by any other relevant monitoring arrangement.

Non-state providers of social services are controlled in the same manner as regional and municipal organizations. Each provider must register at the respective regional office and then this authority provides on-going checks for compliance with the registration conditions. Furthermore, the provider must comply with the legal obligations and in particular with quality standards of social services. The standards are focused on the client and the process of delivery. They include focus on observing basic human rights, dignity and the principles of social inclusion through inspection of social services. This is not an authority but a legislative tool performed by the network of the branches of the Labour Offices from January 1, 2012. In both cases, these are state inspections under the methodological guidance of the Ministry of Labour and Social Affairs. Respecting the rights of users which is part of the quality of social services is also monitored by an independent ombudsman. The task of the Ombudsman is to perform systematic preventive visits to all sites and facilities at which there are or may be persons deprived of their liberty.

**REPORT ON THE APPLICATION OF ADDITIONAL PROTOCOL TO THE
EUROPEAN SOCIAL CHARTER**

Article 4

The Right of the Elderly Persons to Social Protection

“With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Parties undertake to adopt or encourage, either directly or in cooperation with public or private organizations, appropriate measures designed in particular:

- 1. to enable elderly persons to remain full members of society for as long as possible, by means of :
 - a) adequate resources enabling them to lead a decent life and play an active part in public, social and cultural life;*
 - b) provision of information about services and facilities available for elderly persons and their opportunities to make use of them;**

- 2. to enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of:
 - a) provision of housing suited to their needs and their state of health or of adequate support for adapting their housing;*
 - b) the health care and the services necessitated by their stat;**

- 3. to guarantee elderly persons living in institutions appropriate support, while respecting their privacy and participation in decisions concerning living conditions in the institution.”*

Equal treatment and a non-discrimination approach is provided mainly by Art. 1 of Act No. 198/2009 Coll., on equal treatment and legal protection against discrimination and amending certain laws (Anti-discrimination Act), as amended by Act No. 89/2012 Coll.

The Anti-Discrimination Act, which incorporates the relevant regulations of the European Community and the Charter of Fundamental Rights and Freedoms and international treaties that are part of the legal system, contains more details as to the right to equal treatment and non-discrimination with respect to:

- The right to employment and access to employment,
- Access to a profession, business activities or other self-employment,
- Employment, civil service and other related activities, including remuneration,
- Membership in and activities of trade unions, works councils or organizations of employers, including the benefits that these organizations provide to their members,
- Membership and activities in professional associations, including benefits that these public corporations provide to their members,
- Social Security,
- Granting and the provision of social benefits,
- Access to health care and its delivery,
- Access to education and its provision,
- Access to goods and services, including housing, if they are offered to the public or to deliver them.

Art. 2, Sec. 3 of the Anti-Discrimination Act contains the definition of direct discrimination which means such conduct, including the failure to act, when one person is treated less favourably than another person is treated or would be treated in a comparable situation, on the grounds of race, ethnic origin, nationality, gender, sexual orientation, **age**, disability, religion, faith or belief.

In its Conclusions on the previous report, the Committee requested answers to the following questions:

As regards legislation to protect elderly from discrimination outside the employment field, the Committee had previously noted that no such legislation existed in the Czech Republic, although a governmental committee had been given the task of preparing a draft law on equal treatment and non-discrimination, inter-alia, on grounds of age (Conclusions XVII-2). The report provides no information on the draft legislation announced in the previous report, or generally on the question of age discrimination outside employment.

Discrimination is sufficiently treated by general legal regulation (see the answer to the previous question), there is no special treatment of seniors in the category of social services. Discrimination in social services is dealt with as part of the protection of human rights and human dignity in the Act No. 108/2006 Coll., on Social Services and Social Services Standards that are part of it. It is the responsibility of providers to clients to comply with this regulation and monitor compliance.

In relation to the right to health care, the Act No. 372/2011 Coll., on Health Services (Health Services Act) of November 6, 2011 expressly stipulates equal access to health services for all patients and specific enforceable rights of patients have been enacted. This prevents discrimination in access to health services on the basis of age. A patient should become a major player in the healthcare process, emphasis should be placed on their rights and individual needs. The proposed legislation responded to the needs arising from the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine. The preparation of the Act also took into account the requirements for protection of patients' rights expressed in the Declaration of Rights of Oncology Patients which was adopted on June 29, 2002 in Oslo at the General Assembly by the Association of European Cancer Leagues, in the general level of protection and respect of the patient rights as an equal "partner" involved in the provision of health services actively involved in the treatment process, as well as the Principles of Protection of the Mentally Ill adopted by the UN General Assembly Resolution 46/119 on December 17, 1991 and the Mental Health Action Plan for Europe which was passed in 2005 by the health ministers of the EU Member States in the WHO Mental Health Declaration for Europe.

The Committee asks for a clarification on the number of people receiving home help services. The Committee also asks if any measures are envisaged to promote the development and variety of home care services or other services at the local (community) level.

Uncertainties regarding home care may stem from the English terminology. "Home care" has two meanings in the Czech Republic, either it refers to a "home care agency" belonging to the health system or it is a "day care" which belongs to the social services system. Home care agencies provide work by nurses and the performance of their duties is covered by health insurance. Day care service is also provided in the client's home, but caregivers perform other duties than health care operations for persons and households such as dining, shopping, cleaning, etc. There are about 750 such service providers in the Czech Republic.

From 2011 until 2013, the MLSA has been managing a project funded by the ESF and IOP, piloted in all regions, which is focused on the transformation of residential social care services, which means not only humanizing the institutions but also supporting community (field and stationary) services. Based on these experiences, a nationwide development strategy of community care is being prepared.

The Committee asks to be kept informed on the average number of complaints that submitted every year, and more generally, on the implementation of the Social Services Act as regards quality of services.

Complaints are primarily dealt with directly by the provider. Their solving is checked during the social services inspections since this falls under one particular standard of quality standards for social services that accompanies the Act No. 108/2006 Coll., on Social Services. The standards further deal with complaints and customer satisfaction questionnaires as a means of developing systematic quality improvement tools.

Should the recipient not be satisfied with the service provider, the founder of the service, regional or municipal authorities deal with the situation in the event that the service had been established by public administration. Depending on what the complaint relates to, it is also addressed by inspections by either the Regional Office or Social Services Inspectorate of the Labour Office of the Czech Republic.

People also have the opportunity to submit a complaint to the independent institutions such as the Ombudsman and the Helsinki Committee.

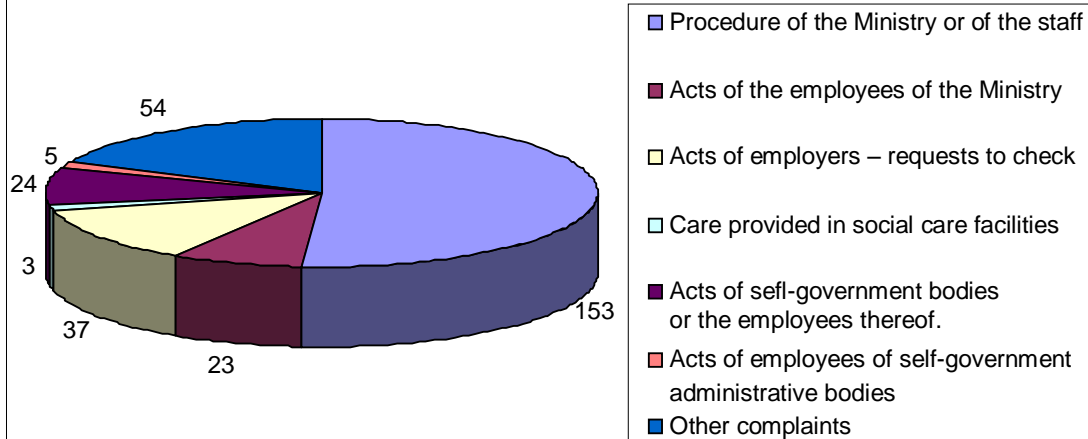
There is no national register of complaints regarding the quality of social services, but there are records of complaints at the MLSA and the individual regional authorities. If a state inspection authority responds to the complaint and performs the inspection, the inspection protocols reflect the results thereof. These gradually start to be electronically stored in the non-public part of the Register of Providers of Social Services – a database of services.

Number of Complaints Against the MLSA in the Years 2008–2011

First half of 2008

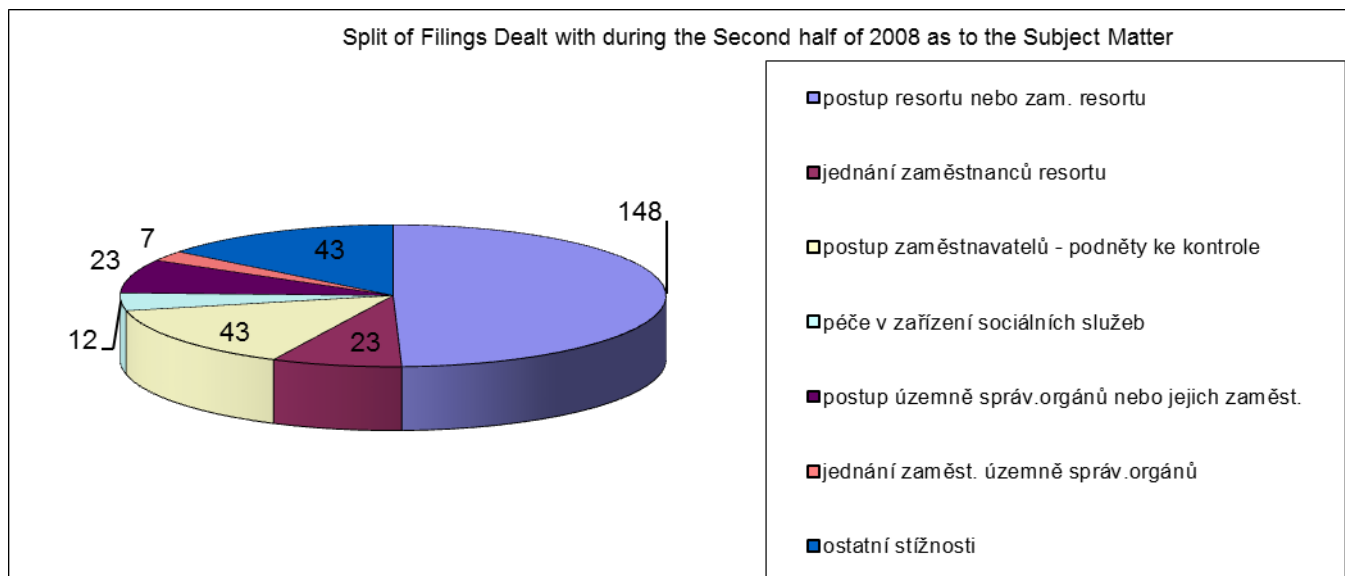
Subject Matter	unjustified	partially justified	justified	not assessed	pending	total
Procedure of the Ministry or of the Ministry staff	68	9	24	37	15	153
Acts of the employees of the Ministry	10	1	0	9	3	23
Acts of employers – requests to check	0	1	0	33	3	37
Care provided in social care facilities (MLSA is not the founder)	0	0	0	2	1	3
Acts of territorial government bodies or the employees thereof	4	0	0	20	0	24
Acts of employees of territorial administrative bodies	0	0	0	4	1	5
Other complaints	11	1	0	39	3	54
Total	93	12	24	144	26	299

Split of Filings Dealt with during the First Half of 2008 as to the Subject Matter



Second half of 2008

Subject Matter	unjustif.	part. justif.	justif.	not assess.	pen- ding	Total
Procedure of the Ministry or of the Ministry staff	50	14	19	45	20	148
Acts of the employees of the Ministry	13	3	1	5	1	23
Acts of employers – requests to check	4	0	0	37	2	43
Care provided in social care facilities (MLSA is not the founder)	5	0	0	4	3	12
Acts of self-government bodies or the employees thereof	3	2	0	13	5	23
Acts of employees of self-government administrative bodies	0	0	0	7	0	7
Other complaints	12	0	0	29	2	43
Total	87	19	20	140	33	299

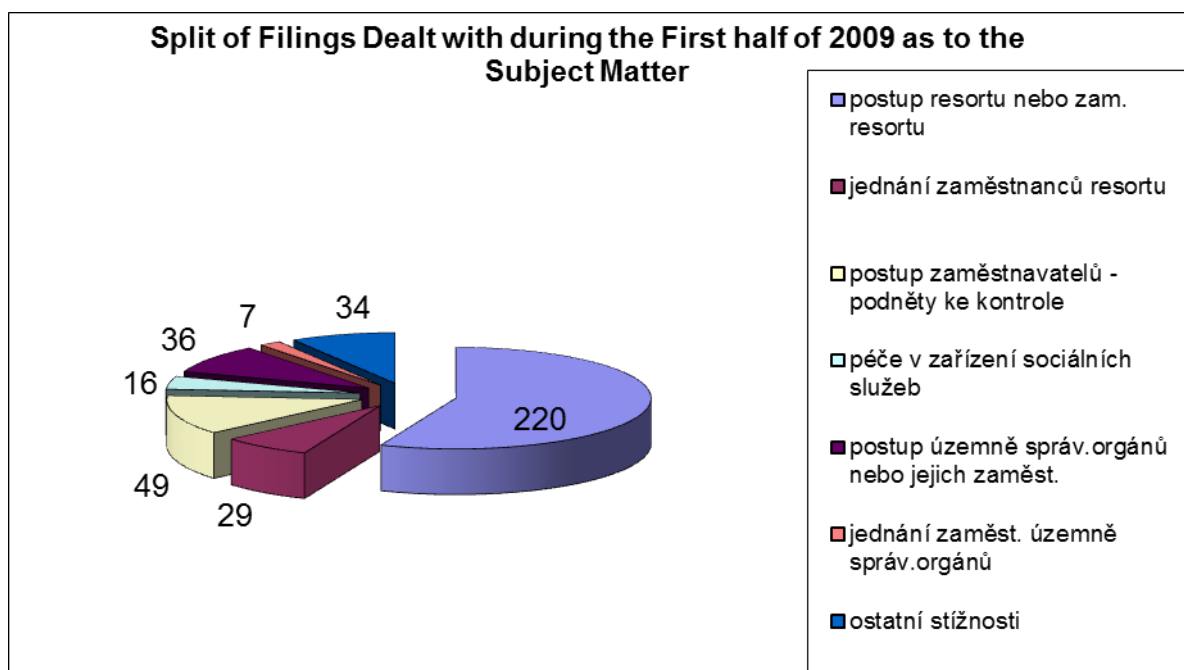


Key:

Postup resortu nebo zam. resortu	Procedure of the Ministry or of the staff
Jednání zaměstnanců resortu	Acts of the employees of the Ministry
Postup zaměstnavatelů – podněty ke kontrole	Acts of employers – requests to check
Péče v zařízení sociálních služeb	Care provided in social care facilities
Postup územně správních orgánů nebo jejich zaměst.	Acts of self-government bodies or the employees thereof
Jednání zaměst. územně správních orgánů	Acts of employees of self-government administrative bodies
Ostatní stížnosti	Other complaints

First half of 2009

Subject	unjustif.	part. justif.	justif.	not assess.	pending	total
Procedure of the Ministry or of the Ministry staff	87	15	36	53	29	220
Acts of the employees of the Ministry	12	0	2	8	7	29
Acts of employers – requests to check	3	0	0	44	2	49
Care provided in social care facilities (MLSA is not the founder)	5	0	0	7	4	16
Acts of self-government bodies or the employees thereof	6	1	0	19	10	36
Acts of employees of self-government administrative bodies	0	1	0	5	1	7
Other complaints	12	0	2	19	1	34
Total	125	17	40	155	54	391



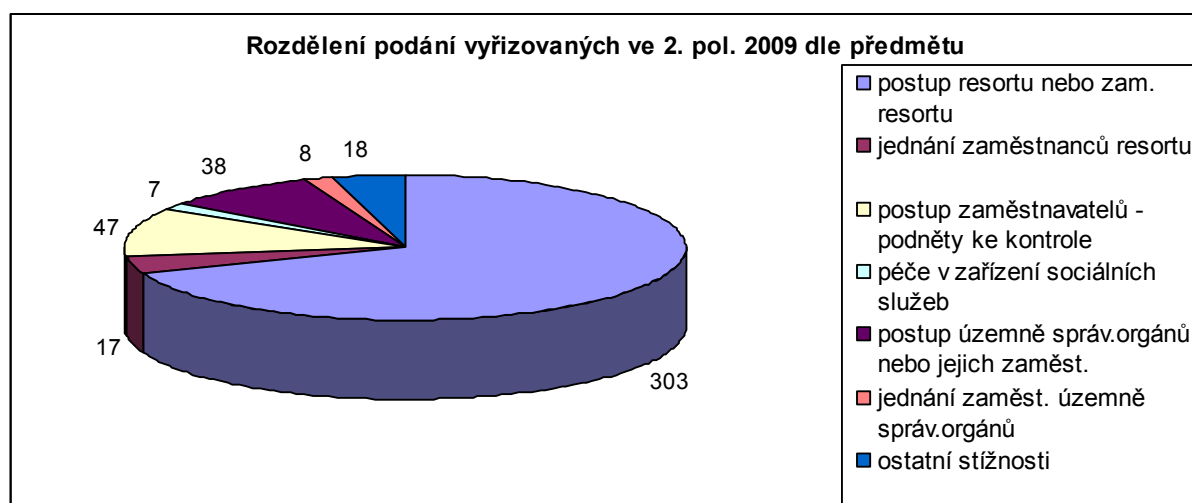
Key:

Postup resortu nebo zam. resortu	Procedure of the Ministry or of the staff
Jednání zaměstnanců resortu	Acts of the employees of the Ministry
Postup zaměstnavatelů – podněty ke kontrole	Acts of employers – requests to check
Péče v zařízení sociálních služeb	Care provided in social care facilities
Postup územně správních orgánů nebo jejich zaměst.	Acts of self-government bodies or the employees thereof
Jednání zaměst. územně správních orgánů	Acts of employees of self-government administrative bodies
Ostatní stížnosti	Other complaints

Second half of 2009

Subject	unjustif.	part. justif.	justif.	not assess.	pending	Total
Procedure of the Ministry or of the Ministry staff	80	15	103	88	17	303
Acts of the employees of the Ministry	10	1	1	5	0	17

Acts of employers – requests to check	1	0	0	45	1	47
Care provided in social care facilities (MLSA is not the founder)	0	0	0	6	1	7
Acts of self-government bodies or the employees thereof	5	0	0	31	2	38
Acts of employees of self-government administrative bodies	1	0	0	7	0	8
Other complaints	4	1	1	11	1	18
Total	101	17	105	193	22	438

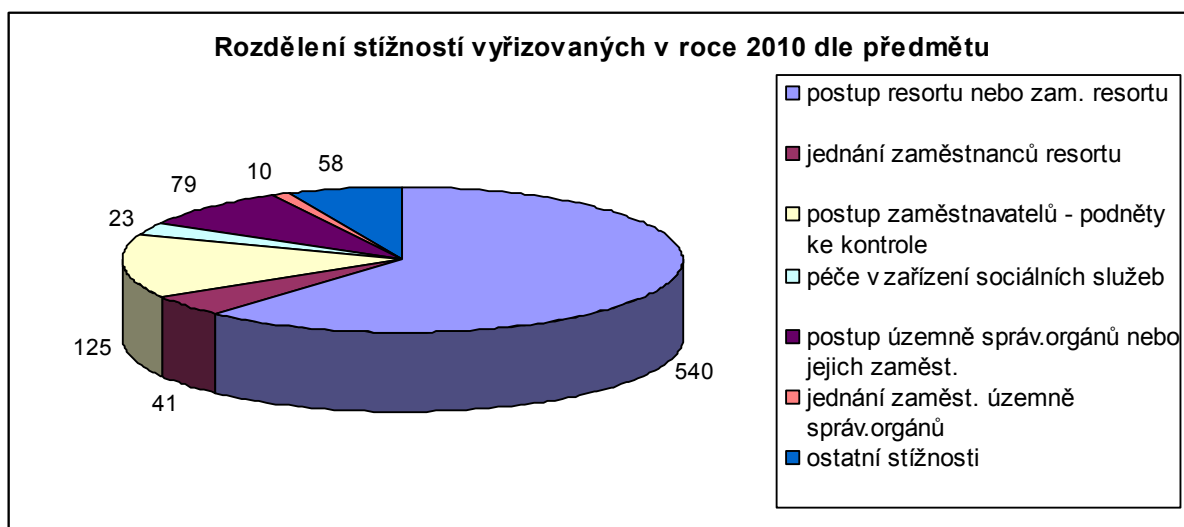


Key:

Postup resortu nebo zam. resortu	Procedure of the Ministry or of the staff
Jednání zaměstnanců resortu	Acts of the employees of the Ministry
Postup zaměstnavatelů – podněty ke kontrole	Acts of employers – requests to check
Péče v zařízení sociálních služeb	Care provided in social care facilities
Postup územně správních orgánů nebo jejich zaměst.	Acts of self-government bodies or the employees thereof
Jednání zaměst. územně správních orgánů	Acts of employees of self-government administrative bodies
Ostatní stížnosti	Other complaints

Year 2010

Subject	unjustified	partially justified	justified	not assess.	pending no.	total
Procedure of the Ministry or of the Ministry staff	206	30	138	152	14	540
Acts of the employees of the Ministry	20	2	3	15	1	41
Acts of employers – requests to check	4	0	0	120	1	125
Care provided in social care facilities (MLSA is not the founder)	1	0	0	22	0	23
Acts of self-government bodies or the employees thereof	18	1	1	56	3	79
Acts of employees of self-government administrative bodies	0	0	1	9	0	10
Other complaints	2	0	0	55	1	58
Total	251	33	143	429	20	876



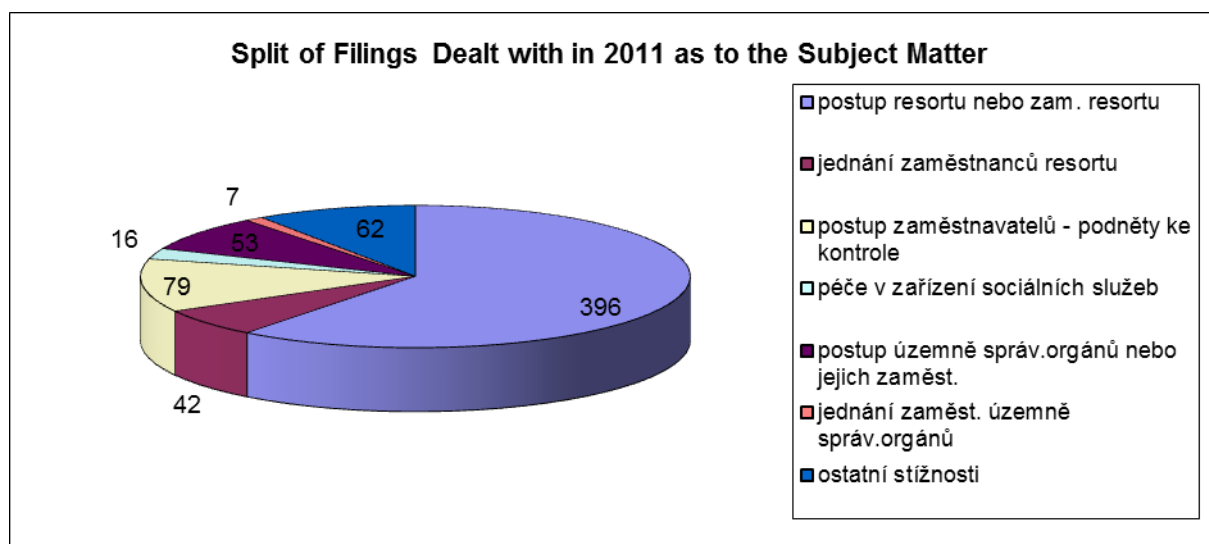
Key:

Postup resortu nebo zam. resortu	Procedure of the Ministry or of the staff
Jedenání zaměstnanců resortu	Acts of the employees of the Ministry
Postup zaměstnavatelů – podněty ke kontrole	Acts of employers – requests to check
Péče v zařízení sociálních služeb	Care provided in social care facilities
Postup územně správ. orgánů nebo jejich	Acts of self-government bodies or the

zaměst.	employees thereof
Jednání zaměst. územně správn. orgánů	Acts of employees of self-government administrative bodies
Ostatní stížnosti	Other complaints

Year 2011

Subject	unjustified	partially justified	justified	not assess.	pending	total
Procedure of the Ministry or of the Ministry staff	145	24	122	87	18	396
Acts of the employees of the Ministry	14	2	2	21	3	42
Acts of employers – requests to check	4	0	0	74	1	79
Care provided in social care facilities (MLSA is not the founder)	0	0	0	16	0	16
Acts of self-government bodies or the employees thereof	13	1	1	38	0	53
Acts of employees of self-government administrative bodies	1	0	1	5	0	7
Other complaints	5	0	0	56	1	62
Total	182	27	126	297	23	655



Key:

Postup resortu nebo zam. resortu	Procedure of the Ministry or of the staff
Jednání zaměstnanců resortu	Acts of the employees of the Ministry
Postup zaměstnavatelů – podněty ke kontrole	Acts of employers – requests to check

Péče v zařízení sociálních služeb	Care provided in social care facilities
Postup územně správn. orgánů nebo jejich zaměst.	Acts of self-government bodies or the employees thereof
Jednání zaměst. územně správn. orgánů	Acts of employees of self-government administrative bodies
Ostatní stížnosti	Other complaints

The Committee wishes to receive more concrete information on the results of the measures mentioned in the report under the National Programme of Preparation for Ageing for the period from 2008 until 2012 and whether they have led to better cooperation between the medical service and social services.

The Government of the Czech Republic in its Policy Statement of August 4, 2010 agreed to “adopt reform measures to streamline and increase the effectiveness of the health system, to support the development of care for the elderly and persons with disabilities at home and together with experts to define the long-term health care and social care and propose the introduction of a comprehensive system of health and social services, including the financing structure.”

To meet the Government Policy Statement, a working group of experts began its work at the MLSA made up of experts from the field of social and health services, representatives of municipalities, districts, the Chamber of Deputies, health insurance companies, the Ministry of Health and Ministry of Labour and Social Affairs to address health care and social care in the Czech Republic. The output of the group was a proposal for a national long-term care system to be introduced as a new category of linking health and social services complete with a self-assessment process securing the needs of the client; this proposal has been formulated as a bill. The government did not approve it in spring 2012 mainly due to an inefficiently designed funding system. Furthermore, the Ministries involved should incorporate elements of long-term community care into their policy and legal materials for the health and social services.

The individual measures resulted in concrete actions: the new Act No. 372/2011 Coll. that requires equal access to health services (measures 2.A and 2.C) for all patients and lays down specific enforceable rights of patients. This prevents discrimination in access to health services on the basis of age.

The other measure (2.D) is fulfilled through health education actions called “Health Days”, which are implemented by health professionals of the National Public Health Institute in collaboration with other stakeholders, such as regional health offices, the National Network of Healthy Cities, regional authorities, individual municipalities, NGOs, etc.

Within the measure (2.E) of the grant programme Equal Opportunities for Persons with Disabilities and within a grant support programme, the Ministry of Health promotes the development of information and educational materials for the general public in order to seek to improve the image of the seniors in the media. Materials on senior issues in recent years have created a whole series. The Ministry of Health implemented the project “Supporting Destigmatization Processes in Relation to Mental Health and Mental Health Care” in support of mental illnesses destigmatization in cooperation with the regional office of the WHO.

Within the measure (4.K) on promotion of health at work, the traditional focus regarding employees aged over 55 years is on preventive care, especially preventive checks which are done at shorter intervals; this establishes the prerequisites of early identification of possible changes in the health of senior people including general medical diagnosis of diseases unrelated to the job history of the patient. Due to the prolongation of working life, the goal is to continuously improve or maintain the health of employees and contribute to their good physical and mental condition in old age. The Ministry of Health in collaboration with the National Institute of Health carries out activities aimed at promoting health in the workplace and is involved in the activities of the European Network for Workplace Health Promotion (ENWHP).

As per Art. 47 Sec. 3 item b of Act No. 372/2011 Coll. (Act on Medical Services), a medical services provider shall introduce an internal rating system for quality and safety within the measure (5.M) while ensuring the quality and safety of health services provided. The Ministry of Health prepared a set of “minimum requirements” for the introduction of this system. These represent the minimum set of requirements that will be updated and expanded.

Also within the measures 5.I and 6.A, the Ministry of Health has been implementing the EC project “New Policy Framework for Active, Healthy and Dignified Aging and the Provision of Services and Long-term Care” since 2011. One of the deliverables of this project will be a booklet with examples of good practice of active aging at the municipal level, in particular introduction of activities leading to healthy aging. Another outcome of the project will be support to interconnection of individual public policies at the community level and support of measures in health care, rehabilitation, social care, education and social work.

Within the activities of the National Public Health Institute, the final phase of a two-year project “Healthy Ageing” was implemented in 2011; all workplaces of the National Public Health Institute focusing on promotion of health have been involved in the project.

The aim of the project was to support active healthy aging in all its components which are influenced by the elderly themselves, i.e. particularly movement, nutrition, mental health, lifestyle, prevention of accidents, etc. The project included lectures and discussions on the issues that seniors are most interested in, such as excessive stress-coping strategies, healthy nutrition, how to stay mentally fit to achieve quality sleep, how to suitably move without hurting oneself and the like.

Furthermore, the grant programme of the Chief Hygienist “National Health Programme – Promotion of Health” financially supported two projects in the field of active aging in 2011.

Based on the analysis of statistical data, examples of good practice and policy strategies of EU Member States, the recommendations to promote healthy aging were published in the final report *Healthy Ageing – A Challenge for Europe* in its short version, which has been translated into 17 languages, including Czech. The report contains the results of a draft recommendation to policy makers, NGOs and practitioners on how to proceed in promoting healthy aging among the growing number of seniors.

It will still be possible for health service providers (under measure 6.E) to provide social services and vice versa for providers of social services to provide nursing health-related services.

The basic obligations of healthcare services providers are contained in Act No. 372/2011 Coll., on Health Services – among these is also the obligation to disclose information on the patient’s condition in connection with the provision of additional services.

The interdependence of health and social services pays the bill for long-term health care and social care, which is currently based on the comments of the Government revisited.

Generally, creation of appropriate legislative conditions so that insurance companies could respond to an aging population and changing demands for health care is done by preparing relevant legislation and health insurance (measure 6.G). The elderly population is growing as is the reimbursement of health care that is provided in connection with old age. In this sense, considering the scarcity of funds, insurance companies are interested in supporting programs of preventive activities that would contribute to healthy and active aging. The public health insurance system is based on solidarity and the position of the insured within it is the same not only in terms of health, but also in terms of age or social status.

Within the measure (6.H), i.e. for medical rehabilitation, it is part of the delivery of health services. The newly adopted legislation (Act No. 372/2011 Coll.) regulates health care provided in the patient's own environment (home care) enhanced with the provision of mechanical ventilation and dialysis.

For measure (6.I), Ministry of Health intensively cooperated with the Czech Gerontological and Geriatric Society together with experts from other ministries in the preparation of the strategy of geriatrics to focus on care for patients with Alzheimer's disease and other neurodegenerative diseases. The text "Draft strategy dealing with Alzheimer's disease and similar diseases in the Czech Republic" is ready for submission to the comment procedure and the meeting of the Czech Government.

Within the measure (6.K), a methodology was published for comprehensive geriatric assessment (Geriatrics for General Practitioners). The booklet is not only a description of a comprehensive checks process, but deals also with geriatric pharmacology.

Preventing institutionalization and decreasing dependence on long-term care is related to the measure 6L for which new options are stated.

Measure (6.L) related to home care has been an integral part of a modern system of health care and social care in the Czech Republic since the 1990s. In recent years, this service has developed significantly and the existing number of agencies sufficiently covers the territory of the whole country, with a few exceptions. If home care is requested by the physician, required procedures are covered by health insurance. The newly adopted legislation (Act No. 372/2011 Coll.) extends health care provided in the patient's own environment (home care) by the provision of mechanical ventilation and dialysis.

During 2010, Decree No. 55/2011 Coll., (on the activities of health of the workers and other professionals) was prepared and entered into force on March 1, 2011, replacing Decree No. 424/2004 Coll.

In support of specialized education, the Ministry of Health also implemented allocation of residential places for clinical disciplines including geriatric care.

Other possibilities of extending competencies of paramedical employees include the accredited certified courses with a focus on individual categories of paramedical employees dependent on the particular issue of geriatrics and palliative care:

- Creating a social activation programme with a focus on the elderly,
- Community care and nutritional counselling for seniors,
- Activation of seniors using elements of the client's biography,
- Communication skills of health professionals working in facilities for the elderly,
- Community nurse in home care

The specific issues of Geriatrics, Palliative Medicine, Pain Management and care of the elderly in the broader sense are also the focus of short-term education and training events such as palliative nursing care, specialty nursing care for seniors with memory disorders, nutritional care of cancer patients or of the elderly with nasogastric tube or percutaneous gastrostomy, community nutrition care, etc.

An integral part of these activities is to support volunteering and home care for the patient.

The measure (6.N) is part of all programs of specialist training of paramedical employees focused on educational activities.

Profit organizations funded through the grant programme have as one of their objectives ensuring prevention activities and increasing citizens' interest in their own health. Supported projects include fitness camps, walking events (training sessions, courses), lectures and distribution of information materials.

Measure (7.D) provides a source of information and professional support for informal carers with funding provided by the Ministry of Health for the establishment and operation of an internet portal "Care online" in order to support families in their efforts to care for the dependent elderly in an environment where they feel the best, i.e. at home. This portal was supported by the grant programme in 2011. The internet portal is a source of valuable information in the field of health care and social care.

Family members, for example, may ask experts in writing. This project was selected by the EU as an example of good practice. On the website, the user can get information on publications and education (7.F).

According to the measure (8.B) of Ministry of Health included issuing Methodical recommendations on the implementation of the volunteer programme in hospitals which was published in the Bulletin of the Ministry of Health No. 6/2009 (<http://portalkvality.mzcr.cz/Odbornik/Pages/136-Metodicke-doporuceni-pro-zavedeni-dobrovolnickeho-programu-v-nemocnicich.html>). Volunteer work in medical facilities is supported from the grant programme of Ministry of Health every year.

Within the measure (8.K and 8.L), the issue of the protection of human rights, decent treatment, courtesy and respect for privacy in the provision of health services was included in the Act No. 372/2011 Coll., on Health Services.

As regards to the inspections of institutions, the Committee notes that inspection activities are carried out by regional authorities under the overall framework of the Ministry of Labour and Social Affairs. The Committee refers in this respect to its previous conclusions where it recalled the importance of ensuring that any inspection system regarding the standards of care and services provided in institutions and residential facilities should be entirely independent of the body managing the facility (Conclusions XVI-2, XVII- 2). It considers that the system in place in the Czech Republic does still not guarantee a sufficient degree of independence, and therefore, asks if there are any plans to establish an independent body with the authority to visit homes to monitor standards and check for signs of abuse and neglect.

In order to enhance the independence of inspection from January 1, 2012, state inspections powers were transferred from the Regional Offices to the Labour Office of the CR. It is a Government agency with regional branches which falls under the MLSA, so it does not have founder or other ties to the provision of social services.

Independent monitoring of the compliance with human rights, namely findings on good or bad treatment of clients in social services, is carried out by the Ombudsman.

The Ombudsman whose power is set by Act No. 349/1999 Coll., on the Public Defender of Rights, as amended, effective from January 1, 2006, has been the national preventive mechanism which the Czech Republic agreed to adopt under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The task of the Ombudsman is to carry out systematic preventive visits to all sites and facilities, where “persons deprived of their liberty are or may be located.”

During visits in these facilities, the Ombudsman determines how the persons are treated, seeks to ensure respect for their fundamental rights and strengthen their protection against ill-treatment by the respective facility. Mistreatment is understood as behaviour that does not respect human dignity. Formally mistreatment may consist not only of violation of the fundamental rights guaranteed by the Charter of Rights and Freedoms or international conventions or in violation of laws and by-laws, but also of more or less binding instructions, guidelines, or standards of quality treatment, care and support and good practice.

The Committee asks if adaptable flats with grants pursuant to the Government Regulation No. 146/2003 Coll. have actually been rented out to low-income elderly residents.

According to the Government Decree No. 146/2003 Coll. on the use of the State Housing Development Fund (SFHD) to cover part of the costs associated with the construction of housing for low income people, the state provided subsidies for the construction of rental housing funded by the State Fund for Housing Development in the period 2003–2007. The Government Decree according to which the SFHD provided the subsidies included the prerequisite that in the case of a construction of ten or more rental flats built with subsidies, at least 10% of the flats must be adaptable dwellings. These are apartments where the basic construction and technical adjustments are done to meet the technical parameters of dwellings for people with limited mobility or orientation. **Adaptable dwellings are not a priori designed for seniors.** The aim is for the tenants – if their health changes and reduces their ability to move or their orientation skills – to continue to live in these apartments.

The Committee wishes to be kept informed of any future initiatives undertaken to promote adapted and quality housing for elderly persons.

In July 2011, the Government adopted Resolution No. 524 on the Housing Strategy of the Czech Republic until 2020 which includes among others the tasks related to social housing. One of the specific tasks which falls under the Ministry of Regional Development together with MLSA, is the preparation of proposal of a comprehensive solution to social housing using the institute of housing need. Housing need shall be defined through the social situation in which the entitled persons find themselves, in conjunction with unmet housing need. Following the adoption of statutory regulation of “persons in need of housing”, the tools will be created to address housing shortage of certain persons and that will be a part of a comprehensive solution to social housing.

Another task arising from the concept was met on September 8, 2011 by issuing Government Decree No. 284/2011 Coll. laying down the conditions for granting aid/subsidies not only to municipalities but also to private investors for the construction of rental apartments in the form of low-interest loans. The loan is provided to legal and natural persons (including municipalities) for new construction of residential buildings with rental apartments or for reconstruction of existing buildings in which rental apartments will be built. In the case of construction of rental housing for the target group (seniors over 70, people with disabilities,

people with low income and those who lose their housing due to a natural disaster), a loan will be granted at a discounted rate. The rental apartment is rented for the period of repayment of the loan, at least for 10 years.

Measures Related to the Availability of Housing for Seniors

The Ministry for Regional Development annually announces the sub-programme Support for Construction of Subsidized Apartments which lays down the conditions for the granting of subsidies for the construction of subsidized apartments for persons with special needs in housing.

Two types of grants were announced in 2011:

- nursing home for persons with limited mobility due to old age or state of health;
- entry-level apartment intended for persons who, due to adverse life circumstances, do not have access to housing, even when having used all the existing tools in the area of housing policy.

In 2011, a total of 124 nursing apartments and 104 entry-level apartments were thus built.

The loan is provided to legal and natural persons (including municipalities) to new construction of residential buildings with rental apartments or the reconstruction of existing buildings to include rental apartments. A loan at a discounted rate will be granted in the case of construction of rental housing for target group of seniors older than 70 years. The loan cannot be drawn for the construction or reconstruction of family houses. The loan is granted in the amount of up to 70 % of the total budgeted investment costs. The maturity of the loan is up to 30 years. The rental apartment is rented for the period of repayment of the loan, at least for 10 years. In 2011, the Ministry for Regional Development (“MRegD”) announced a call for applications for the provision of low-interest loans for the construction of rental flats with a total allocation of 120 million CZK. Requests were made in a total financial volume of CZK 480 million and of a total investment volume of approx. CZK 600 million. The evaluation committee which assesses the applicant’s rating, the quality of the project and its sustainability in the given area, recommended granting the loan to one candidate only in the total amount of CZK 10 million for the reconstruction of an administrative building in order to build rental apartments. Other projects, because of the risk of loss of sustainability, were not recommended by the evaluation committee for a loan.

The Committee would like to be informed about the implementation of measures under the National Programme of Preparation for Ageing for the period from 2008 until 2012 and the results thereof, as well as on other legislative or other measures to be implemented or planned in this area.

In order to strengthen the social inclusion of seniors in accordance with the content and objectives of the National Programme of Preparation for Ageing for the years 2008–2012, the Ministry of Labour and Social Affairs launched a special grant programme in 2011 with the aim to financially support the activities of civic associations targeted at seniors, increase their quality of life, satisfy the needs of elderly persons and promote the interests of elderly persons as active partners in society.

The overall assessment of the objectives of the Programme for the whole period from 2008 until 2012 will be conducted by the end of 2012, i.e. at the end of the period covered by the programme. In the meantime, the implementation of individual measures contained in the Programme has been monitored annually by an evaluation report to the objectives and measures in the Report, which is then discussed by the Government Council for Seniors and

Aging of the Population. Measures that have been adopted in the past period include for example:

- Measures to promote the principles of the Programme in different areas and at different levels of public administration and assessment of policies and measures in terms of their impact on the elderly. Also, emphasis was placed on preventing age discrimination and protection of human rights.
- Measures to evaluate the impact of reforms and measures in the pension system, healthcare, housing and social services to the current and future situation of elderly persons.
- Measures to promote a positive public view of old age, aging and elderly persons, and striving to improve the approach of the media in relation to senior citizens. Supporting the creation of information, education and activation programs for seniors in the media.
- Measures to increase the awareness and skills of elderly persons in the area of consumer rights and adopting measures to protect consumer rights of seniors.

In November 2011, the Ministry of the Interior organized a national interdepartmental conference on “Intergenerational Dialogue in Public Administration” which was aimed at monitoring and evaluating performance measures of the National Programme in public administration. The conference was attended by 89 people, mostly from ministries and self-government agencies. Based on the contributions and the discussions that took place at the conference, No. 9/2012 of the journal *Veřejná správa* (“Public Administration”) published by the Ministry of Interior was devoted to the topic of aging.

Monitoring of the income situation of households and of the risk of poverty in certain groups of inhabitants is carried out through the inquiry “Income and Living Conditions of Households” (EU – SILC) which is organized annually by the Czech Statistical Office. Based on the results of the survey, data is analysed regularly regarding the risk of poverty to people over 65 years in total and also in the distribution of men and women. Monitoring also focuses on the risk of poverty of individuals aged over 65 years and households with two adult members wherein at least one of them is older than 65 years. Data is published with a time lag and is therefore not always sufficiently up to date for the analysis of the risk of poverty to old-age pensioners. According to the results of the EU – SILC 2010 survey, **risk of poverty rate for people over 65 years reached 6.8 % in the Czech Republic (i.e. 0.4 percentage points less than according to the results of the EU SILC 2009)**, while the EU 27 average amounted to 15.9 %. The risk of poverty rate for men over 65 years was 0.9 percentage points lower than in 2009 and amounted to 2.1 % (the EU 27 average is 12.9 %); for women over 65 years old it reached the same level as in 2009, i.e. 10.3 % (EU 27 average was 18.1 %); in households of individuals over the age of 65 it decreased compared to the previous year by 1 percentage point to 18.7 % (EU 27 reported 23.7 %); and in households with 2 adults members wherein at least one of them is older than 65 years it fell by 0.3 percentage points to 1.9 % (EU 27 average is 12.4 %). The survey of the Czech Statistical Office in 2010 produced detailed data on the risk of poverty among people older than 75 years of age. According to preliminary data from the survey of the Czech Statistical Office “Living Conditions 2011” (a national modification of the EU-wide survey EU – SILC), the risk of poverty rate for people over 65 years in the Czech Republic represented a total of 7.2 %; for households with 2 adults members wherein at least one of them is older than 65 years, it reached 2.7 %.

Following a comprehensive approach in the area of quality and availability of social services, the Ministry of Labour and Social Affairs has systematically made the effort to support the transition process, de-institutionalization and humanization of social welfare services. The main priorities of the transformation of residential social services are expressed in the

“Strategy of Support to Transformation of Residential Social Services in Other Types of Social Services Provided in the Natural Community of the Users, Supporting Inclusion of the User in Society” which was adopted on February 21, 2007 by a decision of the Government of the Czech Republic No. 127.

Since 2007, an individual project of the Department of Social Services and Social Work of the MLSA entitled “Support to Transformation of Social Services” funded by the European Social Fund (hereinafter referred to as “ESF”) has focused on providing the non-investment component of de-institutionalization and support for pilot testing. The investment component of the transformation for selected facilities can then be supported under the Integrated Operational Programme (hereinafter referred to as “IOP”), area of intervention 3.1 Services in Social Integration. 32 organizations from all regions of the Czech Republic (except Prague) are participating in the project “Support to Transformation of Social Services”; the clients of these organizations will thus get an opportunity to enjoy housing and services in their usual environment.

One of the aims of the project is to create transformation plans which will be fully in line with medium-term plans of availability of social services under the Social Services Act No. 108/2006 Coll., as amended. The project includes a detailed survey of the region, the possibilities of the relevant users and the actual (real) situation in the services provided. At the same time, activities are on-going at the level of regional teams within which working groups are tasked to provide detailed plans for transformation of the facilities that will be supported by the investment.

Educational programs run in selected facilities at three levels – for the management of the facility, for social workers and for workers in direct care; the programs are focused on managing change in the organization, assessment of users and mastering methods of care shifting from the medical/caring model to the assistance/supportive model of care. The project provides methodological support and professional supervision to the providers.

The main purpose of activities in the framework of the “Support to Transformation of Social Services” process and the Integrated Operational Programme is to support and validate (in a testing regime) the transformation of social care services based on individual users’ needs for social services and contribute to the implementation of de-institutionalization of residential social services in the Czech Republic.

The overall aim of the process is to make use of detailed analysis and mapping of the current situation in the field of social care services to provide a comprehensive support system for the transformation of social care services; to provide development plans based on the issues specific to the transformation process; to raise awareness about the process of transformation of institutional care for persons with disabilities; to create a system of vertical and horizontal cooperation among all stakeholders in the process of transformation of institutional care; to support the process of improving the living conditions of existing users of residential social care; and to enhance the compliance with human rights standards of users of residential social services and their right to a full life comparable with peers who live in their natural environment. In the next phase, gained experience will be applied to social services for elderly clients.

The Social Services and Social Work Department in collaboration with the Department of Implementation of EU Funds is currently preparing a follow-up project which should help to

bridge the period from the end of the project “Support to Transformation of Social Services” (May 2013) to the beginning of the new Programming Period in 2014.

The Ministry for Regional Development has worked with non-governmental organizations to which it annually provides a financial contribution to help cover their activities. The main activities of NGOs supported by the Ministry consist of legal and professional assistance to NGOs to the public especially to tackle a wide range of housing problems.

In 2011, the Ministry for Regional Development provided subsidies from the budget chapter of the Ministry for Regional Development to total of 9 NGOs amounting to CZK 8,589,000.