

# **EUROPEAN SOCIAL CHARTER**

## **SIXTH REPORT ON THE APPLICATION OF THE EUROPEAN SOCIAL CHARTER**

**SUBMITTED BY THE GOVERNMENT OF THE CZECH  
REPUBLIC**

**(for the period to December 31st, 2007)**

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

**CONTENTS**

**REPORT ON THE APPLICATION OF THE EUROPEAN SOCIAL CHARTER**

**ARTICLE 3: THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS....1**  
    Article 3, paragraph 1.....2  
    Article 3, paragraph 2.....9  
    Article 3, paragraph 3.....43

**ARTICLE 11: THE RIGHT TO PROTECTION OF HEALTH.....46**  
    Article 11, paragraph 1.....47  
    Article 11, paragraph 2.....55  
    Article 11, paragraph 3.....60

**ARTICLE 12: THE RIGHT TO SOCIAL SECURITY.....77**  
    Article 12, paragraph 1.....78  
    Article 12, paragraph 2.....93  
    Article 12, paragraph 3.....94  
    Article 12, paragraph 4.....100

**ARTICLE 13: THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE.....104**  
    Article 13, paragraph 1.....105  
    Article 13, paragraph 2.....120  
    Article 13, paragraph 3.....121  
    Article 13, paragraph 4.....129

**ARTICLE 14: THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES.....131**  
    Article 14, paragraph 1.....132  
    Article 14, paragraph 2.....143

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

**ARTICLE 4: RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION.....152**  
    Article 4.....153

## **ARTICLE 3: THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS**

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Contracting Parties undertake:

1. to issue safety and health regulations,
2. to provide for the enforcement of such regulations by measures of supervision,
3. to consult, as appropriate, employers' and workers' organizations on measures intended to improve industrial safety and health.

## ARTICLE 3, PARAGRAPH 1

Health and safety at work issues are governed by the following legislation:

- Act no. 65/1965 Coll., the Labour Code, as amended (to December 31st 2006, when it was replaced by a new Labour Code),
- **Act no. 262/2006 Coll., the Labour Code**, as amended (Sections 101 – 108),
- **Act no. 309/2006 Coll., Stipulating Further Requirements for Health and Safety at Work**, as amended,
- **Act no. 251/2005 Coll., on Labour Inspection**, as amended,
- **Act no. 258/2000 Coll., on Public Health Protection and on amendments to some related Acts**, as amended,
- **Act no. 174/1968 Coll., on State Supervision over Occupational Health Protection**, as amended,
- **Act no. 61/1988 Coll., on Mining, Explosive Substances and the State Mining Authority**, as amended,
- **Government Regulation no. 361/2007 Coll., laying down conditions for the protection of employees' health at work**,
- **Decree no. 659/2004 Coll., on occupational health and safety and on the safety of operations in mines with dangerous underground tremors**, as amended,
- **Decree no. 298/2005 Coll., on requirements for professional qualifications and professional competence in the performance of mining activities or activities performed underground and on amendments to some Acts**, as amended,
- **Decree no. 49/2008 Coll., on requirements for ensuring the safety of underground constructions.**

Given the fact that the State Labour Inspection Office (hereinafter referred to as the SLIO) is not the only labour inspectorate in the Czech Republic, the applicable legislation also includes regulations governing the competence of the State Mining Authority offices, the Rail Authority, the State Office for Nuclear Safety, public health protection bodies coming under the authority of the Ministry of Health (Occupational Hygiene), the supervisory office of the Ministry of Defence and professional supervision of occupational health and safety performed by the Ministry of the Interior.

The Labour Code states that employees shall take part in the solution of occupational health and safety issues through their trade union organization or their representative for occupational health and safety.

The employer shall enable the trade union organization or the representative for occupational safety and health or directly his employees:

- a) to take part in consultations on occupational health and safety or shall provide them with information concerning these consultations,
- b) to present information, comments and proposals for taking measures concerning occupational health and safety, in particular proposals for the elimination of risks or the restriction of their effects if such risks cannot be eliminated,
- c) to consult
  - substantial measures concerning occupational health and safety,

- the evaluation (assessment) of risks, the adoption and implementation of measures to reduce their effects, work performance in risk-monitored (risk-controlled) areas and the allocation of jobs into categories in accordance with other statutory provisions,
- the designation of a qualified person (individual) to deal with risk prevention in accordance with the statutory provisions and to ensure other conditions for occupational health and safety.

The employer shall further inform the trade union organization or the representative for occupational health and safety or directly his employees of:

- a) those employees designated to organize the provision of first aid, to call for medical assistance (ambulance), the Fire Brigade and the Police of the Czech Republic and to organize the evacuation of employees,
- b) the selection and provision of occupational health care,
- c) the designation of a qualified person to deal with risk prevention in accordance with the statutory provisions and to implement other occupational health and safety precautions,
- d) any other matters that may have a substantial impact on occupational health and safety.

The trade union organization or occupational health and safety representative or the employees shall co-operate with the employer and persons qualified to deal with risk prevention in accordance with the statutory provisions on ensuring further occupational health and safety conditions so that the employer can safeguard safe and non-hazardous working conditions and meet all other duties prescribed by other statutory provisions and measures adopted by authorities (agencies) concerned with supervision (inspection) under other statutory provisions.

The employer shall organize at least once a year checks on occupational safety and health at all workplaces and facilities of his undertaking, acting thereby in agreement with the trade union organization or the employees' representative for occupational health and safety, and rectify any ascertained irregularities.

The employer shall arrange training for the trade union organization and the employees' representative for occupational health and safety to enable them the proper exercise of their function, and he shall also make available to them the statutory provisions and other regulations on occupational health and safety, together with:

- a) the documents on the seeking out and evaluation of risks, measures taken to eliminate risks or to reduce their effects on employees, and measures concerning the suitable organization of employees' occupational health and safety,
- b) records and report of industrial injuries (occupational injuries) and recognized occupational diseases,
- c) the documents of inspections carried out and measures taken by authorities (agencies) concerned with occupational health and safety inspection under other statutory provisions.

The employer shall enable the trade union organization and the employees' representative for occupational health and safety to make comments when inspections are performed by

authorities (agencies) concerned with the supervision of occupational health and safety under other statutory provisions.

Trade union organizations are also entitled to inspect the occupational health and safety measures at individual employers' undertakings. The employer shall enable the trade union organization to carry out the inspection and, for this purpose, shall arrange for it to have the possibility of checking whether the employer fulfils its duties as regards occupational health and safety and whether the employer systematically creates the conditions for safe work that does not involve hazards to health, the employer shall also arrange for the trade union organization to have the possibility of regularly inspecting the employer's workplaces and facilities on behalf of the employees and to check the management of personal protective aids, shall arrange for the trade union organization to have the possibility of checking whether the employer duly investigates occupational injuries, shall enable the trade union organization to be involved in the ascertainment of occupational injuries and, if relevant, in their clarification and shall enable the trade union organization to take part in consultations on issues concerning occupational health and safety.

Section 320 of the Labour Code regulates the rights of trade union organizations and employers' representatives in labour law relations. In accordance with this provision:

- bills (draft legislation) and other proposed regulations concerning employees' important interests, in particular economic, production, working remuneration, cultural and social conditions, shall be consulted with the competent trade union organizations (bodies) and the competent employers' organizations,
- the central administrative authorities which issue implementation labour (employment) regulations shall do so after consulting the competent trade union organization and the competent employers' organization,
- the competent government authorities shall consult the trade union organizations on the issues concerning employees' working and living conditions and shall supply the trade union organizations with the necessary information,
- those trade union organizations which represent in labour (employment) relations employees employed by the Government, or by grant-supported organizations, state funds and self-governing territorial authorities shall in particular be entitled:
  - a) to discuss and express opinions on the draft documents concerning the employment conditions of the said employees and their numbers,
  - b) to submit proposals, to discuss and express opinions on the draft documents regarding the improvement of conditions for work performance and remuneration.

**Government Regulation no. 361/2007 Coll.** fully replaces Government Regulation no. 178/2001 Coll., laying down conditions for employee health protection at work, as amended. Commission Directive 2006/15/EC of February 7th 2006 was newly transposed in the Government Regulation establishing a second list of indicative occupational exposure limit values in implementation of Council Directive 98/24/EC and amending Directives 91/322/EEC and 2000/39/EC. The Government Regulation stipulates:

- a) risk factors in the workplace, their classification, hygiene limits, methods and means of their determination,
- b) methods of assessing risk factors to protect the health of employees (hereinafter referred to as "assessment of health risks"),
- c) the minimum level of measures to be adopted for employee health protection,

- d) conditions for the provision and maintenance of personal protective equipment for work entailing exposure to lead, substances that are carcinogenic, mutagenic or toxic to reproduction, to asbestos, biological agents or under heat and cold stress,
- e) specific conditions for the provision of protective drinks,
- f) specific hygiene conditions for the workplace and the working environment,
- g) specific requirements for work organization and working procedures under heat and cold stress, when working with chemical substances, dust, lead, asbestos, biological agents and under physical stress,
- h) specific requirements for work with imaging equipment,
- i) certain measures for dealing with emergency situations which result in increased exposure to chemical substances or dust at levels that may lead to cases of immediate risk to employee health or life (hereinafter referred to as "excess exposure"),
- j) the scope of information required for occupational health protection for work with lead, work entailing excess exposure to chemical substances that are carcinogenic, mutagenic or toxic to reproduction, work with biological substances and work entailing physical stress,
- k) minimum requirements for the content of training for employees at work that may expose them to asbestos or dust from materials containing asbestos.

Physical factors, including noise, vibrations, non-ionizing radiation and ionizing radiation, their hygiene limits, the method of their determination and assessment and the minimum scope of the methods employed to protect the health of employees exposed to these physical factors are regulated by the following special statutory provisions:

- Noise and vibrations are regulated by **Government Regulation no. 148/2006 Coll., on protection of health against the negative impacts of noise and vibrations**, which replaces Government Regulation no. 502/2000 Coll., on protection of health against the negative impacts of noise and vibrations and Government Regulation no. 88/2004 Coll., amending Government Regulation no. 502/2000 Coll., on protection of health against the negative impacts of noise and vibrations.
- Non-ionizing radiation is regulated by **Government Regulation no. 1/2008, on health protection against non-ionizing radiation** and replaces Government Regulation no. 480/2000 Coll., on health protection against non-ionizing radiation.
- Ionizing radiation is regulated by **Act no. 18/1997 Coll., on the peaceful use of nuclear energy and ionizing radiation (the Atomic Act) and on amendments and alterations to some Acts, as amended**.

According to the level of the factor affecting working conditions, each type of work is assessed individually and are assigned to one of four categories on the basis of criteria regulated by **Decree no. 432/2003 Coll., laying down conditions for assigning categories to individual jobs, limit values of indices from biological exposure tests, conditions for the sampling of biological materials for biological exposure and the particulars of the reports on work with asbestos and biological agents**. Assigning types of work to these categories expresses an overall evaluation of the level of stress placed by factors that are decisive from a health perspective on the quality of the working conditions, where these deciding factors are deemed to be factors that, during the performance of a specific type of

work and according to the current level of scientific knowledge, may have or do have a significant impact on health.

The first category of work is deemed to be work that is unlikely to have any negative impact on health, according to the current level of knowledge.

The second category of work is deemed to be work whose negative impact on health would only be exceptional, according to our current level of knowledge, particularly in the case of sensitive individuals, in other words work that does not entail exceeding the hygiene limits of factors determined by special statutory provisions, and work complying with other criteria that entails it being assigned to this second category in accordance with Annex no. 1.

The third category of work is deemed to be work, during which hygiene limits are exceeded and work complying with other criteria that entails it being assigned to this third category in accordance with Annex no. 1, where the exposure of the natural persons performing the work cannot be reliably reduced below the level of these limits by technical measures, necessitating the use of personal protective equipment, organizational and other protective measures to ensure protection of the health of these persons, as well as work that is repeatedly associated with occupational diseases or a statistically significant higher frequency of diseases that might be assumed to be related to the work, according to the current level of knowledge.

The fourth category of work is deemed to be work that presents a high risk to health that cannot be avoided even by the use of available and usable protective equipment.

The new **Government Regulation no. 1/2008 Coll.** maintains the scope of the previous Government Order no. 480/2000 Coll., and its application is therefore wider than Directive 2004/40/EC, which only deals with health exposure of employees to electromagnetic fields and electromagnetic radiation from 0 Hz to 310 GHz <sup>11</sup> during their work. Apart from protecting employee health, it also provides protection for the general public against radiation in this frequency range as well as protection for all natural persons against radiation in the frequency range from  $>3.10^{11}$  =< to  $10^{15}$  Hz .

As far as employees are concerned, the highest admissible radiation values provided for in Government Regulation no. 480/2000 Coll. are based on Commission Directive ICNIRP published in 1998 by the ICNIRP in the international Health Physics magazine. Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 adopted these values with minor changes, which have been included in the new Government Order. As far as admissible levels of exposure of the general public are concerned, the Government Order is based on Council Recommendation 1999/519/EC, on the limitation of exposure of the general public to electromagnetic fields.

The SLIO complies with the applicable legislation by means of **an annual programme of inspection activities**, which is discussed with the major trades unions and employer organizations. The activities of the SLIO reflect the conclusions adopted by the Government Council for Occupational Safety and Health, and the Council of Social and Economic Agreement, including its working committees. It also works together with the Ministry of Labour and Social Affairs on issues relating to the working environment, work safety and working conditions to ensure international cooperation.



Monitoring conformity with regulations in the area of occupational safety and health is provided for by Act no. 251/2005 Coll., on Labour Inspection. This Act regulates the establishment and competence of the Labour Inspection offices, their rights and obligations when performing inspections, including penalties for failure to comply with the requirements stipulated by law. Fines are imposed by administrative procedure on the basis of the outcomes of the inspections performed.

**In its Conclusions on the previous Report on Article 3 paragraph 1, the Committee for Social Rights requested responses to the following questions:**

The Committee asks whether the Czech Republic has transposed the new exposure limit and the minimum occupational safety and health measures introduced in Directive 2003/18/EC of the European Parliament and of the Council of 27 March 2003 and Commission Directive 1999/77/EC of 26 July 1999, relating to restrictions on the marketing and use of products containing asbestos to 2005.

The Czech Republic has transposed all European Directives relating to asbestos, including both those mentioned hereabove. In general we can conclude that the legislation in the Czech Republic covers all areas of health protection against the effects of asbestos. The legal regulations prohibit the creation of any new burden and regulate the disposal of old stocks.

Specifically, Directive 2003/18/EC of the European Parliament and of the Council of 27 March 2003 was transposed in **Government Regulation no. 361/2007 Coll., laying down conditions for occupational health and safety and Decree no. 394/2006 Coll., stipulating work entailing isolated and short-term exposure to asbestos and procedures for determining the isolated and short-term exposure entailed by this work.**

Directive 1999/77/EC of 26 July 1999, relating to restrictions on the marketing and use of products containing asbestos to 2005 was transposed into the Czech legislation in **Decree no. 221/2004 Coll., laying down lists of hazardous chemical substances and hazardous chemical preparations whose placement on the market is prohibited or whose placement on the market, into circulation or use is limited, as amended and Decree no. 232/2004 Coll., implementing some provisions of the Chemicals Act concerning the classification, packaging and labelling of hazardous chemical substances and chemical preparations, as amended.**

The Committee requests that concrete examples be provided of how temporary and part-time agency employees receive occupational safety and health training and information.

The Labour Code sets forth an obligation, which is covered by the entire fifth part of the Labour Code, on both labour agencies and all employees to provide occupational safety and health training. The State Labour Inspection Office and the regional inspectorates perform inspections to monitor compliance with these provisions. The main task assigned to the State Labour Inspection Office for 2008 and approved by the Ministry of Labour and Social Affairs is “compliance with labour law regulations in the employment of natural persons by labour agencies”.

As concerns employees working on the basis of agreements for work performed outside a labour relationship, i.e. agreements on work performance and agreements on working activities, the employer is again obliged to perform his obligations towards these employees in the area of occupational safety and health to the same extent as towards employees who are employed on the basis of an employment contract.

For both categories of employee (agency employees and employees working on a contractual basis), the obligation to undergo a medical check-up applies in the same way as it does for employees who have an employment contract with their employer. In the case of these types of employees, employers are obliged to ensure that medical check-ups are performed for example on employees performing night work or adolescent employees, entry medical check-ups and other medical check-ups required by the statutory provisions for the performance of certain professions.

In accordance with the Labour Code, employees have the right to take part in the solution of occupational safety and health issues through their trade union organization or their representative for occupational safety and health. The Act stipulates a number of rights for these representatives, including the right to take part in consultations on occupational safety and health, the right to consult measures, to evaluate risks, to organize training courses etc. as well obligations. As can be seen from the conclusions of the State Labour Inspection Office's inspection activities, these rights are used.

## ARTICLE 3, PARAGRAPH 2

Since January 1st 2003, state health supervision and other tasks relating to public health protection that fall under the remit of the public administration are performed by the **regional hygiene offices** based in the 13 regions and the capital city of Prague and by local offices in the centres of most of the former administrative districts. The regional hygiene office for the city of Prague is known as the City of Prague Hygiene Office.

The tasks of the regional hygiene offices are set forth in **Act no. 258/2000 Coll., on Public Health Protection**, as amended. Responsibility for state inspections is solely entrusted to administrative bodies that may invite specialists from healthcare facilities or other qualified individuals, such as accredited or authorized laboratories or the State Healthcare Institute, to perform these inspections as provided for in the legislation .

Regional hygiene offices also

- issue decisions, permits, certificates and perform other state administration tasks in the area of public health protection, including state health supervision, unless this falls within the competence of the Ministry of Health,
- act as state health supervisor monitoring compliance with prohibitions and the performance of other obligations provided for in the directly applicable regulations of the European Community, set forth in the legislation and special legal regulations for public health protection, including occupational health protection against risks arising from exposure to physical, chemical and biological elements affecting working conditions, from unfavourable microclimatic conditions and from physical and psychological stress, as well as over related working conditions, including workplace equipment, and decisions or measures adopted by public health protection bodies that are issued on the basis of these legal regulations; state health supervision of occupational health protection is expert state supervision over occupational health protection within the meaning of a special legal regulation,
- decide, on application by employers or other individuals, or independently on issues of work categorization,
- determine high-risk work,
- designate for employers or other individuals performing hazardous work (having regard to the exposure of employers or other individuals and family members who work with them to risk factors in the work environment)
  1. the minimum scope and a timetable for monitoring factors involving working conditions and the minimum scope and a timetable for periodic preventative medical check-ups and the minimum scope of entry and exit preventative medical check-ups, unless these are stipulated by a special legal regulation, as well as
  2. preventative medical check-ups at the end of any hazardous work in cases where the effects of the working conditions may have a negative impact over the longer-term. Conditions for follow-up preventative medical check-ups for workers exposed to sources of category A ionizing radiation are provided for in a special legal regulation,
- determine the manner and minimum frequency of monitoring stress to the organisms of employees performing hazardous work caused by factors related to their working conditions, provided this is not determined by a special legal regulation,
- verify the origin of diseases for the purpose of assessing occupational diseases,

- establish hygiene limits for factors relating to working conditions that are not established by legal regulation, and the method for their determination in the working conditions; establish the manner, minimum scope and frequency of monitoring the same and measures to protect the health of employees, other persons and any family members working with them against risks posed by these factors. At their own instigation, they place work with these factors into categories, unless otherwise provided for by a special legal regulation,
- act as state health supervisor monitoring compliance with the obligation to provide industrial preventive care and with the employer's obligation to provide facilities providing industrial preventive care with the information needed to ensure occupational health protection, as set forth in a special legal regulation,
- at the invitation of the employer, reviews measures implemented by facilities providing industrial preventive care.

During 2007 a total of 3,932 decisions were issued concerning health protection at work, of which 3,787 decisions related to placing work in categories that gave rise to an obligation to ensure regular measurements of factors relating to working conditions and preventive check-ups for employees following a set frequency and scope.

In 2007 state health supervision in the area of work hygiene focused on inspecting facilities where work associated with handling loads was performed and inspecting facilities that where occupational diseases caused by one-sided, excessive and long-term stress had repeatedly occurred. Inspections were also performed at facilities where what is defined in the Act on Public Health Protection as category 2 work is performed. Additional occupational health protection inspections concentrated on specific problems that arise depending on areas of economic activity that predominate in individual regions. Investigations were also carried out in order to verify the conditions causing occupational disease and inspections to verify data in the proposals for work categorization that have been submitted.

As in the previous year, the bulk of the inspections, around 80%, were performed on small and medium-sized enterprises and the self-employed. The remainder took place in enterprises having over 200 employees. In certain cases, supervisory measurements were also performed alongside the inspections.

Some of the inspections were performed together with other state professional supervisory bodies. In particular, this concerned inspections carried out in accordance with **Act no. 59/2006 Coll., on the prevention of serious accidents caused by selected hazardous chemical substances or chemical preparations**, as amended. Inspections performed together with the Czech Environmental Inspectorate follow the organization's schedule, particularly in large chemical enterprises and plants. Cooperation also takes place with other bodies, including the State Mining offices.

Within the framework of state health supervision, planned inspections were performed in accordance with the inspection plans for 2007. Following the inspection plan, these inspections focused on plants performing work falling at the highest under category 2, in which employees are exposed to risk factors that may adversely effect their health.

Regional inspections were performed on enterprises in the mining, metallurgy, wood manufacturing, glass making, textile, agriculture, etc. sectors, depending on the activities specified for a particular region. Regional inspections also included inspections relating to the

tasks for the Chief Hygiene Office in 2007, which concerned a questionnaire aimed at assessing the benefits brought by Directive 90/270/EEC on the minimum safety and health requirements for work with display screen equipment. This was a European Union project that aimed to assess the application of the Directive referred to above in certain Member States.

Inspections also aimed to monitor compliance with decisions issued by public health protection bodies and to monitor the removal of those deficiencies listed in inspection reports. In 2007 a total of 993 repeat inspections were performed to monitor compliance with mandatory measures.

Inspections to handover and discuss measurement results. This item covers a total of 873 follow-up inspections to handover and discuss the results of measurements made under state health supervision.

In 2007, a total of 446 inspections were made at the instigation of employees. A total of 1,598 investigations were conducted on the basis of a request from the Occupational Disease Clinic.

A total of 727 inspections were made at the request of a legal entity in 2007. These inspections were more consultative in nature and related to requests by employers for state health supervision focusing on compliance with the occupational health requirements before launching permanent operations in a new plant or when considering a change in use of a building.

A total of 33 inspections were performed at the request of doctors specializing in industrial medicine. These requests for inspections were submitted on the basis of warnings given to doctors from employees of the inadequacy of occupational protection measures during preventive check-ups or on the basis of the results of investigations that revealed suspected excess exposure of employees to risk factors.

A further 938 inspections were made at enterprises that had not submitted a proposal for work categorization, or had not reported work assigned to the second category. A total of 12 inspections were performed at the request of trade unions.

The public health protection body is empowered to establish commissions to review professional qualifications for handling hazardous chemical substances and chemical preparations classified as highly toxic and to issue certificates of professional competence in handling hazardous chemical substances and chemical preparations as highly toxic to candidates who successfully pass a test set by these commissions. During 2007 these commissions reviewed a total of 35 people.

In 2007 employees of public health protection bodies also participated in testing professional competence in handling plant protection preparations. These tests are organized by the State Phytosanitary Administration and employees of public health protection bodies act as members of the examining commissions. A total of 641 people were tested.

Penalties imposed in 2007 for failure to implement industrial medicine were mainly imposed in the form of fines imposed for a number of administrative offences at the same time.

In 2007 the Occupational Hygiene Departments of the Regional Hygiene offices issued a total of 183 fines amounting to 2,614,500 CZK.

Operations were suspended in 5 enterprises. The reason for ordering the suspension of activities was exceeding the maximum admissible limits for copper in a grinding shop and suspected asbestos content in materials during demolition work (asbestos content was later confirmed by analysis).

Supervisory activity of the State Mining Authority:

Around 450 mining and excavation companies came under the authority of State Mining Authority bodies during the period under review, of whom 320 were mining companies. The other mining and excavation companies were monitored as owners of mined areas, or they were performing recultivation work after mining, etc, approximately 50 were major organizations performing geological and hydrogeological research, around 100 organizations were building underground constructions, around 50 organizations were performing specialized blasting operations or other underground operations which were subject to regular inspections. A further approximately 270 organizations, with between one and five employees were inspected on a random basis.

The number of workers employed in mineral extraction was 37,800 in 2005, of whom 17,629 worked underground. The total number of workers employed in other mining activities and activities involving extraction was 3,900, of whom 2,360 worked underground. Approximately 5,000 workers were employed in the production of explosives.

The number of workers employed in mineral extraction was 37,466 in 2006, of whom 17,569 worked underground. The total number of other workers employed in mining activities and activities involving extraction was 3,860, of whom 2,350 worked underground. Approximately 5,000 workers were employed in the production of explosives.

The number of workers employed in mineral extraction was 36,171 in 2007, of whom 16,400 worked underground. The total number of other workers employed in mining activities and activities involving extraction was 3,920, of whom 2,360 worked underground. Approximately 5,000 workers were employed in the production of explosives.

In 2005 State Mining Authority bodies performed a total of 7,773 inspections, in 2006 7,594 inspections were performed and in 2007 there were 7,311 inspections.

**Statistical summary of the results of the activities of the State Labour Inspection Office during the period under review**

Total number of inspections performed, including investigations into II and administrative actions

Year	Number of inspections
<b>2005</b>	13,448
<b>2006</b>	15,971
<b>2007</b>	16 425

Numbers of defects, breaches and deficiencies found

	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of deficiencies found	50,559	54,050	59,204
Number of cases (multiples)	105,402	142,399	161,266

Number of decisions/measures issued concerning the facts discovered

<b>Year</b>	<b>Decisions/measures</b>
2005	38,410
2006	44,028
2007	41,641

<b>Other types of enforcement</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Proposals for necessary technical and other measures	3,858	616	942
Opinions on construction project documentation	3,692	3,590	3,021
Enforcement of requirements for building licences and permits	2,438	3,008	2,044
Opinions on regulations for ensuring WS and TES	104	44	131
Advisory, consulting services	27,094	46,104	46,149

Comparison of the numbers of occupational injuries reported to the Labour Inspectorate between 2005 and 2007

<b>Year</b>	<b>Number of occupational injuries</b>	<b>Number of occupational injuries entailing hospitalization for longer than 5 days</b>	<b>Number of fatal occupational injuries</b>
2005	67,486	1,109	169
2006	66,535	1,079	154
2007	63,411	1,102	192



The number of injuries requiring hospitalization fell in comparison to 2006 from 1.83 per 100 thousand people to 1.68 in 2007, whereas in 2005 the figure was 1.85.

The number of fatal injuries per 10 thousand people increased in comparison to 2006 from 0.34 to 0.41 in 2007, whereas in 2005 the figure was 0.37.

<b>Closures</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Machinery and equipment decommissioned	57	46	10
Bans on the use of production and operations facilities	25	8	13
Prohibition on technology	3	0	1
Suspension of activities	48	4	14
Ban on night work for women and overtime	13	2	1

<b>Fines</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Fines imposed on enterprises and natural persons acting in the course of business – number	380	810	2,044
Fines imposed on enterprises and natural persons acting in the course of business – amount in CZK	6,553,500	17,692,500	52,826,700
of which for discovery of breach of regulations during inspections – number	259	626	1,842
of which for discovery of breach of regulations during inspections – amount in CZK	3,956,000	7,639,828	36,075,200
of which for discovery of breach of regulations leading to an OI, adverse events or technical causation of industrial poisoning and occupational diseases – number	117	184	202
of which for discovery of breach of regulations leading to an OI, adverse events or technical causation of industrial poisoning and occupational diseases – amount in CZK	3,917,000	10,052,670	16,751,500

Note:

OI – occupational injury

WS – work safety

TES – technical equipment safety

Number of enterprises inspected broken down by employee numbers (figures provided by the CSO)

Type of enterprise by number of employees	2005	2006	2007
No employees	574	641	571
1 – 5 employees	2247	2731	2815
6 – 9 employees	1257	1619	1606
10 – 19 employees	2038	2491	2390
20 – 24 employees	685	845	778
25 – 49 employees	1,559	1,724	1,724
50 – 99 employees	1,202	1,485	1,488
100 – 199 employees	909	1,011	998
200 – 249 employees	245	253	260
250 – 499 employees	443	472	504
500 – 999 employees	297	287	311
1000 – 1499 employees	78	91	89
1500 – 1999 employees	35	41	43
2000 – 2499 employees	26	27	37
2500 – 2999 employees	14	17	15

In collaboration with the Czech Statistical Office and the Institute of Health Information and Statistics of the Czech Republic, a data collection method was devised, which conforms to the method prescribed for the EODS. This method is the basis for the new Mandatory Instructions for the National Register of Occupational Diseases, which is published by the Institute of Health Information and Statistics of the Czech Republic (IHISCR) and authorized under Section 67d paragraph 6 of Act no. 20/1966 Coll., on public health care, as amended. Data on occupational diseases reported in the Czech Republic are sent to EUROSTAT via the IHISCR and the Czech Statistical Office (CSO).

<b>Data from 2007</b>	
Number of occupational illnesses	1,291
- incidence per 100.000	28.6
Number of inspections performed	33,167
Number of enterprises inspected	61,797
Number of employees checked	1,845,764
Number of fines imposed (to a total of 2,500,000 CZK)	183

## Statistical data for the period from January to December 2005

Table 1: Incapacity for work due to disease or injury - absolute data, number of cases per 100 sickness insured persons

j Region	Number of establishments	Average no. of sickness insured persons. total	Number of newly notified cases of incapacity for work due to				Number of calendar days of incapacity for work due to				Number of newly notified cases of incapacity for work per 100 sickness insured persons			
			Disease	Industrial injuries	Other injuries	Total	Disease	Industrial injuries	Other injuries	Total	Disease	Industrial injuries	Other injuries	Total
a	1	2	3	4	5	6	7	8	9	10	11	12	13	14
City of Prague	4 741	905 454	510 414	10 225	15 226	535 865	14 436 113	462 314	654 306	15 552 733	56.37	1.13	1.68	59.18
Central Bohemia region	2 708	439 720	274 424	8 397	13 124	295 945	8 206 231	350 405	548 441	9 105 077	62.41	1.91	2.98	67.30
South Bohemia region	1 793	254 129	170 532	6 397	8 480	185 409	5 393 534	277 502	383 994	6 055 030	67.10	2.52	3.34	72.96
Pilsen region	1 549	233 788	164 759	6 359	8 533	179 651	4 905 129	261 389	362 643	5 529 161	70.47	2.72	3.65	76.84
Karlovy Vary region	788	109 485	73 532	2 176	3 747	79 455	2 160 172	88 854	147 196	2 396 222	67.16	1.99	3.42	72.57
Ústí nad Labem region	1 841	293 464	178 078	5 756	8 027	191 861	5 875 083	254 408	342 678	6 472 169	60.68	1.96	2.74	65.38
Liberec region	1 084	164 490	113 914	3 450	4 916	122 280	3 659 860	144 200	231 925	4 035 985	69.25	2.10	2.99	74.34
Hrádec Králové region	1 466	220 907	147 464	5 197	6 995	159 656	4 631 702	227 711	322 908	5 182 321	66.75	2.35	3.17	72.27
Pardubice region	1 308	202 638	131 832	4 370	6 608	142 810	4 302 367	193 410	305 387	4 801 164	65.06	2.16	3.26	70.48
Vysočina region	1 365	195 870	133 164	5 095	7 345	145 604	4 022 923	209 101	311 698	4 543 722	67.99	2.60	3.75	74.34
South Moravia region	2 983	496 411	319 600	8 310	13 326	341 236	10 765 121	389 299	609 022	11 763 442	64.38	1.67	2.68	68.74
Olomouc region	1 516	224 518	141 308	4 252	8 371	153 931	4 862 102	195 855	391 698	5 449 655	62.94	1.89	3.73	68.56
Zlín region	1 599	234 204	151 339	4 082	10 089	165 510	5 449 786	196 625	480 819	6 127 230	64.62	1.74	4.31	70.67
Moravia-Silesia region	2 669	467 625	300 486	7 976	21 773	330 235	10 852 185	451 237	1 028 828	12 332 250	64.26	1.71	4.66	70.62
Czech Republic	27 410	4 442 703	2 810 846	82 042	136 560	3 029 448	89 522 308	3 702 310	6 121 543	99 346 161	63.27	1.85	3.07	68.19

Source: CSO publication "Incapacity for work due to disease and injury in the CR

Table 2: Incapacity for work due to disease or injury - relative data

Region	Average percentage of incapacity for work due to				Number of calendar days of incapacity for work per 1 newly notified case due to				Average daily number of persons incapacitated for work due to			
	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total
a	1	2	3	4	5	6	7	8	9	10	11	12
City of Prague	4.368	0.140	0.198	4.706	28.28	45.21	42.97	29.02	39 551	1 267	1 793	42 610
Central Bohemia region	5.113	0.218	0.342	5.673	29.90	41.73	41.79	30.77	22 483	960	1 503	24 945
South Bohemia region	5.815	0.299	0.414	6.528	31.63	43.38	45.28	32.66	14 777	760	1 052	16 589
Pilsen region	5.748	0.306	0.425	6.480	29.77	41.11	42.50	30.78	13 439	716	994	15 148
Karlovy Vary region	5.406	0.222	0.368	5.996	29.38	40.83	39.28	30.16	5 918	243	403	6 565
Ústí nad Labem region	5.485	0.238	0.320	6.042	32.99	44.20	42.69	33.73	16 096	697	939	17 732
Liberec region	6.096	0.240	0.386	6.722	32.13	41.80	47.18	33.01	10 027	395	635	11 057
Hrádec Králové region	5.744	0.282	0.400	6.427	31.41	43.82	46.16	32.46	12 690	624	885	14 198
Pardubice region	5.817	0.261	0.413	6.491	32.64	44.26	46.21	33.62	11 787	530	837	13 154
Vysočina region	5.627	0.292	0.436	6.356	30.21	41.04	42.44	31.21	11 022	573	854	12 449
South Moravia region	5.941	0.215	0.336	6.492	33.68	46.85	45.70	34.47	29 493	1 067	1 669	32 229
Olomouc region	5.933	0.239	0.478	6.650	34.41	46.06	46.79	35.40	13 321	537	1 073	14 931
Zlín region	6.375	0.230	0.562	7.168	36.01	48.17	47.66	37.02	14 931	539	1 317	16 787
Moravia-Silesia region	6.358	0.264	0.603	7.225	36.12	56.57	47.25	37.34	29 732	1 236	2 819	33 787
Czech Republic	5.521	0.228	0.378	6.126	31.85	45.13	44.83	32.79	245 267	10 143	16 771	272 181

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 3: Female incapacity for work due to disease or injury, female occupational diseases -absolute data, cases per 100 women

Region	Average number of sickness insured women	Number of newly notified cases of female incapacity for work due to				Number of calendar days of female incapacity for work due to				Number of newly notified cases of incapacity for work per 100 women				Number of new notif. risks of occupat. diseases-women
		Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	
a	1	2	3	4	5	6	7	8	9	10	11	12	13	14
City of Prague	450 720	296 577	3 248	5 814	305 639	8 537 101	146 901	259 001	8 943 003	65.80	0.72	1.29	67.81	-
Central Bohemia region	196 500	133 922	2 047	3 573	139 542	4 335 580	90 187	165 211	4 590 978	68.15	1.04	1.82	71.01	2
South Bohemia region	116 789	85 885	1 644	2 454	89 983	2 860 685	72 395	118 863	3 051 943	73.54	1.41	2.10	77.05	6
Pilsen region	108 992	85 192	1 676	2 660	89 528	2 685 140	68 919	121 895	2 875 954	78.16	1.54	2.44	82.14	11
Karlovy Vary region	53 038	39 433	525	1 179	41 137	1 195 380	19 730	48 897	1 264 007	74.35	0.99	2.22	77.56	-
Ústí nad Labem region	134 692	89 910	1 484	2 342	93 736	3 101 241	63 321	105 154	3 269 716	66.75	1.10	1.74	69.59	7
Liberec region	77 317	58 073	890	1 504	60 467	1 965 435	38 688	78 729	2 082 852	75.11	1.15	1.95	78.21	-
Hrádec Králové region	102 313	75 421	1 271	2 112	78 804	2 516 741	58 188	102 691	2 677 620	73.72	1.24	2.06	77.02	3
Pardubice region	93 797	67 343	1 164	1 973	70 480	2 314 756	52 180	94 167	2 461 103	71.80	1.24	2.10	75.14	1
Vysočina region	87 411	64 472	1 283	1 960	67 715	2 058 947	54 057	91 936	2 204 940	73.76	1.47	2.24	77.47	-
South Moravia region	236 785	164 274	2 177	3 978	170 429	5 691 985	103 978	191 876	5 987 839	69.38	0.92	1.68	71.98	2
Olomouc region	103 053	67 682	917	2 315	70 914	2 462 307	40 596	114 796	2 617 699	65.68	0.89	2.25	68.81	7
Zlín region	105 541	72 330	884	2 848	76 062	2 764 924	42 404	145 292	2 952 620	68.53	0.84	2.70	72.07	18
Moravia-Silesia region	214 055	138 440	1 963	6 111	146 514	5 324 057	104 802	308 618	5 737 477	64.67	0.92	2.85	68.45	1
Czech Republic	2 081 003	1 438 954	21 173	40 823	1 500 950	47 814 279	956 346	1 947 126	50 717 751	69.15	1.02	1.96	72.13	58

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 4: Female incapacity for work due to disease or injury - relative data

Region	Average percentage of female incapacity for work due to				Number of calendar days of female incapacity for work per 1 newly notified case due to				Average daily number of women incapacitated for work due to				Number of calendar days of incapacity for work due to occupational disease-women
	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	
a	1	2	3	4	5	6	7	8	9	10	11	12	13
City of Prague	5.189	0.089	0.157	5.436	28.79	45.23	44.55	29.26	23 389	402	710	24 501	1 504
Central Bohemia region	6.045	0.126	0.230	6.401	32.37	44.06	46.24	32.90	11 878	247	453	12 578	1 662
South Bohemia region	6.711	0.170	0.279	7.159	33.31	44.04	48.44	33.92	7 837	198	326	8 361	2 122
Pilsen region	6.750	0.173	0.306	7.229	31.52	41.12	45.83	32.12	7 357	189	334	7 879	2 180
Karlovy Vary region	6.175	0.102	0.253	6.529	30.31	37.58	41.47	30.73	3 275	54	134	3 463	189
Ústí nad Labem region	6.308	0.129	0.214	6.651	34.49	42.67	44.90	34.88	8 497	173	288	8 958	999
Liberec region	6.965	0.137	0.279	7.381	33.84	43.47	52.35	34.45	5 385	106	216	5 706	1 076
Hrádec Králové region	6.739	0.156	0.275	7.170	33.37	45.78	48.62	33.98	6 895	159	281	7 336	3 053
Pardubice region	6.761	0.152	0.275	7.189	34.37	44.83	47.73	34.92	6 342	143	258	6 743	658
Vysočina region	6.453	0.169	0.288	6.911	31.94	42.13	46.91	32.56	5 641	148	252	6 041	1 933
South Moravia region	6.586	0.120	0.222	6.928	34.65	47.76	48.23	35.13	15 594	285	526	16 405	1 913
Olomouc region	6.546	0.108	0.305	6.959	36.38	44.27	49.59	36.91	6 746	111	315	7 172	2 597
Zlín region	7.177	0.110	0.377	7.665	38.23	47.97	51.02	38.82	7 575	116	398	8 089	2 417
Moravia-Silesia region	6.814	0.134	0.395	7.343	38.46	53.39	50.50	39.16	14 586	287	846	15 719	4 693
Czech Republic	6.295	0.126	0.256	6.677	33.23	45.17	47.70	33.79	130 998	2 620	5 335	138 953	26 996

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 5: Rate of juvenile occupational injuries

Region	Average number of sickness insured juveniles	Percentage of juveniles among total number of sickness insured employees	Juveniles occupational Injuries		No. of newly notified cases of incapacity for work due to occup. Injury per 100 juveniles	Average percentage of juvenile incapacity for work due to occup. Injury	No. of calendar days of incapacity for work per 1 newly notified case due to occup. Injury	Average daily no. of juveniles incapacitated for work due to occup. Injury	Number of fatal juvenile industrial injuries
			No. of newly notified cases of incapacity for work	Number of calendar days of incapacity for work					
a	1	2	3	4	5	6	7	8	9
City of Prague	2 515	0.28	13	344	0.52	0.037	26.46	1	-
Central Bohemia region	780	0.18	1	31	0.13	0.011	31.00	-	-
South Bohemia region	426	0.17	9	128	2.11	0.082	14.22	-	-
Pilsen region	379	0.16	9	148	2.37	0.107	16.44	-	-
Karlovy Vary region	226	0.21	5	53	2.21	0.064	10.60	-	-
Ústí nad Labem region	330	0.11	4	231	1.21	0.192	57.75	1	-
Liberec region	250	0.15	8	309	3.20	0.339	38.63	1	-
Hrádec Králové region	242	0.11	8	159	3.31	0.180	19.88	-	-
Pardubice region	232	0.11	7	43	3.02	0.051	6.14	-	-
Vysočina region	328	0.17	7	128	2.13	0.107	18.29	-	-
South Moravia region	588	0.12	11	204	1.87	0.095	18.55	1	-
Olomouc region	199	0.09	9	183	4.52	0.252	20.33	1	-
Zlín region	253	0.11	3	61	1.19	0.066	20.33	-	-
Moravia-Silesia region	311	0.07	4	54	1.29	0.048	13.50	-	-
Czech Republic	7 059	0.16	98	2 076	1.39	0.081	21.18	6	-

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 6: Fatal occupational injuries resulting in incapacity for work exceeding 3 days, occupational injuries without incapacity for work, and occupational diseases

Region	Fatal injuries total		Fatal injuries women		Occupational injuries resulting in incapacity for work exceeding 3 days		Number of occupational injuries without incapacity for work		No. of newly notified cases of occupational diseases		No. of calendar days of incapacity for work due to occupational disease	No. of newly notified risks of occupational diseases
	Total	Per 1 000 sickness insured persons	Total	Per 1 000 sickness insured women	Total	Women	Total	Women	Total	Women		
City of Prague	21	0.02	4	0.01	9 892	3 118	2 386	704	50	14	4 452	4
Central Bohemia region	14	0.03	-	-	8 095	2 002	4 041	1 033	101	33	4 764	6
South Bohemia region	3	0.01	2	0.02	6 261	1 603	1 846	717	61	33	6 421	13
Pilsen region	11	0.05	-	-	6 138	1 632	2 345	807	68	31	4 652	17
Karlovy Vary region	5	0.05	-	-	2 118	517	1 155	314	7	4	539	1
Ústí nad Labem region	14	0.05	-	-	5 536	1 410	2 246	562	30	19	2 744	23
Liberec region	6	0.04	-	-	3 305	871	1 545	486	36	29	1 954	3
Hrádec Králové region	6	0.03	-	-	5 080	1 250	1 973	797	41	21	4 469	8
Pardubice region	6	0.03	2	0.02	4 255	1 110	826	258	46	14	1 996	4
Vysočina region	5	0.03	-	-	4 993	1 273	2 000	668	41	14	4 552	3
South Moravia region	15	0.03	-	-	8 124	2 124	2 147	577	49	20	4 604	6
Olomouc region	5	0.02	1	0.01	4 187	903	1 392	464	74	19	6 490	22
Zlín region	5	0.02	1	0.01	4 031	872	895	204	53	26	7 761	22
Moravia-Silesia region	21	0.04	-	-	7 658	1 931	4 200	871	227	65	47 836	26
Czech Republic	137	0.03	10	-	79 673	20 616	28 997	8 462	884	342	103 234	158

Excl. summary lists of the District Social Security Administrations (DSSA). The DSSAs do not keep subject matter in the required breakdown.

Fatal accidents with non-concluded inquiry ( not included in the tables ) : 27 of which women 2

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 7: Company preventive health care and hazardous work, compensation and additional premiums - relative data



Region	Costs of company preventive health care in in thous. CZK	No. of employees at hazardous workplaces as at last day of reference period				Comp. For costs related to medical treatment in CZ acc. to Art. 193 (c) LC	Comp. Of material damage in CZK acc. to Art. 193 (d) LC	Average amount of addit. premiums acc. to Art. 45, Act No. 48/1997 Coll.	Sum of compenstion in CZK
		Employees	Women	% of total sickness insured persons	% of total sickness insured women				
a	1	2	3	4	5	6	7	8	9
City of Prague	206 707	34 076	14 792	3.76	3.28	1 132 383	407 904	9 317	307 964 958
Central Bohemia region	71 277	27 749	8 008	6.31	4.08	244 666	20 554	13 604	447 674 971
South Bohemia region	19 970	16 219	6 205	6.38	5.31	243 818	11 010	8 672	82 529 259
Pilsen region	25 287	18 588	7 221	7.95	6.63	164 944	5 991	8 672	74 485 284
Karlovy Vary region	16 227	7 031	2 573	6.42	4.85	56 708	1 395	8 671	25 268 402
Ústí nad Labem region	49 644	26 595	9 345	9.06	6.94	510 603	21 689	57 170	233 818 219
Liberec region	26 323	14 057	5 062	8.55	6.55	257 135	8 802	8 672	102 920 720
Hrádec Králové region	17 703	19 548	8 305	8.85	8.12	177 520	5 438	-	74 763 968
Pardubice region	18 194	12 558	4 639	6.20	4.95	352 494	11 262	-	60 852 551
Vysočina region	17 117	18 326	5 300	9.36	6.06	482 052	2 444	-	196 758 441
South Moravia region	44 362	31 187	12 503	6.28	5.28	432 390	54 421	21 336	138 418 751
Olomouc region	21 466	20 669	7 739	9.21	7.51	203 527	8 223	16 601	74 936 492
Zlín region	22 347	15 209	5 972	6.49	5.66	395 900	3 554	6 557	66 949 916
Moravia-Silesia region	49 057	61 122	12 096	13.07	5.65	423 550	281 558	8 350	1 943 946 213
Czech Republic	605 681	322 934	109 760	7.27	5.27	5 077 690	844 245	9 721	3 831 288 145

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

## Statistical data for the period from January to December 2006

Table 1: Incapacity for work due to disease or injury - absolute data, number of cases per 100 sickness insured persons

Region	Number of establishments	Average no. of sickness insured persons, total	Number of newly notified cases of incapacity for work due to				Number of calendar days of incapacity for work due to				Number of newly notified cases of incapacity for work per 100 sickness insured persons			
			Disease	Occup. injury	Other injury	Total	Disease	Occup. injury	Other injury	Total	Disease	Occup. injury	Other injury	Total
a	1	2	3	4	5	6	7	8	9	10	11	12	13	14
City of Prague	4 822	946 367	466 550	10 766	16 579	493 895	14 249 194	484 224	734 329	15 467 747	49.30	1.14	1.75	52.19
Central Bohemia region	2 687	440 606	242 095	8 477	13 911	264 483	7 834 555	370 544	600 696	8 805 795	54.95	1.92	3.16	60.03
South Bohemia region	1 777	251 835	145 402	6 289	8 399	160 090	5 017 042	278 010	393 508	5 688 560	57.74	2.50	3.34	63.57
Pilsen region	1 516	234 054	139 529	6 082	8 587	154 198	4 544 225	254 811	361 331	5 160 367	59.61	2.60	3.67	65.88
Karlovy Vary region	758	107 330	62 419	2 154	3 695	68 268	1 979 184	89 070	147 224	2 215 478	58.16	2.01	3.44	63.61
Ústí nad Labem region	1 804	291 749	155 487	5 706	8 331	169 524	5 503 287	247 479	365 823	6 116 589	53.29	1.96	2.86	58.11
Liberec region	1 074	167 712	102 618	3 505	5 311	111 434	3 557 058	154 250	244 518	3 955 826	61.19	2.09	3.17	66.44
Hrádec Králové region	1 465	221 395	126 504	4 992	7 060	138 556	4 263 994	222 550	332 002	4 818 546	57.14	2.25	3.19	62.58
Pardubice region	1 321	203 825	117 157	4 458	6 943	128 558	4 057 483	197 713	315 704	4 570 900	57.48	2.19	3.41	63.07
Vysočina region	1 362	197 401	114 178	5 270	7 735	127 183	3 743 765	220 044	339 804	4 303 613	57.84	2.67	3.92	64.43
South Moravia region	2 975	509 953	292 195	8 430	14 301	314 926	10 458 129	405 458	661 884	11 525 471	57.30	1.65	2.80	61.76
Olomouc region	1 559	221 453	122 567	4 091	8 499	135 157	4 576 301	191 984	400 727	5 169 012	55.35	1.85	3.84	61.03
Zlín region	1 577	234 796	132 824	4 300	10 483	147 607	5 094 662	201 735	492 590	5 788 987	56.57	1.83	4.46	62.87
Moravia-Silesia region	2 642	468 557	262 759	7 776	22 311	292 846	10 286 330	448 441	1 106 415	11 841 186	56.08	1.66	4.76	62.50
Czech Republic	27 339	4 497 033	2 482 284	82 296	142 145	2 706 725	85 165 209	3 766 313	6 496 555	95 428 077	55.20	1.83	3.16	60.19

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 2: Incapacity for work due to disease or injury - relative data

Region	Average percentage of incapacity for work due to				Number of calendar days of incapacity for work per 1 newly notified case due to				Average daily number of persons incapacitated for work due to			
	Disease	Occup. injury	Other injury	Total	Disease	Occup. injury	Other injury	Total	Disease	Occup. injury	Other injury	Total
a	1	2	3	4	5	6	7	8	9	10	11	12
City of Prague	4.125	0.140	0.213	4.478	30.54	44.98	44.29	31.32	39 039	1 327	2 012	42 377
Central Bohemia region	4.872	0.230	0.374	5.476	32.36	43.71	43.18	33.29	21 465	1 015	1 646	24 125
South Bohemia region	5.458	0.302	0.428	6.189	34.50	44.21	46.85	35.53	13 745	762	1 078	15 585
Pilsen region	5.319	0.298	0.423	6.040	32.57	41.90	42.08	33.47	12 450	698	990	14 138
Karlovy Vary region	5.052	0.227	0.376	5.655	31.71	41.35	39.84	32.45	5 422	244	403	6 070
Ústí nad Labem region	5.168	0.232	0.344	5.744	35.39	43.37	43.91	36.08	15 077	678	1 002	16 758
Liberec region	5.811	0.252	0.399	6.462	34.66	44.01	46.04	35.50	9 745	423	670	10 838
Hrádec Králové region	5.277	0.275	0.411	5.963	33.71	44.58	47.03	34.78	11 682	610	910	13 201
Pardubice region	5.454	0.266	0.424	6.144	34.63	44.35	45.47	35.56	11 116	542	865	12 523
Vysočina region	5.196	0.305	0.472	5.973	32.79	41.75	43.93	33.84	10 257	603	931	11 791
South Moravia region	5.619	0.218	0.356	6.192	35.79	48.10	46.28	36.60	28 652	1 111	1 813	31 577
Olomouc region	5.662	0.238	0.496	6.395	37.34	46.93	47.15	38.24	12 538	526	1 098	14 162
Zlín region	5.945	0.235	0.575	6.755	38.36	46.92	46.99	39.22	13 958	553	1 350	15 860
Moravia-Silesia region	6.015	0.262	0.647	6.924	39.15	57.67	49.59	40.43	28 182	1 229	3 031	32 442
Czech Republic	5.189	0.229	0.396	5.814	34.31	45.77	45.70	35.26	233 329	10 319	17 799	261 447

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 3: Female incapacity for work due to disease or injury, female occupational diseases -absolute data, cases per 100 women

Region	Average number of sickness insured women	Number of newly notified cases of female incapacity for work due to				Number of calendar days of female incapacity for work due to				Number of newly notified cases of incapacity for work per 100 women				Number of new notif. risks of occupat. diseases-women
		Disease	Occup. injury	Other injury	Total	Disease	Occup. injury	Other injury	Total	Disease	Occup. injury	Other injury	Total	
a	1	2	3	4	5	6	7	8	9	10	11	12	13	14
City of Prague	473 601	274 291	3 486	6 448	284 225	8 684 565	155 999	297 712	9 138 276	57.92	0.74	1.36	60.01	1
Central Bohemia region	196 062	117 978	2 057	3 758	123 793	4 157 756	95 050	180 518	4 433 324	60.17	1.05	1.92	63.14	4
South Bohemia region	116 818	73 482	1 593	2 478	77 553	2 690 944	72 013	125 620	2 888 577	62.90	1.36	2.12	66.39	4
Pilsen region	109 315	73 015	1 597	2 662	77 274	2 536 460	68 908	122 790	2 728 158	66.79	1.46	2.44	70.69	9
Karlovy Vary region	51 968	33 306	534	1 182	35 022	1 110 447	22 202	50 131	1 182 780	64.09	1.03	2.27	67.39	-
Ústí nad Labem region	133 003	78 292	1 425	2 410	82 127	2 925 644	61 928	116 857	3 104 429	58.86	1.07	1.81	61.75	3
Liberec region	78 331	52 159	888	1 667	54 714	1 928 804	38 659	84 651	2 052 114	66.59	1.13	2.13	69.85	1
Hrádec Králové region	102 213	64 650	1 236	2 085	67 971	2 311 909	56 774	103 497	2 472 180	63.25	1.21	2.04	66.50	2
Pardubice region	94 590	59 950	1 228	2 090	63 268	2 186 256	55 462	99 869	2 341 587	63.38	1.30	2.21	66.89	4
Vysočina region	87 705	55 130	1 292	2 119	58 541	1 921 099	54 875	101 932	2 077 906	62.86	1.47	2.42	66.75	-
South Moravia region	244 123	150 655	2 275	4 275	157 205	5 611 660	114 912	212 470	5 939 042	61.71	0.93	1.75	64.40	8
Olomouc region	101 440	58 155	877	2 415	61 447	2 290 622	42 973	124 771	2 458 366	57.33	0.86	2.38	60.57	2
Zlín region	105 591	63 088	889	2 799	66 776	2 573 627	42 862	148 379	2 764 868	59.75	0.84	2.65	63.24	4
Moravia-Silesia region	212 859	118 880	1 929	6 168	126 977	4 989 291	103 823	344 341	5 437 455	55.85	0.91	2.90	59.65	3
Czech Republic	2 107 619	1 273 031	21 306	42 556	1 336 893	45 919 084	986 440	2 113 538	49 019 062	60.40	1.01	2.02	63.43	45

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 4: Female incapacity for work due to disease or injury - relative data

Region	Average percentage of female incapacity for work due to				Number of calendar days of female incapacity for work per 1 newly notified case due to				Average daily number of women incapacitated for work due to				Number of calendar days of incapacity for work due to occupational disease-women
	Disease	Occup. injury	Other injury	Total	Disease	Occup. injury	Other injury	Total	Disease	Occup. injury	Other injury	Total	
a	1	2	3	4	5	6	7	8	9	10	11	12	13
City of Prague	5.024	0.090	0.172	5.286	31.66	44.75	46.17	32.15	23 793	427	816	25 036	2 474
Central Bohemia region	5.810	0.133	0.252	6.195	35.24	46.21	48.04	35.81	11 391	260	495	12 146	2 388
South Bohemia region	6.311	0.169	0.295	6.775	36.62	45.21	50.69	37.25	7 372	197	344	7 914	2 852
Pilsen region	6.357	0.173	0.308	6.837	34.74	43.15	46.13	35.30	6 949	189	336	7 474	1 280
Karlovy Vary region	5.854	0.117	0.264	6.236	33.34	41.58	42.41	33.77	3 042	61	137	3 240	324
Ústí nad Labem region	6.027	0.128	0.241	6.395	37.37	43.46	48.49	37.80	8 015	170	320	8 505	1 882
Liberec region	6.746	0.135	0.296	7.178	36.98	43.53	50.78	37.51	5 284	106	232	5 622	768
Hrádec Králové region	6.197	0.152	0.277	6.626	35.76	45.93	49.64	36.37	6 334	156	284	6 773	1 911
Pardubice region	6.332	0.161	0.289	6.782	36.47	45.16	47.78	37.01	5 990	152	274	6 415	1 841
Vysočina region	6.001	0.171	0.318	6.491	34.85	42.47	48.10	35.49	5 263	150	279	5 693	1 270
South Moravia region	6.298	0.129	0.238	6.665	37.25	50.51	49.70	37.78	15 374	315	582	16 271	1 491
Olomouc region	6.187	0.116	0.337	6.640	39.39	49.00	51.67	40.01	6 276	118	342	6 735	2 722
Zlín region	6.678	0.111	0.385	7.174	40.79	48.21	53.01	41.41	7 051	117	407	7 575	1 926
Moravia-Silesia region	6.422	0.134	0.443	6.999	41.97	53.82	55.83	42.82	13 669	284	943	14 897	3 069
Czech Republic	5.969	0.128	0.275	6.372	36.07	46.30	49.66	36.67	125 806	2 703	5 791	134 299	26 198

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 5: Rate of juvenile occupational injuries

Region	Average number of sickness insured juveniles	Percentage of juveniles among total number of sickness insured employees	Juveniles occup. Injuries		No. of newly notified cases of incapacity for work due to occup. injury per 100 juveniles	Average percentage of juvenile incapacity for work due to occup. injury	No. of calendar days of incapacity for work per 1 newly notified case due to occup. injury	Average daily no. of juveniles incapacitated for work due to occup. injury	Number of fatal juvenile industrial injuries
			No. of newly notified cases of incapacity for work	Number of calendar days of incapacity for work					
a	1	2	3	4	5	6	7	8	9
City of Prague	3 353	0.35	20	384	0.60	0.031	19.20	1	-
Central Bohemia region	915	0.21	12	221	1.31	0.066	18.42	1	-
South Bohemia region	536	0.21	14	128	2.61	0.065	9.14	-	-
Pilsen region	520	0.22	10	184	1.92	0.097	18.40	1	-
Karlovy Vary region	258	0.24	1	65	0.39	0.069	65.00	-	-
Ústí nad Labem region	331	0.11	5	64	1.51	0.053	12.80	-	-
Liberec region	265	0.16	6	457	2.26	0.472	76.17	1	-
Hrádec Králové region	211	0.10	5	53	2.37	0.069	10.60	-	-
Pardubice region	292	0.14	10	165	3.42	0.155	16.50	-	-
Vysočina region	359	0.18	11	196	3.06	0.150	17.82	1	-
South Moravia region	909	0.18	12	145	1.32	0.044	12.08	-	-
Olomouc region	271	0.12	3	168	1.11	0.170	56.00	-	-
Zlín region	284	0.12	7	148	2.46	0.143	21.14	-	-
Moravia-Silesia region	558	0.12	5	132	0.90	0.065	26.40	-	-
Czech Republic	9 062	0.20	121	2 510	1.34	0.076	20.74	7	-

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 6: Fatal occupational injuries resulting in incapacity for work exceeding 3 days, occupational injuries without incapacity for work, and occupational diseases

Region	Fatal injuries total		Fatal injuries women		Occupational injuries resulting in incapacity for work exceeding 3 days		Number of occupational injuries without incapacity for work		No. of newly notified cases of occupational diseases		No. of calendar days of incapacity for work due to occupational disease	No. of newly notified risks of occupational diseases *)
	Total	Per 1 000 sickness insured persons	Total	Per 1 000 sickness insured women	Total	Women	Total	Women	Total	Women		
	a	1	2	3	4	5	6	7	8	9		
City of Prague	22	0.02	1	-	10 372	3 399	2 699	898	48	12	4 453	10
Central Bohemia region	12	0.03	-	-	8 213	2 001	3 956	941	98	25	6 679	14
South Bohemia region	3	0.01	-	-	6 134	1 550	1 481	517	65	35	6 333	14
Pilsen region	8	0.03	-	-	5 841	1 544	2 684	1 073	47	24	2 840	19
Karlovy Vary region	5	0.05	1	0.02	2 095	524	1 125	253	4	3	422	1
Ústí nad Labem region	8	0.03	-	-	5 466	1 347	2 411	666	47	25	4 204	8
Liberec region	4	0.02	-	-	3 359	872	1 899	722	16	9	1 471	5
Hrádec Králové region	2	0.01	-	-	4 868	1 202	1 860	675	41	21	3 394	7
Pardubice region	10	0.05	1	0.01	4 313	1 163	1 141	369	40	22	3 532	9
Vysočina region	6	0.03	-	-	5 119	1 270	1 779	575	35	8	4 760	2
South Moravia region	20	0.04	-	-	8 223	2 194	2 240	660	36	10	3 635	13
Olomouc region	10	0.05	-	-	4 012	856	1 371	370	56	22	7 464	10
Zlín region	6	0.03	-	-	4 237	879	1 087	307	26	14	3 832	8
Moravia-Silesia region	20	0.04	1	-	7 535	1 894	3 510	827	175	37	37 249	22
Czech Republic	136	0.03	4	-	79 787	20 695	29 243	8 853	734	267	90 268	142

Excl. summary lists of the District Social Security Administrations (DSSA). The DSSAs do not collect these data.

Fatal accidents with non-concluded inquiry ( not included in the tables ) : 16 of which women 0

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 7: Company preventive health care and hazardous work, compensation and additional premiums - relative data

Region	Costs of company preventive health care in thous. CZK	No. of employees at hazardous workplaces as at last day of reference period				Compensation for costs related to medical treatment in CZ acc. to Art. 193 (c) LC	Compensation of material damage in CZK acc. to Art. 193 (d) LC	Average amount of addit. premiums acc. to Art. 45, Act No. 48/1997 Coll.	Sum of compensation in CZK
		Employees	Women	% of total sickness insured persons	% of total sickness insured women				
a	1	2	3	4	5	6	7	8	9
City of Prague	240 523	32 906	14 422	3.48	3.05	1 015 813	156 073	17 705	232 446 501
Central Bohemia region	87 069	28 439	8 850	6.45	4.51	366 154	10 525	6 006	447 250 349
South Bohemia region	20 604	16 629	6 379	6.60	5.46	267 932	9 290	12 961	73 576 732
Pilsen region	32 108	18 520	7 370	7.91	6.74	295 403	5 640	-	66 323 359
Karlovy Vary region	18 781	7 263	2 485	6.77	4.78	151 885	781	-	22 665 373
Ústí nad Labem region	57 974	27 372	9 014	9.38	6.78	487 882	3 753	53 938	215 101 491
Liberec region	27 551	13 562	4 456	8.09	5.69	188 419	9 026	-	93 759 014
Hrádec Králové region	23 651	18 925	7 390	8.55	7.23	276 872	28 843	-	70 295 794
Pardubice region	22 703	13 222	4 923	6.49	5.20	392 083	17 125	624	55 163 949
Vysočina region	22 183	19 503	5 603	9.88	6.39	212 708	1 901	28 812	193 092 959
South Moravia region	60 182	28 295	10 210	5.55	4.18	485 170	22 812	14 303	107 938 537
Olomouc region	23 321	20 801	7 796	9.39	7.69	192 338	6 271	11 372	61 194 571
Zlín region	28 103	15 672	5 968	6.67	5.65	226 543	200 625	16 113	62 284 887
Moravia-Silesia region	58 082	60 896	12 872	13.00	6.05	633 894	184 451	12 155	1 972 191 532
Czech Republic	722 835	322 005	107 738	7.16	5.11	5 193 096	657 116	12 176	3 673 285 048

Excl. summary lists of the District Social Security Administrations (DSSA). The DSSAs do not collect these data.  
Source: CSO publication "Incapacity for work due to disease and injury in the CR"



## Statistical data for the period from January to December 2007

Table 1: Incapacity for work due to disease or injury - absolute data, number of cases per 100 sickness insured persons

Region	Number of establishments	Average no. of sickness insured persons. total	Number of newly notified cases of incapacity for work due to				Number of calendar days of incapacity for work due to				Number of newly notified cases of incapacity for work per 100 sickness insured persons			
			Disease	Occup. injuries	Other injuries	Total	Disease	Occupational injuries	Other injuries	Total	Disease	Occupational injuries	Other injuries	Total
a	1	2	3	4	5	6	7	8	9	10	11	12	13	14
City of Prague	4 966	1 001 574	486 335	10 074	15 433	511 842	14 641 806	475 579	674 016	15 791 401	48.56	1.01	1.54	51.10
Central Bohemia region	2 702	447 753	243 735	7 917	12 473	264 125	7 922 122	351 953	549 718	8 823 793	54.44	1.77	2.79	58.99
South Bohemia region	1 795	252 554	145 670	5 834	7 781	159 285	4 930 380	262 714	352 115	5 545 209	57.68	2.31	3.08	63.07
Pilsen region	1 547	237 422	139 687	5 871	7 745	153 303	4 490 762	255 613	333 515	5 079 890	58.83	2.47	3.26	64.57
Karlovy Vary region	757	106 834	62 193	2 017	3 175	67 385	1 952 539	78 835	130 396	2 161 770	58.21	1.89	2.97	63.07
Ústí nad Labem region	1 813	295 329	159 808	5 304	7 762	172 874	5 408 140	240 648	331 409	5 980 197	54.11	1.80	2.63	58.54
Liberec region	1 072	169 047	102 084	3 170	4 596	109 850	3 511 869	139 514	217 937	3 869 320	60.39	1.88	2.72	64.98
Hrádec Králové region	1 464	219 933	126 872	4 702	6 564	138 138	4 170 359	214 883	309 939	4 695 181	57.69	2.14	2.98	62.81
Pardubice region	1 309	207 954	117 472	4 002	6 287	127 761	3 952 834	181 621	286 836	4 421 291	56.49	1.92	3.02	61.44
Vysočina region	1 370	197 420	114 646	4 740	7 097	126 483	3 713 936	199 361	309 704	4 223 001	58.07	2.40	3.59	64.07
South Moravia region	3 051	524 286	292 400	7 991	12 995	313 386	10 271 068	384 124	600 011	11 255 203	55.77	1.52	2.48	59.77
Olomouc region	1 571	224 150	121 417	4 031	7 668	133 116	4 553 056	193 732	364 912	5 111 700	54.17	1.80	3.42	59.39
Zlín region	1 597	238 253	132 362	4 094	9 530	145 986	4 937 879	186 958	453 876	5 578 713	55.56	1.72	4.00	61.27
Moravia-Silesia region	2 687	474 512	274 194	7 486	21 420	303 100	10 284 479	435 046	1 017 814	11 737 339	57.78	1.58	4.51	63.88
Czech Republic	27 701	4 597 021	2 518 875	77 233	130 526	2 726 634	84 741 229	3 600 581	5 932 198	94 274 008	54.79	1.68	2.84	59.31

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 2: Incapacity for work due to disease or injury - relative data

Region	Average percentage of incapacity for work due to				Number of calendar days of incapacity for work per 1 newly notified case due to				Average daily number of persons incapacitated for work due to			
	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total
a	1	2	3	4	5	6	7	8	9	10	11	12
City of Prague	4.005	0.130	0.184	4.320	30.11	47.21	43.67	30.85	40 115	1 303	1 847	43 264
Central Bohemia region	4.847	0.215	0.336	5.399	32.50	44.46	44.07	33.41	21 704	964	1 506	24 175
South Bohemia region	5.349	0.285	0.382	6.015	33.85	45.03	45.25	34.81	13 508	720	965	15 192
Pilsen region	5.182	0.295	0.385	5.862	32.15	43.54	43.06	33.14	12 303	700	914	13 918
Karlovy Vary region	5.007	0.202	0.334	5.544	31.39	39.09	41.07	32.08	5 349	216	357	5 923
Ústí nad Labem region	5.017	0.223	0.307	5.548	33.84	45.37	42.70	34.59	14 817	659	908	16 384
Liberec region	5.692	0.226	0.353	6.271	34.40	44.01	47.42	35.22	9 622	382	597	10 601
Hrádec Králové region	5.195	0.268	0.386	5.849	32.87	45.70	47.22	33.99	11 426	589	849	12 864
Pardubice region	5.208	0.239	0.378	5.825	33.65	45.38	45.62	34.61	10 830	498	786	12 113
Vysočina region	5.154	0.277	0.430	5.861	32.39	42.06	43.64	33.39	10 175	546	849	11 570
South Moravia region	5.367	0.201	0.314	5.882	35.13	48.07	46.17	35.91	28 140	1 052	1 644	30 836
Olomouc region	5.565	0.237	0.446	6.248	37.50	48.06	47.59	38.40	12 474	531	1 000	14 005
Zlín region	5.678	0.215	0.522	6.415	37.31	45.67	47.63	38.21	13 528	512	1 243	15 284
Moravia-Silesia region	5.938	0.251	0.588	6.777	37.51	58.11	47.52	38.72	28 177	1 192	2 789	32 157
Czech Republic	5.050	0.215	0.354	5.619	33.64	46.62	45.45	34.58	232 168	9 865	16 253	258 285

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 3: Female incapacity for work due to disease or injury, female occupational diseases -absolute data, cases per 100 women

Region	Average number of sickness insured women	Number of newly notified cases of female incapacity for work due to				Number of calendar days of female incapacity for work due to				Number of newly notified cases of incapacity for work per 100 women				Number of new notif. risks of occupat. diseases-women
		Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	
a	1	2	3	4	5	6	7	8	9	10	11	12	13	14
City of Prague	506 199	286 504	3 295	5 741	295 540	9 030 464	151 890	260 103	9 442 457	56.60	0.65	1.13	58.38	-
Central Bohemia region	199 384	120 258	1 877	3 227	125 362	4 229 329	85 212	155 560	4 470 101	60.31	0.94	1.62	62.87	1
South Bohemia region	116 728	74 948	1 460	2 152	78 560	2 716 960	64 527	101 701	2 883 188	64.21	1.25	1.84	67.30	5
Pilsen region	110 168	72 566	1 505	2 268	76 339	2 511 954	67 416	103 541	2 682 911	65.87	1.37	2.06	69.29	5
Karlovy Vary region	51 408	33 037	496	949	34 482	1 095 195	19 139	40 851	1 155 185	64.26	0.96	1.85	67.08	1
Ústí nad Labem region	135 579	81 496	1 353	2 134	84 983	2 942 946	59 863	95 381	3 098 190	60.11	1.00	1.57	62.68	2
Liberec region	79 658	53 063	763	1 371	55 197	1 952 924	36 223	71 112	2 060 259	66.61	0.96	1.72	69.29	-
Hrádec Králové region	100 973	64 682	1 120	1 892	67 694	2 290 061	53 522	93 075	2 436 658	64.06	1.11	1.87	67.04	6
Pardubice region	97 788	61 648	1 082	1 797	64 527	2 198 801	51 946	87 306	2 338 053	63.04	1.11	1.84	65.99	1
Vysočina region	88 330	56 430	1 162	1 814	59 406	1 959 886	47 279	83 719	2 090 884	63.89	1.32	2.05	67.25	1
South Moravia region	251 019	151 472	2 130	3 815	157 417	5 577 221	105 138	185 808	5 868 167	60.34	0.85	1.52	62.71	1
Olomouc region	102 369	58 073	905	2 026	61 004	2 331 667	43 854	103 031	2 478 552	56.73	0.88	1.98	59.59	7
Zlín region	107 413	63 752	882	2 424	67 058	2 553 440	39 816	128 922	2 722 178	59.35	0.82	2.26	62.43	2
Moravia-Silesia region	214 896	125 421	1 892	5 515	132 828	5 077 754	99 120	293 020	5 469 894	58.36	0.88	2.57	61.81	13
Czech Republic	2 161 912	1 303 350	19 922	37 125	1 360 397	46 468 602	924 945	1 803 130	49 196 677	60.29	0.92	1.72	62.93	45

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 4: Female incapacity for work due to disease or injury - relative data

Region	Average percentage of female incapacity for work due to				Number of calendar days of female incapacity for work per 1 newly notified case due to				Average daily number of women incapacitated for work due to				Number of calendar days of incapacity for work due to occupational disease-women
	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	Disease	Occup. injuries	Other injuries	Total	
a	1	2	3	4	5	6	7	8	9	10	11	12	13
City of Prague	4.888	0.082	0.141	5.111	31.52	46.10	45.31	31.95	24 741	416	713	25 870	784
Central Bohemia region	5.812	0.117	0.214	6.142	35.17	45.40	48.21	35.66	11 587	233	426	12 247	2 650
South Bohemia region	6.377	0.151	0.239	6.767	36.25	44.20	47.26	36.70	7 444	177	279	7 899	1 175
Pilsen region	6.247	0.168	0.257	6.672	34.62	44.79	45.65	35.14	6 882	185	284	7 350	1 226
Karlovy Vary region	5.837	0.102	0.218	6.156	33.15	38.59	43.05	33.50	3 001	52	112	3 165	646
Ústí nad Labem region	5.947	0.121	0.193	6.261	36.11	44.24	44.70	36.46	8 063	164	261	8 488	792
Liberec region	6.717	0.125	0.245	7.086	36.80	47.47	51.87	37.33	5 350	99	195	5 645	935
Hrádec Králové region	6.214	0.145	0.253	6.611	35.40	47.79	49.19	36.00	6 274	147	255	6 676	638
Pardubice region	6.160	0.146	0.245	6.551	35.67	48.01	48.58	36.23	6 024	142	239	6 406	1 072
Vysočina region	6.079	0.147	0.260	6.485	34.73	40.69	46.15	35.20	5 370	130	229	5 728	967
South Moravia region	6.087	0.115	0.203	6.405	36.82	49.36	48.70	37.28	15 280	288	509	16 077	1 352
Olomouc region	6.240	0.117	0.276	6.633	40.15	48.46	50.85	40.63	6 388	120	282	6 791	1 454
Zlín region	6.513	0.102	0.329	6.943	40.05	45.14	53.19	40.59	6 996	109	353	7 458	1 811
Moravia-Silesia region	6.474	0.126	0.374	6.974	40.49	52.39	53.13	41.18	13 912	272	803	14 986	3 732
Czech Republic	5.889	0.117	0.229	6.235	35.65	46.43	48.57	36.16	127 311	2 534	4 940	134 785	19 234

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 5: Rate of juvenile occupational injuries

Region	Average number of sickness insured juveniles	Percentage of juveniles among total number of sickness insured employees	Juveniles occup. Injuries		No. of newly notified cases of incapacity for work due to occup. injury per 100 juveniles	Average percentage of juvenile incapacity for work due to occup. injury	No. of calendar days of incapacity for work per 1 newly notified case due to occup. injury	Average daily no. of juveniles incapacitated for work due to occup. injury	Number of fatal juvenile industrial injuries
			No. of newly notified cases of incapacity for work	Number of calendar days of incapacity for work					
a	1	2	3	4	5	6	7	8	9
City of Prague	5 213	0.52	27	597	0.52	0.031	22.11	2	-
Central Bohemia region	2 051	0.46	18	330	0.88	0.044	18.33	1	-
South Bohemia region	604	0.24	13	286	2.15	0.130	22.00	1	-
Pilsen region	508	0.21	10	145	1.97	0.078	14.50	-	-
Karlovy Vary region	317	0.30	3	116	0.95	0.100	38.67	-	-
Ústí nad Labem region	391	0.13	6	73	1.53	0.051	12.17	-	-
Liberec region	213	0.13	8	136	3.76	0.175	17.00	-	-
Hrádec Králové region	200	0.09	1	74	0.50	0.101	74.00	-	-
Pardubice region	338	0.16	3	65	0.89	0.053	21.67	-	-
Vysočina region	478	0.24	6	93	1.26	0.053	15.50	-	-
South Moravia region	1 212	0.23	8	102	0.66	0.023	12.75	-	-
Olomouc region	250	0.11	6	235	2.40	0.258	39.17	1	-
Zlín region	378	0.16	4	55	1.06	0.040	13.75	-	-
Moravia-Silesia region	605	0.13	6	187	0.99	0.085	31.17	1	-
Czech Republic	12 758	0.28	119	2 494	0.93	0.054	20.96	7	-

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 6: Fatal occupational injuries resulting in incapacity for work exceeding 3 days, occupational injuries without incapacity for work, and occupational diseases

Region	Fatal injuries total		Fatal injuries women		Occupational injuries resulting in incapacity for work exceeding 3 days		Number of occupational injuries without incapacity for work		No. of newly notified cases of occupational diseases		No. of calendar days of incapacity for work due to occupational disease	No. of newly notified risks of occupational diseases
	Total	Per 1 000 sickness insured persons	Total	Per 1 000 sickness insured women	Total	Women	Total	Women	Total	Women		
City of Prague	18	0.02	2	-	9 801	3 220	2 205	707	38	11	2 360	7
Central Bohemia region	16	0.04	1	0.01	7 664	1 827	3 505	843	81	21	5 685	5
South Bohemia region	15	0.06	1	0.01	5 683	1 432	1 685	583	55	26	3 506	14
Pilsen region	8	0.03	1	0.01	5 627	1 441	2 494	1 044	65	41	2 750	8
Karlovy Vary region	4	0.04	-	-	1 986	489	1 014	208	23	8	749	2
Ústí nad Labem region	12	0.04	-	-	5 111	1 310	2 431	776	41	22	2 344	3
Liberec region	9	0.05	1	0.01	3 015	746	2 038	714	30	19	1 608	2
Hrádec Králové region	10	0.05	1	0.01	4 562	1 080	1 301	409	41	23	976	10
Pardubice region	9	0.04	-	-	3 932	1 072	1 324	399	29	12	2 081	6
Vysočina region	8	0.04	-	-	4 609	1 141	1 981	546	25	7	3 332	3
South Moravia region	19	0.04	-	-	7 773	2 076	2 322	717	46	15	3 712	4
Olomouc region	5	0.02	-	-	3 956	894	1 388	342	57	17	6 538	11
Zlín region	12	0.05	1	0.01	4 015	867	1 056	300	25	9	3 516	4
Moravia-Silesia region	25	0.05	2	0.01	7 208	1 851	4 062	1 010	187	46	32 426	36
Czech Republic	170	0.04	10	-	74 942	19 446	28 806	8 598	743	277	71 583	115

Col. 7, 8 and 12 excl. summary lists of the District Social Security Administrations (DSSA). The DSSAs do not collect these data.

Fatal accidents with non-concluded inquiry ( not included in the tables ) : 18 of which women 1

Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Table 7: Company preventive health care and hazardous work, compensation and additional premiums - relative data

Region	Costs of company preventive health care in in thous. CZK	No. of employees at hazardous workplaces as at last day of reference period				Comp. for costs related to medical treatment in CZ acc. to Art. 369 (c) LC	Comp. of material damage in CZK acc. to Art. 369 (d) LC	Average amount of addit. premiums acc. to Art. 45, Act No. 48/1997 Coll.	Sum of compensation in CZK
		Employees	Women	% of total sickness insured persons	% of total sickness insured women				
a	1	2	3	4	5	6	7	8	9
City of Prague	281 453	30 339	13 594	3.03	2.69	778 281	96 453	12 106	208 134 314
Central Bohemia region	102 768	29 032	8 591	6.48	4.31	361 510	10 973	15 401	443 710 738
South Bohemia region	29 239	16 457	5 978	6.52	5.12	259 489	34 052	-	67 910 228
Pilsen region	39 258	15 068	4 609	6.35	4.18	311 698	1 967	-	66 081 405
Karlovy Vary region	18 587	6 848	2 191	6.41	4.26	78 715	695	-	23 653 014
Ústí nad Labem region	67 444	25 735	8 168	8.71	6.02	292 336	3 448	41 407	204 877 277
Liberec region	31 486	16 295	6 041	9.64	7.58	257 238	1 685	25 868	93 672 502
Hrádec Králové region	24 415	17 731	6 256	8.06	6.20	259 056	10 917	-	68 428 169
Pardubice region	28 310	12 917	4 561	6.21	4.66	372 423	9 445	-	50 375 413
Vysočina region	25 796	18 218	4 762	9.23	5.39	242 102	1 675	-	192 499 602
South Moravia region	66 882	27 786	9 721	5.30	3.87	497 089	19 995	23 200	109 870 260
Olomouc region	28 893	21 013	7 396	9.37	7.22	158 806	1 672	-	60 119 552
Zlín region	28 725	15 180	5 687	6.37	5.29	231 622	68 971	56 171	58 370 861
Moravia-Silesia region	74 834	59 899	12 387	12.62	5.76	696 313	361 126	16 715	1 991 963 531
Czech Republic	848 090	312 518	99 942	6.80	4.62	4 796 678	623 074	17 906	3 639 666 866

Excl. summary lists of the District Social Security Administrations (DSSA). The DSSAs do not collect these data.  
Source: CSO publication "Incapacity for work due to disease and injury in the CR"

Number of identified regulatory breaches in areas overseen by the State Mining Authority:

In 2005

Number of workplace closures	88
Total amount of fixed penalty fines imposed	791,650 CZK
of which by the Czech Mining Authority	17,800 CZK
by district mining authorities	576,900 CZK
Total amount of fines imposed in administrative proceedings	4,394,500 CZK
of which by the Czech Mining Authority	150,000 CZK
by district mining authorities	4,244,500 CZK

In 2006

Number of workplace closures	89
Total amount of fixed penalty fines imposed	594,700 CZK
of which by the Czech Mining Authority	30,800 CZK
by district mining authorities	760,750 CZK
Total amount of fines imposed in administrative proceedings	2,823,000 CZK
of which by the Czech Mining Authority	0
by district mining authorities	2,823,000 CZK

In 2007

Number of workplace closures	83
Total amount of fixed penalty fines imposed	666,600 CZK
of which by the Czech Mining Authority	0
by district mining authorities	666,600 CZK
Total amount of fines imposed in administrative proceedings	3,402,500 CZK
of which by the Czech Mining Authority	0
by district mining authorities	3,402,500 CZK

Technical and organizational measures are adopted to eliminate defects and deficiencies.

Fatal injuries in areas overseen by the State Mining Authority:

In 2005

Total number of occupational injuries	1,640
of which the number of fatal injuries	7
Total number of employees involved in black coal mining	20,730
Total number of employees involved in brown coal mining	11,392
Total number of employees involved in other activities	5,678

6 of the fatal injuries occurred during black coal mining activities and one fatal injury occurred while mining for brown coal. No fatal injuries occurred during other mining activities, activities involving extraction or the production and use of explosives.

In 2006

Total number of occupational injuries	1,323
of which the number of fatal injuries	5
Total number of employees involved in black coal mining	20,403
Total number of employees involved in brown coal mining	10,947



Total number of employees involved in other activities 6,116  
3 of the fatal injuries occurred during black coal mining activities, and 1 fatal injury occurred while mining for brown coal and one fatal injury occurred during strip mining for raw materials.

In 2007

Total number of occupational injuries 1,211  
of which the number of fatal injuries 6  
Total number of employees involved in black coal mining 18,686  
Total number of employees involved in brown coal mining 10,700  
Total number of employees involved in other activities 6,785  
4 of the fatal injuries occurred during black coal mining activities, 1 fatal injury occurred during brown coal mining activities and one fatal injury occurred during other mining activities.

**In its Conclusions to the previous report on Article 3 paragraph 2, the Committee for Social Rights requested responses to the following questions:**

The Committee requests that the report contain information concerning the total number of fatal occupational injuries and their rate of occurrence, as well as concerning occupational diseases.

The following numbers of fatal occupational injuries were reported during the period under review:

2005	169
2006	154
2007	192

The Committee requests that the report comment on whether any changes occurred in the national inspection system during the period under review.

The inspection services did undergo organizational changes in 2005. As of July 30th, 2005, Act no. 251/2005 Coll., on Labour Inspection, as amended, abolished the Czech Labour Inspection Office and the labour inspectorates performing supervisory activities over occupational safety.

With effect from July 1st, 2005, the Act on Labour Inspection established the State Labour Inspection Office and 8 regional labour inspectorates, each having competence over two self-governing territories – regions. The exceptions are the City of Prague and the Central Bohemian region. Problems involving labour relations were added to the former area of occupational safety. Supervision of legal regulations relating to the area of labour law was transferred to the competence of the Labour Offices. The present competence of the Labour Inspection offices covers:

- occupational safety in general,
- the safety of restricted technical equipment,
- ensuring compliance with labour law regulations.

The adoption of the Act on Labour Inspection resulted in the merger of supervisory and inspection activities monitoring the safety of work and working conditions. Inspection bodies have now been entrusted with monitoring compliance with obligations arising from the Labour Code, from regulations relating to employee remuneration and travel expenses and from special legal regulations on conditions to ensure occupational safety (relating to working conditions, conditions in the workplace, etc.)

The State Labour Inspection Office is headed by a General Inspector, appointed by the Minister of Labour and Social Affairs. The regional labour inspectorates are headed by a Chief Inspector, appointed by the Minister of Labour and Social Affairs after consultation with the General Inspector.

In this respect, it must be emphasized that the State Labour Inspection Office is not the only inspectorate in the Czech Republic dealing with working conditions, occupational safety and the safety of technical equipment. The offices of the State Mining Authority also have

independent areas of competence (the Czech Mining Authority and district mining authorities), as do the Ministry of Defence and the Ministry of the Interior in relation to members of the armed forces and the security services. The Rail Authority and the State Office for Nuclear Safety are also responsible for the safety of specific technical equipment. Neither does the State Labour Inspection Office's sphere of authority include the area of health protection at work, which is covered by the Ministry of Health public health protection authorities (Work Hygiene Office).

The Committee has found that there has been a slight decrease in the number of occupational safety inspectors since the last reference period and requests an explanation for this.

The expansion of the role of the labour inspection offices has resulted in the transfer of some Labour Office inspectors to individual local labour inspectorates. To December 31st 2007, the staff consisted of 127 inspectors who perform inspections in the area of labour law and 214 inspectors who perform inspections in the area of occupational safety and health protection.

A slight fall in the number of employees might be expected given the fact that the State Labour Inspection Office is complying with Government instructions to reduce the number of public servants.

The Committee requests details of the powers of the labour inspectors.

In accordance with the Act on Labour Inspection and during the course of inspections, inspectors are empowered:

- to perform inspections in accordance with the Act on Labour Inspections, provided that a member of the statutory body of the subject of the inspection, a representative of the inspected subject, or an employee of the inspected subject etc. are present at the beginning of the inspection; in areas where there is an immediate risk to the life or health of the inspector, the inspection may only be performed in the presence of a natural person assigned for that purpose by the inspected subject,
- to enter the inspected subject's premises, facilities or plants for the purposes of performing the inspection free of charge,
- to require that inspected subjects provide full and truthful information of facts that have been discovered and related matters,
- to verify the identities of the natural persons listed in the first paragraph above during inspections,
- to require that the inspected subject provide original documents, or certified copies of these documents and other written materials, data records held on IT storage media, their printouts and programme source codes, sample materials, substances or products needed for the inspection, by a specific deadline,
- to make copies of parts of the documentation or take extracts from the documentation for the purpose of proving a breach or inadequate compliance with obligations that have been identified during the inspection; to use, for this purpose, technical equipment to make photodocumentation, visual and sound records,

- in cases worthy of special consideration, or where any delay in acquiring the documentation might pose a danger, to take a sample of the quantity necessary for analysis of materials, substances or products or to order measurements, examinations, tests or checks,
- to question employees of the inspected subject without the presence of other natural persons, representatives of the relevant trade union or occupational safety and health representatives on issues related to the inspection performed,
- to order that the location of the occupational injury be left in its original state until the end of the investigation into the occupational injury,
- to issue a decision prohibiting
  - the use of buildings, workplaces, production and operational facilities or equipment, work or technical processes, substances or materials, the performance of work or activities that pose an immediate risk to the safety of employees or other natural persons known by the inspected subject to present on the premises.
  - overtime or night work, work by female employees and adolescent employees, where this is performed in breach of a special legal regulation,
- to impose measures to remove any deficiencies identified during the inspection and to assign reasonable deadlines for their removal and to require the submission of written reports on the measures adopted; they may also propose the necessary technical and other measures to remove the risk,
- to impose a fine on a natural person in the name of the labour inspectorate for breach of obligation by the inspected subject,
- to use the inspected subject's telephonic equipment in cases where this use is essential for the performance of the inspection.
- to uncover classified information should they show they have credentials for the relevant level of classification for this information.

During the inspections, inspectors shall:

- show their identification as inspectors for the period of the inspection,
- inform the appropriate trade union or employee council or occupational safety and health representative that the inspection has been initiated, provided they are in the premises of the inspected subject,
- to protect the rights and the right to protect the interests of the inspected subject,
- not to divulge the identity of the person who submitted the request for the inspection,
- to protect copies of parts of the documentation against loss, destruction, damage or misuse,
- to return any documentation removed to the inspected subject without delay as soon as the reasons for its removal are no longer valid,
- assess the actual state of affairs during the inspection and substantiate their inspection findings,
- draw up an inspection report of the results,
- inform the inspected subject of the contents of the report and provide it with a copy,
- maintain confidentiality regarding any facts they may have learned during the course of the inspection.

## ARTICLE 3, PARAGRAPH 3

### Consultation with employees and workers take place through:

- The Government's advisory body – the **Government Council for Safety, Hygiene and Health at Work**. All the relevant central government bodies are represented, employer and employee organizations, as well as selected experts in this area. The Government Council for Safety, Hygiene and Health at Work is run by the Ministry of Labour and Social Affairs.
- The **permanent working committees** of the Government Council for Safety, Hygiene and Health at Work.
- **Discussing** proposals for the main inspection tasks of the State Labour Inspection Office **with employer and employee organizations** and their possible revision before being approved by the Ministry of Labour and Social Affairs.
- **The Council of Economic and Social Agreement** and **tripartite consultancy** over the whole range of social and economic issues including those relating to safe and healthy working conditions.

With regard to improving the measures adopted to improve occupational health protection, specialized lectures and training are organized for employees dealing with occupational health issues. Workers employed in the work hygiene departments of the Regional Hygiene Centres, as well as healthcare facility employees, participate in learning programmes at secondary schools and higher vocational colleges, in courses at the Institute for Post-Graduate Education in Health in Prague and the National Centre for Nursing and Other Healthcare Professions in Brno, at the Institute for Training in Occupational Safety in Brno, and in practical training for doctors preparing for a post-graduate diploma in general medicine.

Lectures are organized on an ongoing basis, dealing with problems relating to asbestos for construction companies, lectures as part of the preparation of employees to be professionally competent in the area of phytosanitary care, lectures on various subjects relating to occupational health for employees who are involved in safety and health at work issues, lectures focusing on the need to maintain adequate fluid intake in the workplace, covering the supply of protective beverages, the tasks and obligations of employees to ensure occupational health protection and company preventive care, etc.

The action plan is one of the long-term projects that cover plans and compliance with their legal framework, as well as occupational health requirements for specific risk factors arising from work. The action plan is evaluated on an annual basis and its conclusions serve to establish criteria to improve the practical application of occupational health measures.

### Measures aimed to improve safety and health at work:

- **research programmes** run by the Occupational Safety Research Institute and financed by the Ministry of Labour and Social Affairs in the area of safety and health at work,
- **annual plans for the main inspection tasks of the State Labour Inspection Office,**

- measures and programmes introduced by other bodies, including the Ministry of Labour and Social Affairs.

On February 15th, 2005, an agreement was concluded between the Czech Mining Authority and the Ministry of the Interior, establishing the common principles for investigation fatal occupational injuries, with the provision that during the February of each calendar year, this agreement will be evaluated.

On May 29th, 2006, a cooperation agreement was concluded between the Czech-Moravian Confederation of Trade Unions and the Czech Mining Authority, which laid down a framework for the exchange of information, cooperation in drawing up legal regulations, common activities such as training, seminars or the organization of joint meetings for the purpose of evaluating this cooperation and, at least once a year, meeting to discuss issues relating to working conditions or levels of safety and health at work.

On October 15th, 2007, an agreement on mutual cooperation was concluded between the Czech Mining Authority and the Construction Workers Trade Union of the Czech Republic, which defined cooperation in the investigation of injuries, the organization of joint inspections, cooperation on procedural and advisory issues, etc.

**In its Conclusions on the previous report concerning Article 3 paragraph 3, the Committee for Social Rights requested a response to the following questions:**

The Committee requests that information be provided concerning the proportion of employees that are visited by inspectors.

**Numbers of inspected subjects from 2005 – 2007**

Year	2005	2006	2007	coefficient	2005	2006	2007
0 Not provided	169	115	160	5	845	575	800
110 No employees	297	362	342	1	297	362	342
120 1 – 5 employees	1,677	1,717	1,794	4	6,708	6,868	7,176
130 6 – 9 employees	1,080	1,254	1,252	7	7,560	8,778	8,764
210 10 – 19 employees	1,723	2,039	1,920	14	24,122	28,546	26,880
220 20 – 24 employees	577	696	642	22	12,694	15,312	14,124
230 25 – 49 employees	1,251	1,384	1,384	36	45,036	49,824	49,824
240 50 – 99 employees	948	1,125	1,146	75	71,100	84,375	85,950
310 100 – 199 employees	655	717	717	150	98,250	107,550	107,550
320 200 – 249 employees	167	170	198	225	37,575	38,250	44,550
330 250 – 499 employees	293	297	333	375	109,875	111,375	124,875
340 500 – 999 employees	190	178	221	750	142,500	133,500	165,750
410 1000 – 1499 employees	43	55	66	1,250	53,750	68,750	82,500
420 1500 – 1999 employees	22	30	33	1,750	38,500	52,500	57,750
430 2000 – 2499 employees	21	18	26	2,250	47,250	40,500	58,500
440 2500 – 2999 employees	11	9	9	2,750	30,250	24,750	24,750
450 3000 – 3999 employees	17	20	25	3,500	59,500	70,000	87,500
460 4000 – 4999 employees	6	5	8	4,500	27,000	22,500	36,000
470 5000 – 9999 employees	11	8	9	7,500	82,500	60,000	67,500
510 10 000 and more employees	8	9	9	15,000	120,000	135,000	135,000
<b>Grand Total</b>	<b>9,166</b>	<b>10,208</b>	<b>10,294</b>		<b>1,015,312</b>	<b>1,059,315</b>	<b>1,186,085</b>

## **ARTICLE 11: THE RIGHT TO PROTECTION OF HEALTH**

With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in cooperation with public or private organizations, to take appropriate measures designed *inter alia*:

1. to remove as far as possible the causes of ill-health,
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health,
3. to prevent as far as possible epidemic, endemic and other diseases.



## ARTICLE 11, PARAGRAPH 1

The basic statutory instrument regulating the area of public health protection and support is **Act no. 258/2000 Coll., on Public Health Protection and on amendments to some related Acts**, as amended. This Act transposes the relevant European Community directives and lays down the rights and obligations of natural and legal persons in the area of public health protection and support, and the system of public health protection bodies, their sphere of action and authority and the tasks falling to other public administration bodies in the area of evaluating and reducing noise from the point of view of long-term average environmental noise levels.

### Other legislation:

- **Act no. 110/1997 Coll., on Foodstuffs and Tobacco Products and on amendments and additions to some related Acts**, as amended.
- **Decree no. 537/2006 Coll., on vaccination against infectious diseases**, as amended.
- **Decree no. 195/2005 Coll., regulating conditions for preventing the onset and spread of infectious diseases and hygiene requirements for the operation of healthcare facilities and social care institutions**, as amended.
- **Decree no. 26/2001 Coll., on cosmetic products**, as amended.
- **Decree no. 84/2001 Coll., on hygiene requirements for toys and products for children under the age of 3**, as amended.
- **Decree no. 38/2001 Coll., on hygiene requirements for products intended for contact with food and foodstuffs**, as amended.

The primary strategic document to deal with healthcare issues is the long-term Programme for Improving the Health of the Population of the Czech Republic - Health for all in the 21st century (**Health 21**), which is the national version of the World Health Organization's "Health for all in the 21st Century" programme, adopted by Government Resolution no. 1046 on October 30<sup>th</sup>, 2002.

Government Resolution no. 1271 of November 8<sup>th</sup>, 2006 The national **Pandemic plan of the Czech Republic for Pandemic Influenza Caused by a New Virus Variant** was adopted by Government Resolution no. 1271 of November 8<sup>th</sup>, 2006, and the **National Programme for Solving the HIV/AIDS Problems in the Czech Republic in 2008 – 2012** was also adopted through Government Resolution no. 130 on February 11<sup>th</sup>, 2008.

In terms of grant programme for HIV/AIDS prevention, which have been voted each year since 1992, counselling programmes and HIV testing have been supported, as well as other activities, on the basis of projects submitted by both public and private sector institutions. This programme also includes preventive activities in the area of sexually transmissible diseases.

Within the framework of the Ministry of Health's grant programme **National Programme for Health – Projects to Support Health**, support is provided for projects to support health that focus on primary prevention of chronic non-infectious diseases and support for health. In this regard, the Ministry of Health supports projects aimed at increasing the involvement of the Czech Republic and defined population groups in their own state of health. The programme focuses on education for health and a healthy life style, dealing both with specific aspects and with the subject as a whole.

In the area of disease prevention and eliminating risks through which a polluted environment affects health, the **State Environmental Policy for the period 2004 to 2010**, has been developed and was approved by the Government in Regulation no. 235 of March 17th, 2004. In addition to a number of statutory norms, a wide range of projects have been implemented by the State Environmental Fund under the State Environmental Policy for 2004–2010 with the aim of improving the quality of man's environment in order to improve his health. Despite a number of successes, efforts must be made in the future to devote more attention to health risks from traffic emissions (e.g. polycyclic aromatic carbons and microparticles), from local heat generating sources (products from incomplete coal combustion and toxic and hazardous substances from burning domestic waste in domestic fires) and generally hazardous substances during their cycle through the biosphere and the food chain, including.

The **National Strategy for Cycle Transport in the Czech Republic**, which was approved by the Government in its Regulation no. 678 of July 7th, 2004, has been progressively implemented in order to improve the physical condition of the population and to reduce the occurrence of diseases related to insufficient physical activity. To achieve more visible progress towards non-motorised transport as a tool for improving health, greater efforts will have to be made to support the creation of safe cycle lanes, separated from car traffic and adapted for everyday use.

**In its Conclusions to the previous report on Article 11 paragraph 1, the Committee for Social Rights requested a response to the following questions:**

The Committee requests detailed and up-to-date figures on the main cause of death.

**Mortality broken down by the main cause of death in the Czech Republic in 2007**

Cause of death	Number of mortalities
Total	104,636
of which:	
neoplazma	27,709
diseases of the circulatory system	52,464
diseases of the respiratory system	5,715
diseases of the digestive system	4,747
external causes (trauma and poisoning)	6,080

The Committee requests that the report provide updated information on amendments to Act no. 258/2000 Coll. on Public Health Protection

During the period under review, Section 30 of the Act on Public Health Protection was amended. A definition of the word “noise” was added, being understood to be a sound that may be harmful to health and whose hygiene limits are provided for in an implementing legal regulation. The word “vibration” was also defined. Vibrations are understood to be vibrations transferred by solids objects to the human body, which may be harmful to health and whose hygiene limits are provided for in an implementing legal regulation. New definitions were given for the terms “outdoor area”, “protected outdoor area” and “protected indoor area”, which are employed in the Act on Public Health Protection.

The conditions under which the public health protection authorities will issue time-limited permits have been specified, i.e. a person must demonstrate that the noise or vibration “will” be reduced to a reasonably achievable level – not “have” been. The term “reasonably achievable level” was also defined in more detail.

Air transport in civil aerodromes was newly defined as the number of aircraft takeoffs and landings, not in terms of annual passenger numbers.

During the period under review, the subject responsible for ensuring compliance with noise hygiene limits was further specified. In the case of public music productions, the subject is the organiser. If the organiser cannot be identified, it is the person who provided the building, facilities or land for this purpose.

The provision in the Act on Public Health Protection that provided municipalities with the option of issuing a generally binding decree ending public music productions, setting opening hours for public houses, gambling clubs and similar service establishments, should their production or operations constitute excessive nuisance to the public, in order to protect against noise and vibration, was abolished. The reason for this amendment was the fact that Act no. 128/2000 Coll., on Municipalities, as amended, already provides for this option.

The Committee requests the definition of the term “the long-term ill”.

The term "the long-term ill" is used in relation to financing follow-up institutional healthcare when a diagnosis has been established and the patient's state of health has stabilized, an acute disease or a sudden deterioration in a chronic condition has been managed, but after-treatment is required. Long-term institutional healthcare is provided to patients whose state of health is stable, cannot be significantly improved and will deteriorate in the absence of systematic institutional healthcare.

The Committee requests a detailed breakdown of procedures that are fully or partially covered by insurance and procedures that receive no coverage. It also requests detailed information on payment for medication, particularly in cases where health insurance doctors decide that medication must be paid for in full.

Act no. 48/1997 Coll., on General Health Insurance, as amended, makes the following provisions for healthcare provision and its payment.

#### **Healthcare covered by health insurance**

Health insurance pays for healthcare provided to beneficiaries with the aim of maintaining or improving their state of health. Health insurance also pays for healthcare related to pregnancy and childbirth where the mother requests that her identity be kept confidential for reasons associated with the birth. This care is covered by a health insurance company, from which payment is requested by a healthcare facility on the basis of the identification data of the beneficiary.

Healthcare paid for to the extent and under the conditions set forth in the legislation includes:

- a) outpatient and institutional medical care (including diagnostic care, physiotherapy, care for the chronically ill and medical care for tissue or organ donors relating to the transplant),
- b) emergency and rescue services,
- c) preventive care,
- d) dispensary care,
- e) harvesting tissues or organs for transplantation and essential handling of these (preservation, storage, processing and examination),
- f) provision of medical preparations, medical equipment and dental products,
- g) foodstuffs for special medical needs,
- h) spa care and care provided by specialized pediatric institutions and sanatoria,
- i) company preventive care,
- j) transport of patients and payment for travel expenses,

- k) transport of living donors to and from the transplant unit, to and from the centre providing medical care relating to the transplant and payment for travel expenses,
- l) transport of deceased donors to and from the transplant unit,
- m) transport of transplant tissues and organs,
- n) assessment medicine,
- o) examination of deceased beneficiaries and autopsy, including transport.

Health insurance covers dental products to the extent and under the conditions set forth in Annex no. 4 to the Act on General Health Insurance.

Health insurance pays for medical care provided on the territory of the Czech Republic. Health insurance also compensates beneficiaries for payments made for essential and urgent treatment required during their stay abroad, to the amount stipulated for the cost of this care on the territory of the Czech Republic.

Health insurance also pays for a maximum of three treatments associated with in vitro fertilisation on the basis of a recommendation by a registered gynaecologist during the lifetime of

- a) women with bilateral fallopian tube obstruction from the age of 18 to 39 years,
- b) other women from the age of 22 to 39 years.

Health insurance covers care provided to hospices for the long-term ill. Medical care provided in nurseries, orphanages and kindergartens is covered from the budget of the institution's founder. Founders also pay for emergency services and rescue services, with the exception of certain medical procedures.

Medical care is covered by the appropriate health insurance company in exceptional circumstances when it would not normally be paid by a health insurer when this is, from the perspective of the beneficiary, the only way the treatment can be provided. With the exception of cases where any delay would constitute a risk, the provision of medical care, as described in the previous sentence, is dependent on prior agreement by the assessment physician.

### **Payment for medication**

Health insurance always refunds pharmaceutical preparations containing the following medical substances in full:

- a) vaccines against staphylococcal infections,
- b) vaccines against diphtheria,
- c) vaccines against snake venom,
- d) vaccines against botulism,
- e) vaccines against gas gangrene,
- f) vaccines against rabies,
- g) tetanus immunoglobulin,
- h) hepatitis B immunoglobulin,
- i) tetanus toxoid,
- j) vaccines against staphylococcal infections,
- k) vaccines against rabies,
- l) antidotes (used in the treatment of organophosphate, heavy metal and cyanide poisoning).

In the provision of outpatient care, health insurance pays for medical preparations and foodstuffs for special medicinal purposes containing the medical substances in the groups of medical substances listed in Annex no. 2, provided the State Institute for Drug Control (hereinunder referred to as the Institute) has decided on the level of compensation. Health insurance companies provide a full refund for at least one pharmaceutical preparation or foodstuff for special medicinal purposes in each group of pharmaceutical preparations listed in Annex no. 2. Health insurance companies also remund individually prepared pharmaceutical preparations, radiopharmaceuticals and transfusion preparations to the amount stipulated in the Institute's general measures. In the case of institutional care, health insurance provides full coverage for the least economically costly pharmaceutical preparations and foodstuffs for special medical purposes, individually prepared pharmaceutical preparations, radiopharmaceuticals and transfusion preparations, as these relate to the severity of the illness, and beneficiaries do not contribute to their cost.

### **Medical aids**

With the exception of medical equipment listed in Section B, Annex no. 3 of the Act on General Health Insurance, which is not covered by health insurance, and selected types of medical equipment listed in Section C, Annex no. 3 of the same Act, which are refunded in the amount and under the conditions set forth in this Annex, health insurance companies refund 75% of the cost for end-users of medical aid or equipment prescribed for the purpose of

- a) continuing the treatment process, or
- b) continuing to stabilize the condition of the beneficiary, or significantly improving it, or avoiding its deterioration, or
- c) compensating for or mitigating the effects of medical defects, including the replacement or modification of anatomical structures or the physiological process.

Payment is always made for the least costly medical aids and equipment in relation to the level and severity of the disability.

### **Medical care that is not covered (or is only covered under certain conditions)**

Medical insurance does not cover, or only covers under certain conditions, those medical procedures listed in Annex no. 1 of the Act on General Health Insurance.

Health insurance does not cover acupuncture treatment.

Health insurance does not cover pharmaceutical preparations and foodstuffs for special medicinal purposes if the Institute has not issued a decision to approve payment. The Institute does not approve payment of pharmaceutical preparations and foodstuffs for special medicinal purposes

- a) that are supportive and supplementary,
- b) whose use is unsuitable from a professional point of view,
- c) where insufficient evidence is available to support their therapeutic effectiveness, or
- d) that do not comply with the conditions for effective therapeutic intervention.

Health insurance does not cover examinations, check-ups, pharmaceutical preparations, foodstuffs for special medicinal purposes and medical aids and other medical procedures performed in the personal interest of, and at the request of natural persons, or in the interest of and at the request of legal entities, whose goal is not to maintain or to improve the condition of the beneficiary. Neither is care consisting of examinations, check-ups, pharmaceutical

preparations, foodstuffs for special medicinal purposes and medical aids and other medical procedures performed at the request of a court, the state prosecutor's office, public administration bodies and the Czech Policeforce covered. The healthcare facility receives compensation for the medical procedures performed in accordance with the previous sentence from the body for which the medical procedures are performed, to the amount set forth in the list of medical procedures, with point values established in accordance with the decision issued by the Ministry of Finance.

The Committee requests up-to-date facts and numerical data on access to medical care for all the most disadvantaged groups in society.

No group of the population in the Czech Republic is disadvantaged in the sense that it has reduced access to healthcare. The legislation ensures that no one can be refused emergency care. Act no. 20/1966 Coll., on Public Healthcare, as amended, imposes an obligation on each healthcare worker to provide immediate first aid to everyone whose life is at risk or who faces a serious risk to their health, in cases where assistance cannot be obtained in time by the usual means, and to provide him with additional professional care according to his needs.

Despite, there do exist certain groups of the population who do have more difficult access to healthcare for a number of reasons, primarily due to the fact that they are not active in the area of primary prevention, they have an unhealthy lifestyle, or they contribute to damaging their own health. This mainly concerns people addicted to narcotic substances, alcohol or tobacco, or the homeless.

However, the Government does facilitate the application of preventive measures to these problem groups. It uses various grant programmes to provide financial support to citizens associations, which employ social health workers, search out problem Roma communities that fail to observe basic hygiene rules, with a resultant higher incidence of hepatitis A and other diseases. In this respect, the Ministry of Health worked together with the Government Council for Roma Community Affairs to develop a job description for social health workers. Financial support is also directed at citizens associations that apply preventive measures to the community of people addicted to narcotic substances. This primarily concerns the activities of streetworkers, who hand out needles, perform anonymous tests, etc.. In the case of the homeless, an ambulance staffed by medical personnel travels to areas with larger number of homeless people and offers them medical aid .

The Committee requests information on when the system of waiting lists (waiting times for medical care) came into effect, its exact scope and how it works in practice.

Patient appointment (waiting) times for specific medical procedures or examinations have never been systematically monitored in the Czech Republic. For this reason, in February 2008, the Ministry of Health published **Procedural instructions for monitoring the length of patient appointment waiting times for medical procedures and for monitoring waiting times for transferring or discharging ward patients** in the Official Bulletin – Part 2.

The aim is to provide all subjects in the healthcare system with a uniform and universally applicable method for monitoring the length of appointment waiting time for any situation in order that the information acquired might be used as feedback for the healthcare system

management, to benchmark the situation in individual healthcare facilities and to improve the quality and effectiveness of services provided over the long term.

The procedures were drawn up on the basis of mapping current appointment times for selected medical procedures. It was tested by means of pilot projects that were run in a group of teaching and other hospitals that report directly to the Ministry of Health.

The Committee requests that the report contain numerical data on numbers of hospital beds, specialist doctors, dentists and chemists per 1,000 people.

Number of hospital beds, doctors including dentists and chemists per 1,000 people from 2005 – 2007

	2005	2006	2007
Number of hospital beds	11.036	10.951	10.749
Number of doctors (including dentists)	3.980	3.989	4.207
Number of chemists	0.258	0.264	0.263

The Committee requests more detailed information concerning the contents of study programmes that focus on a healthy lifestyle and food safety. The Committee also wishes to know whether these issues are dealt with in all schools (in both urban and rural areas).

“Health Education” is part of the Framework Education Programme for Primary Education. Pupils reinforce hygiene, feeding, working and other health prevention habits, develop their ability to refuse harmful substances, avoid injury and face hazards that present themselves in both everyday and emergency situations. They expand and deepen their understanding of their family, school and their social contemporaries, as well as nature, man and inter-personal relationships, learning to look at their own actions from the perspective of their health needs and the life perspectives of adolescents, and to decide to adopt a healthy lifestyle.

Health Education is taught at all primary schools without exception, whether these are urban or rural schools.

This area of primary education is followed by Framework Educational Programmes for Secondary Vocational Schools and for “Gymnázia” (secondary grammar schools), which develop the theme of health education and adapt it to the age and maturity of the students.



## ARTICLE 11, PARAGRAPH 2

School educational programmes are created on the basis of curricular documents, developed at Government level. These include the **Framework Educational Programme for Pre-School Education** and the **Framework Educational Programme for Primary Education**. Both these documents have been drawn up to include healthy eating education, sexual education and to develop a relationship with the environment.

The Health Education Modul, which is part of the Framework Programme for Primary Education has been described in the previous section.

The **Framework Educational Programme for Secondary Vocational Education** follows on from this and extends the educational and learning system to encompass responsibility for health, in accordance with the content of individual educational programmes approved by the Ministry of Education, Youth and Sport.

This system is particularly incorporated in areas of education that focus on healthcare, teaching, social care, trade, public catering and the hotel business, which entail a greater responsibility for the health of clients and guests when selling products or providing catering, accommodation and related services.

Through specialist subjects, specialist exercises and specialist practice, students are acquiring the principles of safety and health at work, protection of the workplace and the environment, the principles of healthy eating, which they apply in the preparation of food and beverages, know assorted groups of goods, ensure the sale of good quality and safe products that comply with environmental protections requirements in accordance with legislative regulations applicable not only in the Czech Republic, but also with EU regulations.

The common training and educational goal of specialist preparation is to improve the preparedness of vocational and secondary school graduates for their future careers to comply with the requirements defined in the profiles for graduates in the individual areas.

In tertiary education, education for a healthy lifestyle is implemented through different study programmes, such as teacher training and special education.

### **Sex Education**

Sex education, in a suitable form tailored to pupils' age, is a mandatory part of education from pre-school to after secondary level. Sex education is not only taught in terms of reproduction health protection, but also as knowledge to expand and deepen their understanding of their family, school and their social contemporaries, as well as nature, man and inter-personal relationships, learning to look at their own actions from the perspective of their health needs and the life perspectives of adolescents, and to decide to adopt a healthy lifestyle.

In connection with the drafting of the **Report on the implementation of the National Plan of Action against the commercial sexual exploitation of children**, and Regulation of the Government of the Czech Republic no. 718 to the Report on the implementation of the

National Plan of Action against the commercial sexual exploitation of children, a collection of abstracts from the 2<sup>nd</sup> national and 1<sup>st</sup> central European **Violence against Children** conference and the proceedings of the 11<sup>th</sup> national congress on sex education in the Czech Republic were distributed at counselling centres and selected secondary schools.

A bill was drafted on support for work with children and young people, which introduces a ban working with children and young people for persons convicted of crimes committed against children. Since 2004, **Rules for parents and children on the safe use of the Internet** have been approved and distributed and since 2005, these have been supplemented by seminars for teachers and additional seminars based on the National Plan of Action against the commercial sexual exploitation of children and the Programme for the implementation of measures to eliminate the worst forms of child labour.

Heads of basic, secondary and tertiary professional schools ensure the provision of counselling services in their school, generally through an educational advisor and the school's prevention methodology, working together with class teachers, school counsellors and possibly with other education workers employed by the school. The provision of counselling services in the school may also be ensured by a school psychologist or a specialized teacher. These measures significantly reinforce the comprehensive approach made to risky behaviour by children and adolescents.

7,500 copies of the procedural manual for teachers entitled **Sex education – the problem of child pornography and its prevention at school** were distributed to all the upper classes of basic schools. Additional seminars on this theme were also held for teachers, based on the National Plan of Action against the commercial sexual exploitation of children and the Programme for the implementation of measures to eliminate the worst forms of child labour.

A number of projects have been prepared, such as the education cycle entitled **Aspects of sex education in the context of child and adolescent criminality** or **Planned parenthood to prevent sexual exploitation**. Part of the **Preparation of a system of life-long learning using school methods of prevention** project involved the creation of an Internet Manual of Good Practice Educational Programmes for teachers in the area of prevention of socio-pathological disorders, whose themes included educational programmes on HIV/AIDS prevention and sexual exploitation.

### **Prevention of socio-pathological behaviour**

A comprehensive approach to risky behaviour by children and adolescents has been adopted within the framework of educational programmes, and supplemented by the **Strategy for the prevention of socio-pathological disorders in children and adolescents**, which is being implemented by the Ministry for Education, Youth and Sport.

**Act no. 561/2004 Coll.**, on pre-school, basic, secondary, tertiary professional and other education (**the School Act**), as amended, requires schools and educational facilities to take account of the basic physiological needs of children, pupils and students and to create the conditions to support their healthy development and to prevent the emergence of socio-pathological disorders. The Act requires heads of schools to issue school rules and heads of educational facilities to issue internal rules, which establish the conditions for ensuring the

safety and health of children, pupils or students and protecting them against socio-pathological disorders and against displays of discrimination, hostility or aggression.

Problems involving the prevention of socio-pathological disorders are seen as one of the priorities for the Ministry of Education, Youth and Sport. The main, although not the only, features of the implementation of primary prevention are educational activities, covering the wider professional as well as the general public and, finally, the implementation of on-going and systematic activities in schools and educational facilities. The Ministry of Education, Youth and Sport contributes financially to the implementation of these activities through **Programmes to support activities concerning the prevention of socio-pathological disorders in children and adolescents.**

**Education to protect against alcoholism and other drug additions, including smoking, takes place by:**

- a) explaining the hazards of excess or other harmful use of alcoholic beverages, the use of other addictive substances and smoking,
- b) educating and influencing children and adolescents in schools and educational facilities in the harm caused by drinking alcoholic beverages, by taking other addictive substances and smoking,
- c) explaining the principles of a healthy lifestyle and encouraging children, adolescents and adults to adopt healthy ways of spending their free time,
- d) promoting the use of non-alcoholic beverages.

**Relationship with the environment**

As regards improving people's relations with the environment and therefore also preventive behaviour to improve health and to improve their lifestyle, the implementation of an **Action Plan for Environmental Education, Training and Enlightenment 2007–2009** was of significant assistance. This is an inter-departmental document, approved by Government Resolution no. 1155 of October 11th 2006, which implements the **State Programme of Environmental Education, Training and Enlightenment** for 2007–2009.

Reinforcement of environmental education is a long-term educational priority and, it is also for this reason that one of the cross-curricular themes of framework educational programmes is environmental education. Over five years ago, methodological instructions were issued for environmental educational, training and enlightenment, and these are now due to be updated. The position of a school coordinator for environmental education, training and enlightenment has been established to coordinate environmental activities in schools.

Last year an **Interdepartmental Agreement on Cooperation in Environmental Education, Training and Enlightenment** was concluded between the Ministry of Education, Youth and Sport and the Ministry of the Environment, and one outcome of this year has been the launch of a joint selection procedure for the administration and creation of a National Network of Environmental Education, Training and Enlightenment during the period from 2008 – 2010. Both ministries will contribute 5 million Czech crowns a year. The programme supports the four principal activities performed by the organizations forming the network; ecological learning programmes, cooperation with tertiary professional schools and universities in

environmental studies, environmental education for the professional public and environmental education and enlightenment for the general public.

Practical activities in the area of environmental educational receive additional funding from two programmes. In the first programme, **Developing a programme of environmental education, training and enlightenment for schools**, 31.5 million crowns have been distributed over the past year. The programme enables people to request funding for children and school pupils to attend one-day or longer stays in ecological education centres or in other suitable facilities where schools can implement their environmental education, training and enlightenment projects, for seminars, meetings, workshops for children and pupils on the topic of environmental education, to create teaching materials (text books) for mandatory, optional or voluntary subjects or interest groups focusing on environmental education or on the acquisition, equipment and maintaining natural schoolrooms for environmental education, training and enlightenment.

The second programme is **the Programme to support non-profit making organizations, which are implementing their environmental projects in schools**. A total of 10 million crowns have been invested here over the past year.

### **Free and regular medical check-ups**

Free and regular medical check-ups for pregnant women and children are provided for in Act no. 48/1997 Coll., on General Health Insurance, as amended. Details of the frequency and content of preventive medical check-ups are provided in **Decree no. 56/1997 Coll. on preventive check-ups**, as amended and **Decree no. 386/2007 Coll., on dispensary care**, as amended.

**In its Conclusions on the previous report on Article 11 paragraph 2, the Committee for Social Rights requested responses to the following questions:**

The Committee requests that the next report provide information on progress made after the planned introduction of a National Oncological Programme in compliance with WHO recommendations. The Committee also wishes to receive on-going information on the implementation of the prostate carcinoma early screening project.

The National Oncological Programme was developed on the basis of the conditions and needs of the Czech Republic and in accordance with the conclusions reached by the World Health Organization to control oncogenous diseases. The objective of the National Oncological Programme of the Czech Republic is to reduce cancer morbidity and mortality, to improve the quality of life for cancer patients and to rationalize the diagnostic and therapeutic costs of oncogenous diseases in the Czech Republic.

In the Czech Republic, emphasis is laid on prevention, the centralization of care and the accessibility and quality of the care provided. Preventive programmes attest to the support given to preventing oncogenous diseases. Oncological tests form part of the regular preventive check-ups paid for by public health insurance and performed by general practitioners.

Three screening programmes exist in the Czech Republic: fully functioning mammary screening and cervical cancer screening, while bowel cancer screening is on the point of being introduced. A programme for the early detection of prostate carcinoma is running, but no screening for prostate cancer has yet been introduced.

A Network of Complex Oncological Centres in the Czech Republic has been established. Oncological care is concentrated into centres that can guarantee complex care at each stage of the disease. This ensures highly professional, good quality and accessible care and the effective use of finances.

A blanket system to acquire data concerning the occurrence of oncogenous diseases has been running for a number of years now – the National Oncological Register. It provides data summaries for statistical surveys, epidemiological studies and medical research.

## ARTICLE 11, PARAGRAPH 3

### Legislation relating to water pollution:

- **Decree no. 293/2006 Coll.**, amending Ministry of Health Decree no. 252/2004 Coll., laying down hygiene requirements for drinking water and hot water and the frequency and scope of drinking water control, as amended by Decree no. 187/2005 Col., fully transposes European Directive no. 98/83/EC of 3 November 1998 on the quality of water intended for human consumption.
- **Decree no. 409/2005 Coll., on hygiene requirements for products coming into direct contact with water and for water treatment.**
- **Decree no. 135/2004 Coll., establishing hygiene requirements for bathing establishments and saunas and hygiene limits for sand in sand quarries used for outdoor recreational purposes**, fully transposing Directive no. 76/160/EEC.
- **Decree no. 152/2008 Coll.**, amending Decree no. 159/2003 Coll., establishing surface waters used for bathing.

The full transposition of Directive no. 2006/7/EEC of the European Parliament and of the Council of 15 February 2006 concerning the management of bathing water quality and repealing Directive 76/160/EEC has been prepared. This transposition forms part of the prepared amendments to Act no. 258/2000 Coll., on Public Health Protection, Section 6 of this Act and related provisions, as well as amendments to related legal regulations. This amendment also proposes a direct amendment to Act no. 254/2001 Coll., the Water Act, as amended, which is ensured by the implementation of these articles of the European Directive referred to above, and whose implementation lies within the authority of the Ministry of the Environment (creating profiles of bathing water, assessing and updating them).

### Legislation relating to air pollution:

- **Act no. 86/2002 Coll., on Clean Air Protection**, as amended.
- **Government Regulation no. 597/2006 Coll., on monitoring and evaluating air quality.**

### Legislation relating to noise pollution:

- **Government Regulation no. 148/2006 Coll., on protection of health against negative impacts of noise and vibrations**, which has replaced the existing Government Resolution no. 502/2000 Coll., as amended.
- **Decree no. 523/2006 Coll., on noise mapping.**

### **Legislation relating to food safety:**

- **Act no. 110/1997 Coll., on Food and Tobacco Products and amendments and additions to some related Acts**, as amended.
- **Act no. 166/1999 Coll., on Veterinary Care and on amendments to some related Acts**, as amended.
- **Act no. 258/2000 Coll., on Public Health Protection**, as amended.

### **Legislation relating to the use of nuclear energy and ionizing radiation:**

- **Act no. 18/1997 Coll., on the Peaceful Utilisation of Nuclear Energy and Ionising Radiation (the Atomic Act)**, as amended.
- **Act no. 19/1997 Coll., on Some Measures Associated with the Ban on Chemical Weapons**, as amended.
- **Act no. 281/2002 Coll., on Some Measures Associated with the Ban on Bacteriological (biological) and Toxin Weapons**, as amended.

### **Measures related to noise pollution**

In the area of noise protection, the first stage involved the drafting of **strategic noise maps**, which document the situation in each agglomeration with more than 250,000 inhabitants, for each main road with a traffic volume of over six million vehicles a year and for major railway routes, carrying over 60,000 trains a year and for the main airport.

Strategic noise maps are available in graphic form from the following Internet addresses <http://geoportal.cenia.cz>, <http://hlukovemapy.mzcr.cz>.

The second stage of Strategic noise mapping of the Czech Republic is due to be completed by June 30th 2012. Strategic noise maps will be more detailed with increased coverage, because in this case they will assess each agglomeration with more than 100,000 inhabitants, for each main road with a traffic volume of over three million vehicles a year and for major railway routes carrying over 30,000 trains a year.

In the Czech Republic, strategic noise maps provide a base on which action plans to reduce noise pollution over the territory of the Czech Republic can be established.

By June 18th 2013, the Ministry of Transport will then draft action plans for the areas surrounding state-owned road networks and for the areas surrounding the main railway corridors.

Regional authorities will develop action plans for the areas surrounding the main road networks owned by the regions, or by municipalities in the administrative territory of the regions.

## **Vaccinations and measures to prevent the spread of infectious diseases**

The following vaccinations against infectious diseases are mandatory in the Czech Republic: tuberculosis, whooping cough, tetanus, diphtheria, inactivated polio vaccine (IPV), invasive diseases caused by Hib (*Haemophilus influenzae*), viral hepatitis B, measles, German measles, mumps, infections caused by *Streptococcus pneumoniae* for selected indications and influenza vaccinations for residents of retirement homes and hospices for the chronically ill and for staff caring for these clients. Influenza vaccinations are optional for all those over the age of 65 as well as those with specific health problems.

In the event of an epidemic of viral hepatitis A for example, emergency vaccinations against this infection will also be mandatory vaccinations.

Other vaccinations are also available to the general public, such as tick-borne encephalitis immunisation, conjugate meningitis C vaccine, in cases where individuals request immunisation. Vaccinations against other infections, such as TAB are available for individuals travelling to countries with a higher risk of infections for which vaccines exist.

The vaccination timetable in the Czech Republic has historically been of a high standard and immunization percentages have been excellent over the long term (cca 98%). This is supported by the fact that measles have practically been eliminated in the Czech Republic, not one case of polio has been reported since 1960, and the situation is similar for all other infections that are subject to mandatory vaccinations in the Czech Republic.

## **Measures related to the fight against smoking, alcoholism and dependency on addictive substances**

In the Czech Republic, problems concerning tobacco, alcohol and other habit-forming substances are regulated by Act no. **379/2005 Coll., on Measures to Protect against Damage Caused by Tobacco Products, Alcohol and other Habit-forming Substances and on amendments to related Acts** and the **National Drug Policy Strategy for the period 2007–2009**, which was approved by Government Regulation no. 1305 of December 22<sup>nd</sup>, 2004. The **Action Plan for the Implementation of the National Drug Policy Strategy from 2007–2009** is based on the National Strategy.

The Ministry of Health cooperates with the **Government Council for Drug Policy Coordination** on these problems, engaging in detailed discussions of current issues. All tasks relating to drug policies are dealt with on the basis of the **Action Plan against Alcoholism, Tobacco and Drug Addiction**.

The following working groups are involved in developing activities in the fight against smoking, alcoholism and dependence on addictive substances:

- the Government Council for Drug Policy Coordination,
- Committee of Departmental and Institutional Representatives to the Government Council for Drug Policy Coordination,
- the Working Group for Drug Policy Financing,
- the Departmental Coordinating Group for Drug Problems,



- the Working Group for Demand Reduction and the Enforcement of Rights,
- the Working Group for Problems involving Addictive Substances.

Cooperation mainly took place between the Ministry of Health, the Ministry of Labour and Social Affairs, the Ministry of Finance, the Ministry of the Interior and the Ministry of Education, Youth and Sport.

The aim of the **Action plan for the period 2007–2009** is to create a **drug policy** that will ensure an accessible, high quality and cohesive network of treatment and follow-up care for drug users. The programme also supports accessible vaccinations against viral type B hepatitis for intravenous drug users. One of the fundamental tasks is to map out the capacity and regional availability of detoxication programmes, outpatient treatment, outpatient protective treatment, to provide support for the syringe and needle exchange programme (including a secondary exchange programme, collection of used injection materials and motivation training for the safe disposal of used syringes and needles) and motivation training to encourage safe drug use and sexual behaviour. The drug policy also aims to provide health care workers with comprehensive knowledge of the risks involved in using habit-forming substances. To this end, educational programmes are provided for healthcare workers and other people involved in drug prevention and the treatment of addiction, and these also form part of the teaching at medical faculties.

**Anti-smoking policies** support preventive programmes and educational campaigns, including protection of non-smokers and young people, particularly in the form of information addressed to the general public and support for specialized counselling to help break the smoking habit. The programme is based on monitoring requirements and research into smoking trends and attitudes. These activities also cover the development of coordination, monitoring and research centre activities to implement the European Action Plan – Tobacco-free Europe and the European Alcohol Action Plan. The task of the Action Plan for the period 2007–2009 is also to improve the professional level of undergraduate and post-graduate education.

The action plan for the period 2007–2009 also contains **anti-alcohol policies**, providing a framework within which the Ministry of Health will develop a coordination, monitoring and research centre to implement the European Alcohol Action Plan. This also involves support for preventive programmes and an educational campaign to provide information to the general public. The aim is also to improve the professional level of undergraduate and post-graduate education.

### **Measures to ensure food safety**

Monitoring the development of foodborne disease is primarily the responsibility of the State Veterinary Administration of the Czech Republic and the Ministry of Health. In the Czech Republic, the monitoring and assessment of diseases transmissible from animals to humans throughout the entire food chain “from farm to fork” is performed on the basis of **Decree no. 356/2004 Coll., on monitoring of zoonoses and zoonotic agents**, which implements **Directive no 2003/99/EC of the European Parliament and of the Council of 17 November 2003 on the monitoring of zoonoses and zoonotic agents** in the Czech legislation. The purpose of this Directive is to ensure that zoonoses, zoonotic agents and related antimicrobial resistance is properly monitored and that outbreaks of zoonoses caused by the presence of

zoonotic agents in foodstuffs are subjected to proper epidemiological investigation, to enable the collection in the Community of the information necessary to evaluate relevant trends and sources.

This Directive covers:

- a) the monitoring of zoonoses and zoonotic agents,
- b) the monitoring of related antimicrobial resistance,
- c) the epidemiological investigation of food-borne outbreaks,
- d) the exchange of information related to zoonoses and zoonotic agents.

On the basis of information gained from monitoring outbreaks of zoonoses and zoonotic agents, and an epidemiological investigation of these outbreaks, and in compliance with this Directive, the Czech Republic drafts an annual **report on the monitoring and occurrence of zoonoses**. This report is developed in cooperation with the European Food Safety Authority and is subsequently used to draft the annual report on outbreaks of zoonoses in the Community. The results of these monitoring activities in the individual Member States and the Community Report is published each year in the European Food Safety Authority webpages. The data acquired from this monitoring is then used to develop preventive and monitoring programmes.

In accordance with **Regulation no. 2160/2003/EC of the European Parliament and of the Council of 17 November 2003 on the control of salmonella and other specified food-borne zoonotic agents, national programmes have been running** since January 1<sup>st</sup>, 2007 to control salmonella in breeding flocks of poultry and in flocks of hens laying eggs for consumption. The aim of these programmes is to monitor and control outbreaks of salmonella, which represents one of the most dangerous zoonoses.

On the basis of findings made in the individual periods, measures are subsequently implemented in practice (e.g. the development of preventive programmes, adjustments made to the frequency of official inspections, etc.).

### **Measures related to nuclear risk**

Regarding the use of nuclear energy and ionizing radiation, the State Office for Nuclear Safety is responsible for setting limits and conditions that must be followed; e.g. for the safe handling of radioactive substances or the operation of nuclear facilities, and at the same time is responsible for monitoring compliance with these limits and conditions at a national level. The State Office for Nuclear Safety is also responsible for issuing implementing decrees for statutory instruments relating to the use of nuclear energy and ionizing radiation.

The State Office for Nuclear Safety is responsible for government administration and supervision in the fields of uses of nuclear energy and ionizing radiation in the area of nuclear safety, radiation protection, emergency planning, physical protection of nuclear facilities, in preventing the spread of nuclear weapons and maintaining bans on chemical, bacteriological and toxin weapons.

State supervision monitors compliance with regulations relating to the authority of the State Office for Nuclear Safety. The State Office for Nuclear Safety conducts both **planned** (routine) and **unplanned** (ad-hoc) inspections of individual facilities that are licensed to

perform given activities. Inspectors from the State Office for Nuclear Safety maintain a permanent presence in field offices located at the Dukovany and Temelín nuclear power stations. Radiation protection is monitored through 7 regional offices (regional centres), located in Prague, Pilsen, Ústí nad Labem, České Budějovice, Hradec Králové, Brno and Ostrava. According to the Act on State Control, results of inspection activities are recorded, discussed with licencees and remedial measures or sanctions are imposed. Compliance with these is then monitored through **follow-up inspections** by the State Office for Nuclear Safety.

A detailed report on the activities of the State Office for Nuclear Safety is submitted to the Government of the Czech Republic each year. In the resolution on these reports adopted by the Government, it has always regularly been found that no unacceptable leaks of radioactive materials into the environment had occurred as a result of the operations of the Dukovany and Temelín nuclear reactors, and that workers had not been exposed to nuclear radiation in excess of the established limits, and that the facilities had complied with the mandatory nuclear safety and radiation protection requirements for nuclear facilities in the Czech Republic. Reports on the activities of the State Office for Nuclear Safety are available at the Internet site [www.sujb.cz](http://www.sujb.cz).

### **Measures related to asbestos**

The ban on working with asbestos is currently regulated by **Act no. 309/2006 Coll.**, stipulating further requirements for health and safety at work in labour relations and concerning occupational health and safety protection in activities or services provided outside labour relations (**Act on Further Requirements on Occupational Health and Safety**).

This Act sets forth exceptions to the prohibition on working with asbestos. These exceptions include research laboratory work, analytical work, work to liquidate supplies, waste and equipment containing asbestos, or repair and maintenance work on constructions or work entailing isolates, short-term exposure. No exception to this prohibition shall be applied in the case of pregnant women and employees under 18 years of age, within the meaning of Decree no. 288/2003 Coll., laying down those types of work and workplaces prohibited to pregnant employees, breastfeeding employees and mothers until the end of the ninth month after childbirth and to adolescents, and laying down the conditions under which adolescents may carry out those types of work for the purpose of their occupational training.

**Act no. 258/2000 Coll., on Public Health Protection** and on amendments to some related Acts, as amended, places an obligation on employers to report work during which employees are or may be exposed to asbestos to the appropriate public health protection authority. The employer must make the report at least 30 days before work begins, as well as whenever there is a change in working conditions that will probably result in increased exposure to asbestos dust, or dust from materials containing asbestos.

A mandatory notification requirement is also contained in **Decree no. 432/2003 Coll., by which conditions for the categorization of works are determined, limit values of indices from biological exposure tests, conditions for the sampling of biological materials for biological exposure and the particulars of the reports on work with asbestos and biological agents.**

Employers are also obliged to engage in prior discussions with the public health authorities to decide on measures to prevent and limit risks related to exposure to asbestos.

If the work only entails isolated and short-term exposure to asbest, the employer is not obliged to notify the authorities of this work. Work entailing isolated and short-term exposure to asbestos and procedures for determining isolated and short-term exposure to asbestos is regulated by **Decree no. 394/2006 Coll., stipulating work entailing isolated and short-term exposure to asbestos** and procedures for determining the isolated and short-term exposure entailed by this work in an implementing regulation.

Government Regulation no. 361/2007 Coll., has been newly supplemented with an assessment of the health risk of working with asbestos, covering checks on its presence in the workplace and the form in which it appears, the presumed scope of the work with asbestos and the length of the period spent working with asbestos. A new provision is also made, in comparison with Government Regulation no. 178/2001 Coll., stating that information from the owner of the construction or from other verifiable sources, may be used to verify the presence of asbestos and, if this information is not available, materials that are said to contain asbestos must be analyzed.

The new regulation also focuses on minimum health protection measures and states that before the removal of a construction or its part, in which asbestos or a material containing asbestos was used, the asbestos and materials containing asbestos must be removed before the removal of the construction or its part provided a risk analysis does not find that the exposure of workers to asbestos would be higher during this removal. On completion of work relating to the removal of asbestos or material containing asbestos from the construction or its part, measurements of asbestos levels in the air of the working environment must be taken. In practice, if the level of asbestos in the air is lower than the admissible exposure limit, work may continue.

According to **Act no. 183/2006 Coll.**, on town and country planning and building regulations (the **Building Act**) the owner of the construction is obliged to notify the building authority of any intention to demolish a construction that contains asbestos. Should the building authority inform the proprietor that the construction may only be demolished with a permit, it also determines the documentation that has to be completed. A construction that did not require a building permit can be removed by the owner himself, provided he ensures that a works inspector is present. Demolition of constructions that contain asbestos must take place under the supervision of someone who is authorized as professional competent to take charge of the construction in accordance with Act no. 360/1992 Coll., on the Exercise of the Profession of Authorized Architect and on the Exercise of the Profession of Authorized Engineer and Technicians Active in the Construction, as amended, where the additional specialized knowledge needed to handle asbestos is dealt with through the life-long learning programme for these authorized people.

Provided the asbestos is removed by the employer, the Building Act expressly stipulates that the owner of the construction is responsible for ensuring that the construction will be demolished by a construction professional. Notwithstanding the fact that the legislation still does not embody an obligation to discover whether the construction contains asbestos, it is still binding on employers to unearth information on the possible presence of asbestos in the construction before construction work begins, for example from information received from

the building owners, in order to adopt measures required to test materials that might be assumed to contain asbestos.

Basic principles of occupational health protection are also applied to special employee groups within the meaning of Directive no. 92/85/EEC of 19 October 1992, whose purpose is to define work and workplaces that are prohibited to pregnant workers, workers who are breastfeeding and mothers up to nine months after giving birth and Directive no. 94/33/EC of 22 June 1994 on the protection of young people at work. The statutory instrument that fully transposes both the Directives referred to above is Decree no. 288/2003 Coll., which also regulates the ban on work with asbestos.

We can conclude that the legislative framework of the Czech Republic does provide sufficient coverage for all areas of health protection against the effects of asbestos. From the ban on introducing new burdens, which the Czech Republic also upholds, the correct liquidation of old burdens, to health protection, rules have been adopted that enable us successfully to deal with the asbestos problem with no major omissions.

### **Public health standards connected to accommodation**

**Decree no. 137/1998 Coll., on general technical requirements for building**, which implements **Act no. 183/2006 Coll., on town and country planning and building regulations (the Building Act)**, sets forth the basic requirements in terms of protection of public interests as regards the required characteristics of buildings. It is based on EU Council Directive no. 89/106/EEC and, amongst other things, establishes other requirements for building safety and the protection of human health and life. The Decree's essential requirements specify the way in which construction works must be designed and build in order to avoid being a threat to the life, health and hygiene of its occupants and neighbouring construction works and in order to avoid posing a threat to the environment above the limits contained in special legal regulations.

Construction technical specifications for all construction works, including blocks of flats, are based on the essential requirements regarding the nature of construction works, particularly in terms of protection of health, hygiene and the environment, protection against noise and the safety of its occupants. More detailed technical solutions are left to the Czech technical norms, which contribute to the protection of human health and safety. This ensures the mandatory application of selected safety and health requirements that are fundamentally important in ensuring the protection of justified interests that are protected on the territory of the Czech Republic.

### **Number of drug users:**

The number of problem drug users in the Czech Republic in 2006 is estimated at 30,200 people of whom 19,700 are pervitin users and 10,500 take opiates. The number of intravenous drug users is estimated at 29,000. Since 2003 estimated numbers of problem drug users has remained stable. For the first time an estimate was made of the number of people using Subutex, which amounted to 4,300 people.

**In its Conclusions to the previous report on Article 11 paragraph 3, the Committee for Social Rights requested responses to the following questions:**

As far as air pollution is concerned, the Committee requests that the next report submit information regarding the effectiveness of monitoring measures, having regard to the findings of the European Commission<sup>1</sup>, which emphasize the need to further enhance monitoring.

In compliance with Act no. 86/2002 Coll., on Clean Air Protection, as amended, the tracking of air quality through regular pollutant monitoring (the state immissions network) is entrusted to the Czech Hydrometeorological Institute. In accordance with legislative requirements, the state immission network has been designed to enable automatized pollutant monitoring stations to monitor the air pollution levels over the country's entire territory, i.e. in the agglomerations (Prague, Brno, Moravia-Silesia Region) and in all 12 zones (all the remaining regions).

Conditions for assessing and evaluating air quality are specified by Government Regulation no. 597/2006 Coll. on monitoring and evaluating the quality of the air. This regulation establishes the conditions governing the locations and number of measuring stations on the territory of zones and agglomerations to ensure that the levels measured are representative for the major territorial units in the Czech Republic.

In this area the Czech legislation reflects the requirements of EC legislation (formerly the framework Directive 96/62/EC on ambient air quality assessment and management and its related directives establishing limits for individual pollutants, as well as the new Directive 2008/50/EC of the European Parliament and of the Council of 21 May 2008 on ambient air quality and cleaner air for Europe). Alongside data from the Czech Hydrometeorological Institute's network of sampling stations, other organizations that also monitor ambient air pollution in the Czech Republic (such as healthcare institutes, Czech energy companies, town councils, etc.) have been contributing to the Air Quality Information System (AQIS) for a number of years now. EU legislation requires information on air quality to be reported to the European Commission each year. Data from individual pollutant monitoring stations are also transferred into the AirBase system database. On the basis of requests from the EU relating to the national immission measurement network, the Czech Hydrometeorological Institute's immission monitoring centres demonstrated that their activities were in compliance with system quality standards set forth in the international ČSN EN ISO/IEC 17 025 norms.

The Committee would also like to be informed of measures adopted in order to comply with European Commission requirements<sup>2</sup>, that recommended a continuation of efforts in this area to reinforce coordination between the various organizations responsible for water management and to enhance water quality monitoring.

Since 2007 the Ministry of the Environment has assumed full responsibility for nationwide monitoring. The monitoring and assessment of the status of surface water and groundwater is carried out by water basin administrators and other authorized professional bodies in accordance with Act no. 254/2001 Coll., on Water, as amended. Monitoring programmes in

---

<sup>1</sup> European Commission, "Comprehensive monitoring report on the Czech Republic's preparations for membership of the European Union", 5 November 2003, <http://europa.eu.int>

<sup>2</sup> *idem*

compliance with the requirements set forth in Framework Directive 60/2000/EC are developed in accordance with Guidance Document no. 7: Monitoring under the Water Framework Directive.

Water monitoring is managed by these Framework programmes, which apply to:

- surveillance monitoring programmes,
- operational monitoring programmes,
- investigative monitoring programmes,
- programmes to monitor the quantitative status of surface water and groundwater,
- monitoring programme for reference conditions.

The Committee requests detailed information concerning monitoring systems for ionizing radiation.

The radiation situation on the territory of the Czech Republic is mainly followed by means of a **radiation monitoring network (RMN)**. Its management has been entrusted to the State Office for Nuclear Safety. Alongside it (i.e. its regional centres and the National Radiation Protection Institute in Prague and licencees authorized to operate nuclear facilities) the Ministry of Finance, the Ministry of Defence, the Ministry of the Interior, the Ministry of Agriculture and the Ministry of the Environment also contribute to the activities of the RMN. Details on the operations and organization of the RMN are regulated by **Decree no. 319/2002 Coll., on the function and organization of the National Radiation Monitoring Network**, as amended. Additional requirements for monitoring radiation levels are set forth in **Government Regulation no. 11/1999 Coll., on emergency planning zone** and the approved monitoring programmes. The essential content of the monitoring programmes, which also designates the extent of monitoring around nuclear facilities, ensured by licencees authorized to operate these facilities, is provided by **Decree no. 307/2002 Coll., on protection against radiation**, as amended.

In 2007, the following permanent RMN units monitored radiation levels over the territory of the Czech Republic:

1. the early warning network (EWN), which is composed of a system of monitoring points on the territory of the Czech Republic which perform continuous monitoring of dose rates and provide immediate information to the centre concerning a possible increase of the dose rate above the normal value. Part of the early warning network is a teledosimetric system in the immediate vicinity of nuclear power plants, to record and evaluate releases of radionuclides into the atmosphere during any radiological emergency or suspected radiological emergency. The activities of the EWN in 2007 were overseen by the State Office for Nuclear Safety (regional centres and the National Radiation Protection Institute in Prague), the Ministry of the Environment (Czech Hydrometeorological Institute), the Ministry of Defence (the Czech Army) and ČEZ, a.s.
2. the thermoluminescent dosimeter network (TLD), which is a system for gamma dose measurements and which is broken down into the TLD territorial network, run by the State Office for Nuclear Safety and local TLD, i.e. monitoring points around nuclear power plants, which are run by ČEZ a.s. and the State Office for Nuclear Safety.

3. air contamination monitoring points, which are used for dose rate measurements, aerosol and fallout sampling and simple radionuclide concentration evaluation in these samples; in 2007 the activities of these monitoring points were overseen by the State Office for Nuclear Safety, the Ministry of the Environment (Czech Hydrometeorological Institute) and ČEZ a.s.
4. food contamination monitoring points, which are used to take samples and to determine radionuclide activity in segments of the food chain; in 2007 the activities of these monitoring points was overseen by the State Office for Nuclear Safety (regional centres and the National Radiation Protection Institute in Prague) and the Ministry of Agriculture (State Veterinary Institute, State Agriculture and Food Inspection Authority, the Central Institute for Supervising and Testing in Agriculture, the Forestry and Game Management Research Institute) and ČEZ a.s.
5. water contamination monitoring points, which are used to take samples and to measure radionuclide concentrations in water, river sediments and in selected aquatic fauna; in 2007 the activities of these monitoring points was overseen by the State Office for Nuclear Safety and the Ministry of the Environment (the T.G. Masaryk Water Research Institute) and ČEZ a.s.
6. monitoring points at border crossings, which are used to collect data on radionuclide contamination of people, vehicles, goods, objects and materials at border crossings. In 2007 the activities of these monitoring points was overseen by the Ministry of Finance (Czech Customs Administration). Following on from the Czech Republic's integration into the Schengen area, the activities of monitoring points at border crossings was terminated during the course of the year.
7. mobile groups, which monitor doses, dose rates and radionuclide concentrations in the field, take environmental samples and distribute and replace dosimeters in the thermoluminescent dosimeter networks; in 2007 the activities of these groups was overseen by the State Office for Nuclear Safety (regional centres and the National Radiation Protection Institute in Prague), the Ministry of Finance (Czech Customs Administration) and the Ministry of the Interior (the Czech Fire Authority and the Czech Police) and ČEZ a.s.
8. airborne groups, which monitor large expanses of territory when required (measuring dose rates; surface or mass activities of artificial or natural radionuclides). Their activities are overseen by the State Office for Nuclear Safety (the National Radiation Protection Institute in Prague) in collaboration with the Ministry of Defence (the Czech Army).
9. laboratory groups, which take environmental samples and perform spectrometric or radiochemical analyses. In 2007 their activities were overseen by the State Office for Nuclear Safety (regional centres and the National Radiation Protection Institute in Prague), the Ministry of Agriculture (the State Veterinary Institute, the State Agriculture and Food Inspection Authority, the Central Institute for Supervising and Testing in Agriculture, Forestry and Game Management Research Institute ) and ČEZ a.s.
10. central monitoring network laboratory, which coordinates the measurements of samples taken by both laboratory and mobile groups, ensures special sample measurements and evaluates the results of measurements and also coordinates and performs measurements of



internal contamination of individuals; in 2007 the activities of these laboratories was overseen by the State Office for Nuclear Safety (National Radiation Protection Institute in Prague).

11. a meteorological service, which collects the meteorological data necessary for making an evaluation and prognosis of a radiation situation development by using atmospheric radionuclide release models; the activities of this service is overseen by the Ministry of the Environment (Czech Hydrometeorological Institute).

The following paragraphs are purely informative in nature. They document the complexity of the system of continuous monitoring of radiation levels in the Czech Republic and confirm the diversity of the technical means and measurement methods used. Annual reports produced by the State Office for Nuclear Safety provide information concerning radiation levels in the Czech Republic, supported by figures and graphs.

External radiation monitoring is covered by the early warning network, the regional and local TLD networks and mobile and airborne groups. Monitoring of radiation levels over specific routes is provided by mobile groups through distribution and collection by thermoluminescent dosimeters, within the framework of exercises performed by all the mobile groups on a monthly basis and within the framework of emergency exercises. In 2007 the “Spring 2007” international exercises were held, during which mobile groups engaged in practice searches for a lost source of radionuclide radiation and measured dose rates over routes within the emergency planning zone of the Temelín nuclear power plant. Soil samples were also taken and analysed during these exercises. Mobile groups from all departments took part in the exercises (the State Office for Nuclear Safety, the Ministry of Finance, the Ministry of the Interior, the Ministry of Defence), ČEZ a.s., as well as from Slovakia. The exercises also included training with an airborne group, which was provided for this purpose by the Czech Army.

No increase in dose rates or increased radioactivity levels were found during monitoring carried out by mobile groups over defined routes in any location in 2007; monitoring results reflected the results of monitoring carried out by other RMN units. In 2007 the airborne group (from the National Radiation Protection Institute in Prague, in collaboration with the Czech Army and Czech Police force) conducted an investigation into soil gamma radionuclide contamination within a comparative polygon in the Central Bohemian region, north of Vlašim. Airborne monitoring was supplemented by ground measurements to compare both types of monitoring. No increase in dose rates above normal values for the natural environment were detected, and neither was any increased radioactivity found; the measurement results reflected the results of monitoring carried out by other RMN units.

The environmental monitoring units consist of: the central RMN laboratory, air contamination monitoring points, water contamination monitoring points and laboratory groups. In 2007 the following environmental elements were monitored: the atmosphere (aerosols, gases, pollutants), drinking and surface water, water supply and fluvial sedimentation, soil and vegetation.

2007 saw a renewal of internal contamination monitoring (which was abandoned in 2006 when the workforce and equipment were moved to another location) on the whole-body counter at the National Radiation Protection Institute in Prague. Internal  $^{137}\text{Cs}$  contamination was measured in a reference group comprising a total of 30 people (15 men and 15 women), primarily residing in Prague and aged between 25 and 68 years. In view of

the extremely low level of  $^{137}\text{Cs}$  in the population, these whole-body measurements are only made once a year, while long-term monitoring is used in order to detect the lowest levels possible. On the basis of these measurements, the average  $^{137}\text{Cs}$  activity in the body of one individual was estimated to be 33 Bq.

Just as in previous years, internal contamination was assessed for selected people by measuring  $^{137}\text{Cs}$  activity in urine eliminated over a period of 24 hours. Samples were taken from a total of 100 people, whose dietary habits represent the average population, in May 2007. The average level of  $^{137}\text{Cs}$  activity in urine eliminated over a period of 24 hours, was 0.24 Bq. After conversion this value is equivalent to the average content (retention) of  $^{137}\text{Cs}$  activity in the body, 39 Bq. The estimated load of an effective dose, based on the results of a nationwide survey, is equal to 1.4  $\mu\text{Sv}$  for  $^{137}\text{Cs}$ . Year on year changes in internal  $^{137}\text{Cs}$  contamination are almost imperceptible, in the same way as those after atmospheric nuclear tests, over a longer period of time.

#### Monitoring radionuclide releases from nuclear facilities

The maximum volumes of radionuclides that may be released into the atmosphere and waterways from the Dukovany and Temelín power plants are referred to as authorized limits. These limits are established by the State Office for Nuclear Safety in decisions to authorize the release of radionuclides into the environment. Both nuclear power plants have an authorized limit of 40  $\mu\text{Sv}$  that may be released into the atmosphere. An authorized limit of 6  $\mu\text{Sv}$  has been established for release into the waterways by the Dukovany nuclear power plant and 3  $\mu\text{Sv}$  for the Temelín nuclear power plant. Conditions governing the operations of the nuclear reactor in the Řež Nuclear Research Institute, a.s. are subject to maximum annual levels of monitored radionuclide releases in the area surrounding the institute:

#### Monitoring radionuclide releases from the Dukovany nuclear power plant

Within the framework of independent monitoring of radiation released from a nuclear power plant into the atmosphere, performed by the State Office for Nuclear Safety, air samples were taken from the VK – 1 and VK – 2 ventilation stacks of the Dukovany nuclear power plant in 2007. Volume activity of rare gases and  $^{14}\text{C}$  was found during the sampling. During the sampling, airborne effluents were sampled using standard methods, placed in pressurized containers and measured by semiconductor gamma spectrometry in the laboratories of the National Radiation Protection Institute in Prague. After a longer interval of time,  $^{85}\text{Kr}$  was also established in the samples taken using a similar method, which determines its volume activity in the atmosphere and  $^{14}\text{C}$  in the form of  $\text{CO}_2$  and in combustible form. Levels found in the one-off samples do not contradict the measurement monitors located in the chimneys referred to above. We can conclude that levels determined through independent monitoring are in agreement with the levels established by the operator.

#### Monitoring releases detected from the Dukovany nuclear power plant

According to the report from the Dukovany nuclear power plant entitled “**The radiation situation surrounding the Dukovany nuclear power plant in 2007**” total radionuclide releases into the atmosphere from the Dukovany power plant (established by conservative calculations) amounted to 0.32% of the annual limit, expressed as the maximum effective dose for one individual from a critical group of the population. The highest radiation levels recorded were for releases of  $^{14}\text{C}$ , which amounted to 0.28% of the annual limit, and rare gases, which amounted to less than 0.03% of the annual limit. Proportions of authorized limits, calculated using the RDEDU programme, which enables the actual meteorological

situation in the area immediately surrounding the Dukovany nuclear power plant in 2007 to be taken into account, as well as the corresponding exposure paths can be taken as a comparison. Using this method of calculation, the proportion of the authorized limit reached in 2007 amounted to 0.09%.

Balance measurements of radionuclide content in liquid releases confirm that in 2007 28.24% of the authorized limit for liquid radiation was released. The proportion of the authorized annual limit, calculated using the RDEDU programme, which enables the actual hydrological situation in 2007 to be taken into account (the flow in the Jihlava river) and corresponding exposure paths, amounted to 21.5%. Taking into account total levels,  $^3\text{H}$  releases represented 26.8% of the annual limit.

#### Monitoring radionuclide releases from the Temelín nuclear power plant

In 2007, within the framework of independent monitoring, four air samples were taken from inside the HVB-1 ventilation stack and three air samples were taken from inside the HVB-2 ventilation to determine volume activity of rare gases and  $^{14}\text{C}$  in the same way as in the case of the Dukovany nuclear power plant. Levels determined by independent monitoring activities through one-off air samples are in agreement with the measurements taken by the nuclear power plant. According to the report released by the Temelín nuclear power plant, “**Results of monitoring releases and the radiation situation in the area surrounding the Temelín nuclear power plant for 2007**”, total radionuclides released into the atmosphere from the Temelín nuclear power plant (established by conservative calculations) amounted to 2.48% of the authorized annual limit, expressed as the maximum effective dose for one individual from a critical group of the population. The highest proportion of radiation released by  $^{14}\text{C}$ , which amounted to 2.33% of the annual limit, while rare gases made up less than 0.13% of the annual. Proportions of authorized limits, calculated using the RDETE programme, which takes account of the actual meteorological situation in the area surrounding the Temelín nuclear power plant in 2007 and corresponding exposure paths can be taken as a comparison. In 2007, this level amounted to 0.13% of the authorized annual limit.

Balance measurements of radionuclide content in liquid releases confirm that in 2007 less than 39.7% of the authorized annual limit for liquid releases was reached. The proportion of the authorized annual limit, calculated using the RDETE programme, which enables the actual hydrological situation in 2007 to be taken into account (the flow in the Vltava river) and corresponding exposure paths, amounted to 10.1%.

#### Monitoring radionuclide releases from the Řež Nuclear Research Institute a. s. (NRI Řež)

In 2007, two air samples released from the NRI Řež ventilation stack (into which gaseous discharges from the LVR-15 reactor are vented) were taken and evaluated. The major part of overall release activity, as is the case every year, consists of  $^{41}\text{Ar}$  activity. The estimated annual release of rare radioactive gases, performed on the basis of measurements taken by the RMN central laboratory closely conforms to the levels reported by NRI Řež.  $^{14}\text{C}$  content is also determined from these samples, in the form of  $\text{CO}_2$  and in combustible forms.

#### Monitoring performed by NRI Řež

The results of monitoring performed by NRI Řež also show the main proportion of total atmospheric release activity consisting of  $^{41}\text{Ar}$ ; which in 2007 amounted to 12.9% of the annual limit. Release of radionuclides into the water system in 2007 was lower than in 2006 and amounted to 0.10% of the authorized annual limit (relative to  $^{137}\text{Cs}$ ). It is clear that

activity levels of radionuclides released in gaseous and liquid form from the premises of NRI Řež into the environment only represented a fraction of the authorized limits.

#### Monitoring the area surrounding nuclear power plants

None of these networks recorded any violation of the investigated levels in 2007. The lower levels of photon dose equivalent input (on average around 30%) measured by the local network surrounding the Dukovany nuclear power plant, relates to the fact that the atmosphere radiation monitoring laboratory dosimeters are installed at a height of three metres, whereas the State Office for Nuclear Safety network of dosimeters are placed one metre above ground level.

#### Evaluation of the monitoring process

On the basis of the results of the radiation monitoring carried out by the RMN and independent monitoring of nuclear installations and their surroundings, we can conclude that there were no major leaks of radionuclides into the environment in the Czech Republic. No violations of the set emergency levels were recorded at any of the measuring points, that would require measures to protect either the population or the environment. Variations in input dose measurements are due to fluctuations in natural background radiation. Extremely low  $^{137}\text{Cs}$  activity can still be measured in the environment, the food chain and the human body, from radiation released into the environment during the Chernobyl accident and nuclear weapons tests in the atmosphere. Its specific activity now remains almost unchanged.

Radiation released from the Dukovany nuclear power plant remain extremely low. In 2007 radionuclide content of atmospheric discharges was around 0.32% of the annual authorized limit, and radiation released into the water system had a content of  $^3\text{H}$  and active, corrosive and fissionable products that was equivalent to 28.4% of the annual authorized limit. The last figure to be provided depends on the technology of the nuclear power plant and this has not changed significantly over the year. Total release of individual radionuclides into the atmosphere from the Temelín nuclear power plant in 2007 represented 2.48% of the annual authorized limit,  $^3\text{H}$  activity and the activities of corrosive and fissionable products released from the holding tanks into the water system was at a level of 39.7% of the annual authorized limit. The highest proportion of individual radionuclides released into the atmosphere from the ÚJV Řež ventilation stack in 2007 constituted  $^{41}\text{Ar}$ , representing 12.9% of the total annual limit. Radionuclide releases into the water system in 2007 amounted to 0.10% of the annual authorized limit (relative to  $^{137}\text{Cs}$ ). No significant differences between radionuclide content in individual elements of the environment, nor in food chains surrounding the Dukovany or Temelín nuclear power plants, nor elsewhere on the territory of the state, were found in 2007.

The Committee requests that the next report contain more detailed information concerning monitoring in the area of noise protection, particularly where the monitoring authorities are involved. The Committee also wishes to be informed of the monitoring mechanisms, which are due to be implemented by the bill that is currently being drafted to transpose Directive 2002/49/EC relating to the assessment and management of environmental noise into the Czech legislation.

Provided above in the comments to Article 11, paragraph 3.

The Committee asks whether Government Order no. 178/2001 Coll., covers all the requirements concerning the use of asbestos arising from the Charter.

Government Order no. 178/2001 Coll., has been repealed and replaced by a statutory amendment that is explained in detail above, in the section entitled Measures related to asbestos.

The Committee requests detailed information on food safety monitoring.

This is provided above in the comments concerning Article 11, paragraph 3.

The Committee requests statistical data on trends in tobacco, alcohol and drug consumption.

#### INCOME, EXPENDITURE AND CONSUMPTION OF THE POPULATION

Per capita consumption of the most important kinds of food

	Unit	2000	2001	2002	2003	2004	2005	Indicator
	l	9.9	9.9	10.0	10.2	9.8	10.2	Alcoholic beverages <sup>5)</sup>
	l	8.3	8.2	8.3	8.4	7.6	7.8	Spirits (40%)
	l	16.1	16.2	16.2	16.3	16.5	16.8	Wine
					161.7	160.5	163.5	Beer

<sup>5)</sup> In terms of pure alcohol (100%)

#### INCOME, EXPENDITURE AND CONSUMPTION OF THE POPULATION

Per capita consumption of selected basic kinds of manufactured goods

	2000	2002	2003	2004	2005	Unit	Kind of goods
	1 882	1 893	2 192	2 243	2 275	pieces	Cigarettes

Data source: CSO

According to the results of the regular study entitled **Development in the prevalence of smoking in the adult population in the Czech Republic, opinions and attitudes of Czech citizens to the problems of smoking – 1997–2007**, authors H. Sovinová, P. Sadílek, L. Csémy, a comparison of the prevalence of smoking in the Czech population in individual years shows that during the period from 1997 – 2007 there were no significant changes. In particular, over the past three years, the proportion of smokers (including social smokers) has remained in the region of 30%. In 2007 32.2% of men and 21.0% of women in the population ranging between the ages of 15 and 64 years smoked at least one cigarette a day, while 3.3% of men and 3.6% of women smoked less than 1 cigarette a day. The figures show that over the

long term, men are far more likely to smoke a higher number of cigarettes a day (16 and more), while women frequently claim to smoke less (1–10 cigarettes a day).

The Committee requests that the next report provide data concerning obligations relating to the Epidat programme and concerning measures adopted to prevent epidemics.

The Epidat programme ensures mandatory notification, recording and analysis of outbreaks of infectious diseases in the Czech Republic. The programme has been applied on a nationwide level by the Hygiene Service of the Czech Republic since January 1st 1993. Notification of infectious diseases provides the basis for the local, regional, national and international control of the spread of infectious diseases.

The applicable statutory instruments are **Act no. 258/2000 Coll., on Public Health Protection, as amended, Decree no. 440/2000 Coll., regulating conditions to prevent the occurrence and spread of infectious diseases**, as amended, international regulations binding on Member States of the World Health Organization and EU directives and regulations tackling infectious diseases.

Mandatory vaccinations are measures adopted to tackle epidemics.

## ARTICLE 12: THE RIGHT TO SOCIAL SECURITY

With a view to ensuring the effective exercise of the right to social security, the Contracting Parties undertake:

1. to establish or maintain a system of social security,
2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the International Labour Organization Convention (art. 102) on minimum standards for social security,
3. to endeavour to raise progressively the system of social security to a higher level,
4. 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 of the 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 such means as the accumulation of insurance or employment periods completed under the legislation of each of the Contracting Parties.

### **Appendix to Article 12 paragraph 4**

The words “and subject to the conditions laid down in such agreements” in the introduction to this paragraph are taken to imply *inter alia* that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Parties.

## ARTICLE 12, PARAGRAPH 1

### Statutory instruments in the area of social security:

- **Act no. 117/1995 Coll., on State Social Support**, as amended.
- **Act no. 110/2006 Coll., on the Subsistence and Existential Minimum**, 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. 54/1956 Coll., on Employee Sickness Insurance**, as amended.
- **Act no. 155/1995 Coll., on Pension Insurance**, as amended.
- **Act no. 88/1968 Coll., on the Extension of Maternity Leave, on Maternity Benefits and on Child Allowances from Sickness 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. 482/1991 Coll., on Social Need**, as amended (entered into force on January 1<sup>st</sup>, 2007, when Act no. 11/2006 Coll. was repealed).
- **Act no. 435/2004 Coll., on Employment**, as amended.
- **Directive no. 31/1993 Coll., on the assessment of temporary incapacity for work for the purposes of social security**, as amended.
- **Directive no. 143/1965 Coll., on the payment of monetary benefits in sickness insurance**, as amended.
- **Directive no. 165/1979 Coll., on sickness insurance of specific employee groups and on sickness benefits provided to citizens in special cases**, as amended.
- **Directive no. 505/2006 Coll., implementing certain provisions of the Act on social security**, as amended.
- **Directive no. 284/1995 Coll., implementing the Act on pension insurance**, as amended.
- **Directive no. 504/2006 Coll., implementing certain provisions of the Act on assistance in material need**, as amended.



A number of parametric and fundamental changes were made in the area of social security and social care (aid) benefits during the period under review.

**Summary of changes made in the area of state social support from January 1<sup>st</sup>, 2005 to December 12<sup>th</sup>, 2007:**

With effect from March 30<sup>th</sup>, 2005, an amendment was made to the Act on State Social Support, establishing the amount that is calculated as income for a self-employed person, who is performing this activity, as an additional activity.

With effect from June 1<sup>st</sup>, 2005, in a case where a foster parent cares for at least three children entrusted to him to foster or at least one child who is severely disabled and requires special care is entrusted to him to foster, a change has been made to the amount of the allowance for this foster parent and in this case foster care provides an entitlement to sickness and pension insurance.

With effect from September 29<sup>th</sup>, 2005, the conditions for state social support benefit payments have been refined.

With effect from October 1<sup>st</sup>, 2005, an amendment to the Act on State Social Support introduced a contribution for children requiring immediate assistance (i.e. for children living in institutions), equivalent to the amount required for the child's personal needs multiplied by a coefficient of 9.

With effect from January 1<sup>st</sup>, 2006, the right to parental allowance was modified to include a condition requiring personal full-time and proper care of the child. The original condition requiring personal full-time care was not met if a (healthy) child below the age of 4 had attended a nursery, kindergarten, or a similar facility for pre-school children for more than 5 calendar days in a month. The restrictions affecting the placement of (healthy) children in pre-school and similar facilities was modified to enable children under the age of 3 to continue to attend a nursery or similar facility for a maximum of 5 calendar days in a month, whereas a child who has reached the age of 3 may regularly attend kindergarten or similar facility for up to 4 hours a day.

With effect from January 1<sup>st</sup>, 2006, the obligation to provide information from the state social support information system to the Ombusman has been established.

With effect from January 1<sup>st</sup>, 2006, certain scholarships provided to university students will be included in the decisive income for state social support.

With effect from 1. 4. 2006, the change in the subsistence minimum was projected into claims for and the level of state social support benefits, substantial changes were made to the structure of the housing allowance to take account of housing costs for its calculation and the level of parental allowance was amended to reflect the average monthly wage in the public sector.

With effect from April 1<sup>st</sup>, 2006, an amendment to the Act on state social support specified the types of income to be included in the decisive income for state social support and introduced a new state social support benefit, this being a contribution to items required for school for children who are starting full-time schooling. The main thrust of the amendment was to

improve the financial situation of parents with small children by increasing the birth grant (by 10 times – and for the birth of twins, triplets or more simultaneous births by 15 times – the minimum subsistence amount to cover the child’s personal needs).

With effect from June 1<sup>st</sup>, 2006 the contribution for care of children in institutions for children requiring immediate assistance was discontinued as this contribution is provided for in the Act on Socio-Legal Protection of Children, and certain technical legislative changes were made to state social support to reflect amendments to the Act on Socio-Legal Protection of Children.

With effect from July 1<sup>st</sup>, 2006, an amendment to the Act on State social support modified the conditions for parental allowance and allowances for care provided in accordance with the Act on Social Services.

With effect from July 1<sup>st</sup>, 2006, the Act on State Social Support was amended to include new legislation relating to registered partnerships.

With effect from October 1<sup>st</sup>, 2006, minor management changes were made to the system of state social support.

With effect from December 31<sup>st</sup>, 2006, conditions for parental allowance and allowances for care provided in accordance with the Act on Social Services were modified.

With effect from August 22<sup>nd</sup>, 2007, in accordance with the Act on Social Services, a new definition of children who are persons dependent on the assistance of other natural persons was developed for the purposes of awarding foster care benefits.

With effect from December 21<sup>st</sup>, 2007, in relation to amendments to the legislation concerning the residence of foreign nationals on the territory of the Czech Republic, modifications were made to the basic conditions giving entitlement to state social support benefits, which is dependent on permanent residence in the Czech Republic, with the exception of people who are citizens of the EU and Member States of the European Economic Community.

**With effect from January 1<sup>st</sup>, 2008, the following changes were made in the area of state social support:**

- the types of income to be included in the decisive income for the purposes of state social support benefits was specified and the people to be included in the income base was more tightly restricted for the same purpose,
- entitlement to child benefit was restricted by setting a lower level of decisive income which must not be exceeded to give rise to this entitlement,
- child allowance was established as a fixed sum at a single level that only changes according to the age of the child,
- entitlement to a social allowance was restricted by reducing the relevant coefficient,
- parental allowance entitlement:
  - a) at an increased rate of 11,400 CZK a month until the child is two years old, if the parents were entitled to a monthly maternity benefit or financial assistance of 380 CZK a day and this draw down is applied for at the latest by the end of the

- calendar month following the calendar month in which the child entitling them to a parental allowance reaches the age of 22 weeks, or 31 weeks in the case where 2 or more children were born,
- b) at the basic rate of 7,600 CZK a month until the child is 21 months old, if the parent does not fulfil the conditions set forth in sub-paragraph a),
  - c) at the basic rate of 7,600 CZK a month from when the child is 21 months old until the child is 3 years old, if the parent does not fulfil the conditions set forth in sub-paragraph a), the parents are entitled to maternity benefit, financial assistance or sickness benefit provided in relation to the birth and the parent selected this form of parental allowance,
  - d) at the reduced rate of 3,800 CZK from when the child is 21 months old until the child is 4 years old, if the parent did not fulfil the conditions set forth in sub-paragraphs a) and c),
  - e) if the parent is caring for a child suffering from a long-term disability or a severe long-term disability, he/she is always entitled to a parental allowance of 7,600 CZK a month until the child reaches the age of 7 years,
- entitlement to parental allowance, with the exception of the entitlement set forth in sub-paragraph e), is always based on care for the youngest child in the family, the parent selects one of the possible rates of the allowance and this selection may not be revised at a later date. Each of the parents has the same entitlement to parental allowance, even where the father is entitled to financial assistance. The option for the child to attend a nursery, kindergarten or other similar facility for children of pre-school age is maintained, under the same conditions (just as before January 1st 2008 up to 5 calendar days in a calendar month or up to 4 hours a day). The rate of the parental allowance and certain sickness insurance benefits have been adjusted,
  - the contribution for school related items, paid to children starting mandatory school attendance, has been discontinued,
  - a change has been made to the child allowance for children taken into foster care, with this being set as a fixed sum contribution, varying according to the age of the child,
  - the birth grant has been set at a fixed sum of 13,000 CZK for each child born, representing a reduction in cases where two or more children are born at the same time,
  - entitlement to a funeral grant has been limited to cases where the funeral is that of a dependent child, or that of someone who was the parent of a dependent child at the time of his death,
  - certain management issues have been adjusted to take account of the changes listed above,
  - an obligation has been imposed on the Ministry of Labour and Social Affairs to make certain information available, in electronic form, from the ministry's information system under certain conditions and to a specified extent.

**Summary of changes made in the area of socio-legal protection of children from January 1<sup>st</sup>, 2005 to December 31<sup>st</sup>, 2007:**

The amended Act on Socio-Legal Protection of Children, which entered into force on February 1<sup>st</sup>, 2005, imposes certain obligations on socio-legal child protection bodies concerning the granting of asylum.

With effect from January 1<sup>st</sup>, 2006, it imposes an obligation on socio-legal child protection bodies to provide necessary information to the Ombusman.

With effect from April 1<sup>st</sup>, 2006, certain entitlements falling under socio-legal child protection will incorporate new amendments to the subsistence and existence minimum and various technical legislative adjustments will be made.

With effect from June 1<sup>st</sup>, 2006, child protection rights were extended, the obligation for healthcare facilities to report all child injuries, the provision of counselling services for parents and others caring for children has been extended, amendments have been incorporated to ensure a more effective approach to mediating adoption and foster care for children, the institution of temporary foster care has been introduced, some criteria for children being taken into institutional care have been modified, a new delimitation of the competence of regional advisory bodies and the establishment of advisory bodies by the Ministry of Labour and Social Affairs, certain changes were made in the provision of institutional care by facilities for children requiring immediate assistance, new payment provisions were established for these facilities and the provision of a state grant to these facilities was incorporated in the legislation, conditions under which socio-legal protection could be provided to children by private entities were defined and administrative infractions were modified in this area.

With effect from September 1<sup>st</sup>, 2007, obligations are imposed on socio-legal child protection bodies in relation to and subject to the granting of asylum.

With effect from September 1<sup>st</sup>, 2007, the state grant for facilities for children requiring immediate assistance has been raised and certain conditions governing the provision of these benefits have been specified.

**With effect from January 1<sup>st</sup>, 2008, the following changes were made in the area of socio-legal child protection:**

The amended Act on Socio-Legal Protection of Children specified the conditions under which a child resident in an institution may leave the institution to stay with relatives or other natural persons. A definition is also given for the term “good character”.

**Summary of changes in the area of social services from 1. 1. 2005 to 31. 12. 2007:**

**As regards measures restricting the movement of people**

With effect from October 1<sup>st</sup>, 2005 it is prohibited to apply measures restricting the movement of people in the provision of institutional social care. This ban is subject to exceptions in cases where the life or the health of the person against whom restrictive measures have been imposed is at direct risk, or in the case of a risk to the health or life of other persons. In these situations restrictive measures may only be imposed for the period they are absolutely necessary. An obligation was also imposed on the social care facility to inform the person’s legal representative and the facility’s founder of any use of restrictive measures. The obligation to record cases when measures to restrict people’s movement are adopted was also imposed.

Since January 1<sup>st</sup>, 2007, the legislation relating to measures restricting the movement of people has formed part of the Act on Social Services. The new legislation is based on similar principles to those outlined above. However, the types of other measures, including their sequence, meaning which ones should be imposed before measures to restrict people's movements are introduced in the emergency situations referred to above, are specified in more concrete terms. Measures to restrict the movement of people may only be applied with the prior approval of a physician.

The amendments to the Act on Social Services apply to all registered social services. The appropriate application of measures to restrict the movement of people is monitored within the framework of quality inspections of the social services.

### **As regards the Act on Social Services**

In 2006 **Act no. 108/2006 Coll., on Social Services**, was adopted and entered into force on January 1<sup>st</sup>, 2007. This legal document represents a fundamental change in the system of social services.

From January 1<sup>st</sup>, 2007 people dependent on assistance from others are entitled to a contribution for care, whose purpose is to enable dependent people to decide for themselves on the care they need to receive. The result of the introduction of this benefit was the cancellation of the contribution for care of a family member or other person and an increase in the invalidity pension.

The Act also determines the types of social services, paying for them, financing of social services and the obligations of social service providers. Social services may only be provided on the basis of an authorization, which the social service provider receives after a decision is made on its registration. The activities of social service providers is monitored by the social service inspectorate. The criterion for assessing the quality of services provided are the standards for quality in social services. The Act also establishes the qualifications required for people working in the provision of social services.

The Act on social services was amended, with effect from February 20<sup>th</sup>, 2007 with the introduction of a new type of social service – **intervention centres**, which provide assistance to people at risk from domestic violence.

Another change in the Act on Social Services entered into force in January 1<sup>st</sup>, 2008. This restricted entitlement to assistance benefits in cases where the benefit recipient spends an entire calendar month in an institutional healthcare facility, in an educational facility performing reform or rehabilitation services or in custody or serving a term of imprisonment. The purpose of this amendment is to reduce duplicate financing of people residing in the institutions referred to above.

### **Standards for Quality in Social Services**

Since January 1<sup>st</sup>, 2007, standards of quality for social services have been set by **Decree no. 505/2006 Coll., implementing some provisions of the Act on social services**. The obligation on social service providers to comply with these standards is stipulated in the Act

on Social Services. This Act defines standards of quality for social services as a set of criteria used to define a level of quality for the provision of social services in the area of social services staffing and operations and in the area of relations between the provider and the clients. Compliance with these standards of quality is assessed using a point system. This assessment is made by the social service inspectorate. The inspections are carried out by the regional authorities and the Ministry of Labour and Social Affairs. Specialized professionals may also be members of the inspection team.

### **Summary of changes in the area of social assistance – assistance in material need from January 1<sup>st</sup>, 2005 to December 31<sup>st</sup>, 2007:**

During the period from 2005 to 2006, no significant legislative changes occurred in the area of social assistance (the previous terminology referred to this as social need) .

In 2005 intensive work began on the **Act on Assistance in Material Need**, which entered into force on January 1<sup>st</sup>, 2007 as **Act no.111/2006 Coll.** Given the fact that almost the entire reference period was spent preparing for the implementation of the new Act, no changes were made to the existing Act no. 482/1991 Coll., on Social Need. For this reason, the report has been compiled on the basis of the new Act, as the situation concerning the previous legislation to December 31<sup>st</sup>, 2006 is unchanged.

Act no. 111/2006 Coll., on Assistance in Material Need, has replaced the expression “social need” with the expression “**material need**”, and instead of the expression “social care benefits” the term “**assistance in material need benefits**”, which consist of an allowance for living, a supplement for housing and extraordinary immediate assistance.

In organization terms, the **system of assistance in material need** is divided between:

- a) delegated municipal authorities, which decide on every assistance in material need benefit and ensure their disbursement, with the exception of extraordinary immediate assistance, with the help of a closely restricted group of people,
- b) municipal authorities of municipalities with extended authority, which, in addition to the benefits for assistance in material need mentioned above, also decide on extraordinary immediate assistance to people at risk of social exclusion,
- c) regional authorities, which constitute the body for appeal against decisions taken by delegated municipal authorities and authorities of municipalities with extended authority,
- d) the Ministry of Labour and Social Affairs, which is the management, control and methodological body for the authorities referred to above.

Since January 1<sup>st</sup>, 2007 the following types of benefit for assistance in material need have existed:

- allowance for living
- supplement for housing
- extraordinary immediate assistance

The allowance for living and the extraordinary immediate assistance are paid in cash or in kind (or through a combination of the two). The supplement for housing is paid in cash or in the form of the directly paid rent or services related to the use of the residence (such as gas,

electricity, etc.). The supplement for housing is paid monthly, at the end of the month for which it is due. The minimum amount of the allowance for living and the supplement for housing is 50 CZK. The allowance for living is paid on the calendar month for which it is due, in Czech crowns, in cash at the authority's cashdesk, by postal order, by bank transfer to an account specified by the beneficiary, in the form of vouchers, etc.

Conditions granting entitlement to benefits:

- after payment of eligible housing costs, income is inadequate for subsistence living,
- even after being granted an allowance for living, income is inadequate to cover eligible housing costs,
- an extraordinary situation that the person is unable to resolve through their own efforts.

Criteria used to assess a situation of need (i.e. material need):

- the level of income, the value of the person's personal assets and real estate and the possibility of selling, renting or otherwise using this property to raise his standard of living, the person's own activities and efforts to resolve the situation.

Procedure for determining whether a person has sufficient means:

- a written application must always be submitted, inquiries are made of income and property, and the applicant's situation is verified by means of a social investigation,
- when conditions exist requiring extraordinary immediate assistance, action is taken as quickly as possible.

The body that decides whether grant assistance:

- delegated municipal authorities, and in certain cases the municipal authority of a municipality with extended authority.

Assistance in material need is solely bound to a person's income, his overall property and social relations and his own activities and efforts to resolve his unfortunate situation. Any political or social affiliations the person may have are totally irrelevant as far as the Act on assistance in material need is concerned. The data required may only be retrieved with the written consent of the applicant and only to the extent necessary to confirm his entitlement to the benefit and its amount. Entry to the person's residence during the social investigation is only permitted with his consent. Employees working for authorities administering assistance in material need are under a duty not to disclose any details they may have learned during their work concerning the applicant and any breach of this duty may be subject to a fine of 10,000 CZK.

The Act on assistance in material need guarantees social advisory services for all in order to resolve or prevent a situation of material need.

Since January 1<sup>st</sup>, 2007, when it entered into force, the Act on Assistance in Material Need has undergone the following amendments:

- the option of providing allowance for living and supplement for housing benefits to people – foreigners, who have been granted additional protection on the territory of the Czech Republic pursuant to the Act on Asylum, as well as to asylum seekers has been incorporated into the Act on Assistance in Material Need. This amendment came into force at the same time as the entry into force of the Act on Assistance in Material Need, or from January 1<sup>st</sup>, 2007

- with effect from December 21<sup>st</sup>, 2007, legislation also providing an allowance for living and a supplement for housing to people – foreigners, who hold long-term residence permits confirming their legal standing as long-term residents of the European Community on the territory of another European Union Member State and their family members, provided they have been issued a long-term resident permit for the Czech Republic and provided they are domiciled on the territory of the Czech Republic was transposed and thereby put in more precise terms.

### **New legislation in the area of assistance in material need since January 1<sup>st</sup>, 2008:**

The Act on Assistance in Material Need was supplemented by a provision that, for the purposes of assessing material need, 80% of wages (salary) for the period of the first 14 days of temporary incapacity for work (quarantine) will also be regarded as income. This amendment enters into force on January 1<sup>st</sup>, 2009 and follows on from the new Act on Sickness Insurance, under the terms of which the first 14 days of incapacity for work will not be reimbursed from sickness insurance, but constitute wages refunded by the employer.

With effect from January 1<sup>st</sup>, 2008, the group of people who are not deemed to be persons in material need was elaborated, because these people are provided for by other systems. These are permanent residents of homes for the disabled, homes for the elderly and supported housing, as well as people who are long-term residents (longer than 3 months) of psychiatric institutions, hospices for the long-term ill, or another healthcare facility where they are provided with institutional social services.

At the same time a number of tighter measures were introduced, whose purpose is to prevent misuse of the system of assistance in material need:

- people who are registered in the records of job seekers and who refuse short-term employment or to attend a programme targeted at improving their employment prospects for no good reason are excluded from the group of persons in material need for a period of 3 months.
- people who intentionally induce incapacity for work, or became incapable of work through their participation in fights, drunkenness, the use of addictive substances or while committing a crime are also excluded from the group of persons in material need.

The subsistence amount, which is used to calculate the amount of the allowance for living, is reduced to the existence minimum for people who are employed or otherwise gainfully active for a continuous period of over 12 months. This measure is aimed at people who do not make any effort and do not develop any activities to earn a living through their own work. Because of this, an exception to this rule was also made for people who are disadvantaged on the labour market through no fault of their own. This includes people over the age of 55, partially disabled people and one of the parents of a child up to the age of 12.

A 600 CZK increase in the subsistence amount was cancelled for people remaining in the jobseekers register for a period longer than 12 months, because it was demotivating in nature.

An obligation has been introduced for applicants for a supplement for housing to request allocation of cheaper appropriate accommodation from the municipality in which he has permanent residence. His entitlement does not arise if the municipality offers him this option and the applicant rejects it. An exception has also been made to this rule for people over the



age of 70 and for people residing in special housing and accommodation that had received an adaption grant pursuant to a special legal regulation (i.e. flats in homes with day care and barrier-free flats).

### **Summary of changes in the area of the subsistence minimum (or the subsistence and existence minimum) from January 1<sup>st</sup>, 2005 to December 31<sup>st</sup>, 2007:**

#### **Amendments to the Act on the Subsistence Minimum:**

- with effect from September 19<sup>th</sup>, 2005 a special supplementary pension, awarded as a mark of appreciation for those who participated in the national struggle for the creation and liberation of Czechoslovakia, has been included as an item that is not deemed to constitute income,
- with effect from October 1<sup>st</sup>, 2005 half of the allowance for care of a family member or other person has been included as an item that is not deemed to constitute income.
- with effect from July 1<sup>st</sup>, 2006, following the introduction of the institution of registered partnership, the term “partner” was added to the category of people assessed in common.

**Act no. 463/1991 Coll., on the Subsistence Minimum, as amended, was repealed at the end of December 31<sup>st</sup>, 2006 as a result of the adoption of the new Act no. 110/2006 Coll., on the Subsistence and Existential Minimum, which contributed, alongside the new Act no. 111/2006 Coll., on Assistance in Material Need, to the reconstruction of the system of social assistance.** The main reason was to introduce more motivation for people to accept less prestigious work.

With the entry into force of **Government Regulation no. 505/2005 Coll., on increasing the amounts of the subsistence minimum** from January 1<sup>st</sup>, 2006, the last valorization of the subsistence minimum provided for by Act no. 463/1991 Coll., on the subsistence minimum, as amended, was made.

The objective of **Act no. 110/2006 Coll., on the Subsistence and Existential Minimum**, which entered into force on January 1<sup>st</sup>, 2007, is to ensure adequate and fair protection against material need for all types of household, while at the same time motivating people to work more than previously when used in the new Act on assistance in material need and greater efforts to alter the social and economic situation.

Neither is the subsistence minimum stipulated in the Act in the new benefits system. Just as previously, it is only a criterion for assessing whether natural persons or households have sufficient income to cover their social protection. Conditions governing entitlement to benefits for assistance in material need and the amount of these benefits are set forth in the Act on assistance in material need.

The fundamental difference in the new Act on the subsistence and existence minimum is the change from a two-part subsistence minimum to a single-part subsistence minimum. The subsistence minimum restricts the need for financial assistance to sustenance and other basic personal needs.

The subsistence minimum is the minimum socially acceptable level of financial income to provide sustenance and other basic personal needs. The existence minimum is the lowest level

of financial income considered essential for ensuring sustenance and other personal needs at a level that allows survival. The existence may not be applied for dependent children, old-age pensioners, fully disabled people and people over the age of 65.

The amounts representing housing costs are excluded from the subsistence minimum because housing protection is covered by the system of state social support provided by the newly conceived housing allowance and by the supplement for housing in the system of assistance in material need. The reason for this step is the huge differences in housing costs, not only in terms of the number of people in the household, but also by size of accommodation, type of ownership, the possibility of finding appropriate accommodation in a specific area, etc., which cannot be objectively limited out of the centre.

Subsistence minimum amounts are differentiated for adults by type of household (an individual or multiple household with or without children) and graded in order of adults in a particular type of household (by age) – the subsistence minimum for an individual, the subsistence minimum for the first person in the household and then the second and other adults in the household. Subsistence minimum amounts for dependent children continue to be differentiated according to age. One change is the reduction of age groups from four to three, because the age group from 6 to 10 years has been combined with the 10 to 15 year age group to form a single age group ranging from 6 to 15 years. The subsistence minimum is the sum of all the subsistence minimum amounts of the individual members of the household.

The groups of people referred to in the Act are assessed in the same way as in the previous legislation. The main people to be jointly assessed are those who have a mutual maintenance obligation and who share the same accommodation. Permanent residence registration is not set as a condition because permanent residence registration in itself frequently does not reflect the fact that people are actually living together. However, it is important to start from the fact that people who live in a flat have joint use of the flat and, for the groups of people stipulated in this Act, to accept this fact as a reason for a joint assessment. For the purposes of other legal regulations, people state with whom they have joint use of the flat and a procedure allowing verification of whether this report is true or not should be included in these regulations. In the case of major children, the assumption should be that they do not necessarily live with their parents, even when they are without means of their own.

Under the terms of the previous legislation, the fact that people were cohabiting in the sense of the civil code constituted a condition for joint assessment. The people being assessed frequently contested this condition. For this reason the Act establishes a number of categories of people who are always jointly assessed, regardless of this formulation, with set exceptions that can be modified as needed in the same way as in other legal regulations that use the Act on the subsistence and existence minimum.

A new element in this Act is the **institution of the existence minimum**, which corresponds to the minimum living standard essential to ensure sustenance and other basic personal needs to enable survival. This institution has been absent from our legislation until now.

The existence minimum is used in the Act on Assistance in Material Need, in particular as the minimum level of income that is essential to ensure sustenance and other basic personal needs for people in material need who do not comply with the condition of attempting to resolve an unfavourable social situation, with the exception of dependent children, old age pensioners, fully disabled people and people over the age of 65.

### **New legislation concerning the subsistence and existence minimum from January 1<sup>st</sup>, 2008:**

With regard to the postponed entry into force of the Act on Employee Injury Insurance, an amendment to the Act on Subsistence and Existence Minimum has also been modified to include, in the listing of types of income that can be set off, injury insurance benefits, with the exception of pain insurance, an allowance for aggravated social inclusion, refunds for costs for treatment and refunds for funeral costs. This amendment will come into force on January 1<sup>st</sup>, 2010.

Changes in the partial valorization mechanism were brought by the Act on Stabilization of the Public Budgets, allowing the Government, after complying with the valorization conditions stipulated in the Act, to decide on the valorization date, either by raising the subsistence and existence minimum amounts from January, or waiting until the following January to make the increase, or selecting another date, on the basis of a general warrant to increase these amounts without a deadline. Possible problems of interpretation during the practical application of certain provisions are also dealt with. This involves a modification in the area of competition between individual groups of jointly assessed people and a more precise interpretation of provisions regulating the method of calculating income. It also reacts to the adoption of an Act under which income arising from care of a family member or other person, which entitles the carer to an allowance for care under the Act on Social Services to be added to the total of income that is exempted from income tax. Following on from this amendment, the conditions under which this income will not be included, under the terms of the Act on subsistence and existence minimum must be established accurately in order to avoid any further doubts. Most of the changes in the area of the subsistence and existence minimum implemented by this Act came into force on January 1<sup>st</sup>, 2008.

### **Summary of changes in the area of pension insurance from January 1<sup>st</sup>, 2005 to December 1<sup>st</sup>, 2007:**

The retirement age is raised every year by 2 months for men and by 4 months for women until it reaches 63 years for men and 59-63 years for women, depending on the number of children they have raised. In 2007 the retirement age for men was 61 years and 8 months while for women it depended on the number of children they had raised; for women without children it was 60 years, for women who had raised one child 59 years, for women who had raised two children 58 years, for women who had raised 3 and 4 children 57 years and for women who had raised 5 and more children 56 years.

During the period under review, restrictions were placed on the options for taking up the first type of early old-age retirement. This type of retirement may only be taken if the conditions stipulated in the Act were fulfilled by December 31<sup>st</sup>, 2006.

With effect from February 1<sup>st</sup>, 2006, salary levels have no effect on the payment of the partial disability pension. From July 1<sup>st</sup>, 2006 changes were made to the level of the widow's pension for widows who became entitled to this pension before January 1<sup>st</sup>, 1996 and as a result of the fixed maximum levels that applied to parallel pensions under the terms of the

previous legislation its amount was restricted, or payment of this pension was released in cases where the widow's pension had not been paid.

With effect from January 1<sup>st</sup>, 2007, the transfer of the pension rights of civil servants or other employees of the EC or other institutions contributing to the EC pension system was allowed.

With effect from July 1<sup>st</sup>, 2007, the administrative conditions applying to men and women regarding the calculation of periods spent caring for a child under the age of 4 were consolidated for the purposes of pension insurance.

During the period under review, the types of income included in the assessment base for the purposes of calculating social security insurance were expanded. A maximum annual employee assessment base was introduced for the payment of insurance premiums representing forty-eight times the average wage. This maximum also applies to the self-employed.

#### **Summary of changes in the area of support for employment from January 1<sup>st</sup>, 2005 to December 31<sup>st</sup>, 2007:**

During the period from January 1<sup>st</sup>, 2005 to December 31<sup>st</sup>, 2006 the maximum amount of unemployment support could reach 2.5 times the amount of the subsistence minimum for one person over the age of 26 years of age on the day the application for unemployment support was submitted, and the maximum amount of retraining support could be 2.8 times the subsistence minimum for one person over the age of 26 on the day he began the retraining programme. With effect from January 1<sup>st</sup>, 2007 an amendment was introduced, changing the maximum amount of unemployment support to 0.58 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 application for unemployment support was submitted. The maximum amount of retraining support was 0.65 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 jobseeker began the retraining course.

#### **Changes in the area of support for employment from January 1<sup>st</sup>, 2008:**

Entitlement for unemployment support is not due to a jobseeker:

- a) whose labour law relationship with his employer was terminated within the period of 6 months before being included in the register of jobseekers, for breach of the obligations arising from the legal regulations relating to the work performed in a particularly harsh manner; this also applies in the event another work relationship have been terminated for similar reasons;
- b) who has become entitled to a service pension in accordance with a special legal regulation and this pension is higher than unemployment support, to which the jobseeker would be entitled if he was not entitled to the service pension.

**In its Conclusions on the previous report, in Article 12, paragraph 1, the Committee for Social Rights requested responses to the following questions:**

The Committee requests details of the minimum unemployment support in order to assess the effectiveness of unemployment benefits.

The Czech system has no minimum unemployment support. The level of unemployment support is derived from the jobseeker's last salary. During the first 3 months of the period of support, unemployment support represents 50%, and for the remainder of the support period 45% of average net monthly earnings or the assessment base.

In the event the jobseeker fulfils the condition of previous employment by calculating substitution periods and this period is assessed in the same way as a previous employment, or where, for no fault of his own he is unable to prove his average net monthly earnings or his assessment base, or if no average net monthly earnings can be established, unemployment support for the first 3 months is calculated as 0.12 times, and for the remaining months as 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 application for support was submitted.

Up until 2007, in the cases referred to in the previous paragraph, unemployment support was derived from the subsistence minimum amounts valid for one person over the age of 26 (50% for the period of the first 3 months and 45% of these amounts for the remaining support period). Given the fact that the subsistence minimum was 4,420 CZK in 2006, unemployment support calculated using this method was 2,210 CZK for the first three months and 1,989 CZK for the remaining months of the support period.

Information on minimum old-age and disability pensions.

The Act on pension insurance, which entered into force on January 1st 1996, abolished wives' pensions. These were pensions awarded to women who were not entitled to any other pension and who had either reached the age of 65, or who were disabled. With the discontinuation of this category of pension, pensions paid as wives' pensions were transferred to the category of old-age pensions (for women who had already reached the retirement age) and to disability pensions (for women who had not reached the age entitling them to old-age pensions. When claimed, the level of pensions for "wives" amounted to 200 CZK a month, however, because of the claim period, this amount was higher after valorization. On this basis, the minimum percentage rate for the pension was set at 770 CZK and this was mainly used for these types of pension. To date there has been no reason to increase this amount because all pensions paid out are valorized following set rules and the provisions regarding minimum pensions are only applied in very exceptional cases. In 2008 only beneficiaries who received average monthly indexed earnings for the determining period between 1986 and 2007 of less than 1,710 CZK may apply this provision. A minimum pension of 2,470 CZK represents 144% of the amount of 1,710 CZK. Fewer than 0.4% of old-age pensions are paid as minimum pensions.

Those disabled from youth and disabled people who have paid at least 15 years of insurance, are entitled to a pension calculated as a percentage of the average wage in the national economy. In 2007 the amount of this pension represented 8,231 CZK.

According to Eurostat data, the Czech Republic has the lowest poverty levels of all the EU 25 countries. In the Czech Republic, 6% of people over the age of 65 are at risk of poverty (of which 8% are women and 2% men). In all the EU 25 countries an average of 19% (21% for women and 16% for men) of people over the age of 65 are at risk of poverty.

The data presented above indicate that the introduction of a minimum pension amount would be irrelevant in the Czech Republic. The extremely low pensions indicated in the statistics mainly relate to partial pensions.

## ARTICLE 12, PARAGRAPH 2

The Czech Republic submitted its last report on the application of the International Labour Organization Convention no. 102 on minimum standards of social security in 2006. According to the expert conclusions, the Czech Republic is in compliance with this convention.

The Czech Republic is also a signatory of the European Code of Social Security. During the period under review, it submitted 3 reports on the application of the European Code of Social Security, of which one was a detailed report. The expert conclusions confirm that the Czech Republic is in compliance with its obligations arising from the European Social Charter.

### Level of benefits for one-member households

Calculation of the level of benefits from the wages of a qualified worker, using the rules established by the ILO Convention nos. 102 and 130.

**gross salary in 2007**

**23,002 CZK**

**net salary**

**17,4746 CZK**

	Amount of benefit *)	proportion of net salary
sickness	11,160	<b>63.9 %</b>
maternity cash assistance	13,980	<b>80.8 %</b>
old age pension	7,956	<b>45.5 %</b>
disability pension	7,956	<b>45.5 %</b>
widow's pension	4,808	<b>27.6 %</b>
orphan's pension	4,203	<b>24.1 %</b>

\*) established pursuant to the legislation in 2008

For more detailed information concerning the level of individual benefits, see the Report on Compliance with the European Code of Social Security.

## ARTICLE 12, PARAGRAPH 3

### Amount of the birth grant

Number of children born together	to March 31 <sup>st</sup> , 2006	from April 1 <sup>st</sup> , 2006 to December 31 <sup>st</sup> , 2006
1	8,750 CZK	17,500 CZK
2	21,000 CZK	52,500 CZK
3	52,500 CZK	78,750 CZK
4	70,000 CZK	105,000 CZK
5	87,500 CZK	131,250 CZK

Another measure that was adopted, which has brought about an even more significant increase in income for families with small children, came into force on January 1<sup>st</sup>, 2007. This resulted from a new method of the parental allowance, which has been adjusted to correspond to 40% of the average monthly wage in the non-commercial sector for the preceding calendar year. In 2007 this parental allowance amounted to 7,582 CZK a month.

### **Selected statistical data in the area of state social support benefits**

#### Development in the costs of state social support in millions of CZK

<b>Benefit</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
child allowance	11,215	11,033	10,236
social allowance	4,803	4,418	4,607
birth grant	896	1,591	2,097
parental allowance	12,644	13,526	28,690
foster care benefits	471	585	771
of which:			
allowance for the needs of the child	343	369	402
foster care grant	112	203	353
grant on fostering a child	9	10	10
motor vehicle grant	3	4	5
funeral grant	534	513	509
supplement for housing	2,474	2,287	1,565
grant for school-related items	x	52	57
<b>Total</b>	<b>33,046</b>	<b>34,051</b>	<b>48,532</b>



Development in the average annual numbers of state social support beneficiaries

<b>Benefit</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
child allowance	21,663,161	21,119,348	20,040,922
social allowance	3,954,913	3,562,562	2,890,057
birth grant	101,522	105,538	113,753
parental allowance	3,490,109	3,678,814	4,067,372
foster care benefits			
of which:			
allowance for the needs of the child	86,222	91,278	95,737
foster parent allowance	73,636	89,309	96,512
grant on fostering a child	1,112	1,165	1,196
motor vehicle grant	27	32	52
funeral grant	106,687	102,568	101,880
supplement for housing	3,138,030	2,806,467	1,380,313
grant for school-related items	x	64,935	57,279

Collection of social security premiums (proportion of payments of prescribed insurance premiums expressed as a percentage)

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Total payments/total billing (inc. fines and penalties)	99.9%	100.9%	101.5%
Total payments/billing notice	100.2%	100.8%	101.0%

Total payments = insurance premiums collected

**During the period under review, the following measures were adopted which impacted on the level of pensions:**

Pursuant to Government Regulation no. 521/2004 Coll. (which came into force on January 1st 2005)

- a standard assessment base of 16,769 CZK was established for 2003, and
- the level of the conversion rate to adjust (update) the standard assessment base for 2003 was set at a level of 1.0665.

This Government Regulation also adjusted the amounts for setting the calculation base (the reduction levels for the personal assessment base) as follows:

- the sum of 7,500 CZK is increased to 8,400 CZK,
- the sum of 19,200 CZK is increased to 20,500 CZK.

These adjusted figures for calculating pensions are used for pensions granted from a date in 2005.

Pursuant to Government Regulation no. 414/2005 Coll. (which came into force on January 1st 2006)

- a standard assessment base of 17,882 CZK was established for 2004 and
- the level of the conversion rate to adjust (update) the standard assessment base for 2004, was set at a level of 1.0532.

This Government Regulation also adjusted the amounts for setting the calculation base (the reduction levels for the personal assessment base) as follows:

- the sum of 8,400 CZK is increased to 9,100 CZK,
- the sum of 20,500 CZK is increased to 21,800 CZK.

These adjusted figures for calculating pensions are used for pensions granted from a date in 2006.

Pursuant to Government Regulation no. 462/2006 Coll. (which came into force on January 1st 2007)

- a standard assessment base of 18,809 CZK was established for 2005 and
- the level of the conversion rate to adjust (update) the standard assessment base for 2005, was set at a level of 1.0707.

This Government Regulation also adjusted the amounts for setting the calculation base (the reduction levels for the personal assessment base) as follows:

- the sum of 9,100 CZK is increased to 9,600 CZK,
- the sum of 21,800 CZK is increased to 23,300 CZK.

These adjusted figures for calculating pensions are used for pensions granted from a date in 2007.

Pursuant to Government Regulation no. 257/2007 Coll. (which came into force on January 1st 2008)

- a standard assessment base of 20,050 CZK was established for 2006 and
- the level of the conversion rate to adjust (update) the standard assessment base for 2006, was set at a level of 1.0753.

This Government Regulation also adjusted the amounts for setting the calculation base (the reduction levels for the personal assessment base) as follows:

- the sum of 9,600 CZK is increased to 10,000 CZK,
- the sum of 23,300 CZK is increased to 24,800 CZK.

These adjusted figures for calculating pensions are used for pensions granted from a date in 2008.

Pursuant to Government Regulation no. 565/2004 Coll., from January 2005 the percentage rate for all pensions granted prior to January 1st 2005 was increased by 5.4% of the percentage rate. The base pension assessment rate was raised in 2005 from 90 CZK to 1,400 CZK a month.

Pursuant to Government Regulation no. 415/2005 Coll., from January 2006 the percentage rate for all pensions granted from January 1st 1996 to December 31st 2005 was increased by

4% of the percentage rate. For pensions granted prior to January 1st 1996, the percentage pension assessment rate was increased by 6%. The base pension assessment rate was raised by 70% in 2006 to 1,470 CZK.

Pursuant to Government Regulation no. 461/2006 Coll., from January 2007 the percentage rate for all pensions granted during the period from January 1st 1996 to December 31st 2006 was increased by 5.6% of the percentage rate. For pensions granted prior to January 1st 1996, the percentage pension assessment rate was increased by 5.6%. The base pension assessment rate was raised by 100 CZK in 2007 to 1,570 CZK.

Pursuant to Government Regulation no. 256/2007 Coll., from January 2008 the percentage rate for all pensions granted during the period from January 1st 2008 was increased by 3% of the percentage rate. The base pension assessment rate was raised by 130 CZK in 2008 to 1,700 CZK a month.

Pursuant to Government Regulation no. 211/2008 Coll., with effect from August 1st 2008, an extraordinary increase of 470 CZK a month was granted for all pensions.

Old-age pensions recorded an increase in 2005 of an average of 416 CZK, pensions were increased in 2006 by 385 CZK, in 2007 by 508 CZK and in 2008 they were increased by 350 CZK.

**During the reference period, the following measures were adopted, which had an impact on the level of sickness benefit:**

During the period under review, the reduction levels used to establish the average daily assessment base, which is used to calculate sickness insurance benefits, were raised. The first reduction level was raised from 480 CZK to 510 CZK and then to 550 CZK. The second reduction level was raised from 690 CZK to 730 CZK, and then to 790 CZK.

**Increase in the maximum unemployment support level:**

In 2005 the maximum possible level of unemployment support was 10,750 CZK, in 2006 11,050 CZK and in 2007 11,388 CZK.

**Basic social security indicators**

mil. Kč

Social Security											
		1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total income from insurance premiums		198,127	204,551	215,710	234,811	250,342	263,453	284,216	301,199	323,435	356,227
Total expenditure on social security *)		240,712	261,106	279,945	298,681	310,470	332,583	375,232	395,712	435,054	507,588
of which	social income of the population	221,160	238,940	258,698	274,983	296,744	306,289	317,531	329,833	350,504	392,917
	outgoings on active employment policies	903	1,922	3,406	4,037	3,483	3,274	3,938	4,172	5,302	5,674
	social services	9,476	9,853	11,016	12,630	14,850	14,790	14,055	14,685	1,923	9,651
	grants to civic and humanitarian organizations	619	624	664	949	919	768	1,198	950	1,361	1,321
VAT in standard prices		1,996,483	2,080,797	2,189,169	2,352,214	2,464,432	2,577,110	2,814,762	2,983,562	3,215,642	3,551,364
Total % of VAT for social security		12.06	12.55	12.79	12.70	12.60	12.91	13.33	13.26	13.53	14.29
of which: % of VAT for social services		0.47	0.47	0.50	0.54	0.60	0.57	0.50	0.49	0.50	0.27

Source: MoLSA and CSO

\*) net of healthcare expenditure

## Social care benefits – average monthly number of beneficiaries and average monthly outgoings

	2003	2004	2005	2006
<b>RECURRENT BENEFITS</b>				
<b>Benefits for elderly and disabled people</b>				
Recurrent allowances contingent on social need				
- average monthly number of beneficiaries	3.543	3.800	4.186	4.653
- average monthly outgoings in thousands of CZK	44.597	28.529	8.760	8.518
Recurrent allowances contingent on condition of health				
- average monthly number of beneficiaries	167	182	188.561	197.165
- average monthly outgoings in thousands of CZK	734	565	31.737	33.865
<b>Benefits for childless job seekers</b>				
Recurrent allowances contingent on social need				
- average monthly number of beneficiaries	150	149	134.646	140.596
- average monthly outgoings in thousands of CZK	715	293	455.268	410.358
- average monthly outgoings in thousands of CZK	423	457		
- average monthly outgoings in thousands of CZK	607	995		
<b>Allowance for care of a family member</b>				
- average monthly number of benefits	33.050	37.065	42.297	49.740
- average monthly outgoings in thousands of CZK	130	144	172.553	265.568
- average monthly outgoings in thousands of CZK	323	046		
<b>Benefits for families with dependent children</b>				
Recurrent allowances contingent on social need				
- average monthly number of beneficiaries	86.346	93.749	80.857	72.369
- average monthly outgoings in thousands of CZK	322	309	276.745	265.892
- average monthly outgoings in thousands of CZK	497	873		
Recurrent child maintenance payments (§ 5 of Act no. 482/1991 Coll.)				
- average monthly number of beneficiaries	13.132	12.325	11.622	10.067
- average monthly outgoings in thousands of CZK	9.188	8.860	8.445	7.738
<b>ONE-OFF BENEFITS</b>				
<b>Benefits for elderly and disabled people</b>				
One-off allowances contingent on social need				
- average monthly number of beneficiaries	4.819	4.299	4.055	3.484
- average monthly outgoings in thousands of CZK	18.340	16.052	15.910	13.366
One-off allowances contingent on condition of health				
- average monthly number of beneficiaries	17.592	18.267	19.468	20.376
- average monthly outgoings in thousands of CZK	170	175	180.279	196.843
- average monthly outgoings in thousands of CZK	583	008		
<b>Benefits for childless job seekers</b>				
One-off allowances contingent on social need				
- average monthly number of beneficiaries	3.587	3.350	3.215	2.809
- average monthly outgoings in thousands of CZK	14.263	13.902	13.566	10.992
<b>Benefits for families with dependent children</b>				
One-off allowances				
- average monthly number of beneficiaries	6.921	6.043	5.563	4.546
- average monthly outgoings in thousands of CZK	20.051	17.478	16.439	14.062

Source: MoLSA

## ARTICLE 12, PARAGRAPH 4

Since its accession to the EU (on May 1<sup>st</sup>, 2004), the Czech Republic has applied Regulation (EEC) no. 1408/71 of the Council on the coordination of social security systems, as well as its implementing Council Regulation (EEC) no. 574/72 and Regulation (EEC) no. 859/2003 (extending the provisions of the Regulations referred above to third country nationals). In future, Council Regulation (EEC) no. 1408/71 will be replaced by Regulation (EC) no. 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (as soon as it enters into force, along with a new implementing Regulation). On the basis of the regulations referred to above, the principle of adding together periods of insurance or employment, which will be taken into account for assessing eligibility for unemployment benefit, is applied.

### **The Czech Republic has concluded bilateral agreements on social security with the following countries:**

Bosnia, Bulgaria, Montenegro, France, Chile, Croatia, Italy, Israel, Japan, Canada, Republic of Korea, Cyprus, Lithuania, Luxemburg, Hungary, Macedonia, Germany, Netherlands, Poland, Quebec, Austria, Romania, Russia, Slovenia, Slovakia, Serbia, Spain, Switzerland, Turkey, Ukraine a USA.

A bilateral agreement with Moldavia is currently under preparation, as well as a new agreement with Russia.

The objective of the agreements is to limit any violation of the rights of migrants from the contracting states, or any threat to their entitlement for performance from the social security system. The agreements enable benefits to be paid and the fundamentals of the application of coordination principles to be implemented within the limits of its material scope.

### **Principles ensuring the rights of migrants:**

- adding insurance periods,
- exporting benefits to the second contracting state (to the state of residence),
- non-discrimination (equal treatment with citizens of the contracting state),
- insurance against risks incorporated in the material scope of the agreement in only one of the contracting states.

Administrative arrangements have been negotiated for the purpose of implementing the agreements (e.g. in the case of the Agreement with Germany a Protocol has also been negotiated), which generally come into effect on the same day as the Agreement they are implementing.

Information on the specific content of individual agreements is provided in the table below. Conditions concerning the length of stay do not appear in these agreements.

## Bilateral agreements on social security concluded with the Czech Republic to March 1<sup>st</sup>, 2008

Country	Signature Date	Entry into force	Collection of laws (Coll. int. agree)	Sickness and maternity benefits		Pensions	Benefits for industrial injuries and occupational diseases		Unemployment benefits	Family benefits	Funeral grant
				Healthcare	Allowances		Healthcare	Allowances			
<a href="#">Bosnia</a> <sup>4</sup>	22.5.1957	1.12.1957	3/1958	UR	UR	UR	UR	UR		UR	UR
<a href="#">Bulgaria</a>	25.11.1998	1.1.2000	2/2000		O	O		O		O	O
Montenegro	17.1.2002	1.12.2002	130/2002	UR	UR	UR	UR	UR	UR	UR	UR
France	12.10.1948	1.7.1949	215/1949	O <sup>1</sup>	O	O		O			O
<a href="#">Chile</a>	7.12.2000	1.3.2004	23/2004	UR <sup>1</sup>		UR					
<a href="#">Croatia</a>	22.1.1999	1.7.2000	82/2000	UR	UR	UR	UR	UR	UR	UR	UR
Italy	11.10.2001										
<a href="#">Israel</a>	16.7.2000	1.7.2002	73/2002	O <sup>5</sup>	O	O	O <sup>6</sup>	O		O	
Japan	21.2.2008					UR					
<a href="#">Canada</a>	24.5.2001	1.1.2003	1/2003			UR					
Republic of Korea	14.12.2007					UR					
<a href="#">Cyprus</a> <sup>7</sup>	19.1.1999	1.3.2000	106/2000		UR	UR		UR	UR	UR	UR
<a href="#">Lithuania</a>	27.5.1999	1.8.2000	136/2000		UR	UR		UR	UR	UR	UR
<a href="#">Luxemburg</a> <sup>7</sup>	17.11.2000	1.3.2002	18/2002	UR	UR	UR	UR	UR	UR	UR	UR
Hungary	30.1.1959	1.12.1959	21/1960	O	O	O	O	O		O	
<a href="#">Macedonia</a>	7.10.2005	1.1.2007	2/2007	UR	UR	UR	UR	UR	UR	UR	
<a href="#">Germany</a> <sup>7</sup>	27.7.2001	1.9.2002	94/2002	UR	UR	UR	UR	UR			
<a href="#">Netherlands</a> <sup>2</sup>	30.5.2001	1.9.2002	93/2002		UR	UR				UR (Niz.)	
Poland	5.4.1948	1.10.1948	261/1948	O	O	O	O	O	O	O	O
Quebec	19.2.2002	1.11.2003	124/2003								
<a href="#">Austria</a> <sup>7</sup>	20.7.1999	1.7.2001	55/2001	UR	UR	UR	UR	UR	UR		
Romania	24.9.2002	1.3.2004	25/2004	UR	UR	UR	UR	UR		UR	
<a href="#">Russia</a> <sup>3</sup>	2.12.1959	1.7.1960	116/1960	O	O	O	O	O		O	
<a href="#">Slovakia</a> <sup>7</sup>	29.10.1992	1.1.1993	228/1993		UR	UR		UR	O	UR	UR
<a href="#">Slovenia</a> <sup>4</sup>	22.5.1957	1.12.1957	3/1958	UR	UR	UR	UR	UR		UR	UR
Serbia	17.1.2002	1.12.2002	130/2002	UR	UR	UR	UR	UR	UR	UR	UR
Spain	13.5.2002	1.5.2004	52/2004	UR	UR	UR	UR	UR	UR	UR	
<a href="#">Switzerland</a>	10.7.1996	1.11.1997	267/1997		UR	O		O			
Turkey	2.10.2003	1.1.2005	135/2004	UR	UR	UR	UR	UR	UR	UR	UR
<a href="#">Ukraine</a>	4.7.2001	1.4.2003	29/2003		O	O		O	O	O	O
USA <sup>2</sup>	12.7.1968	12.7.1968	nepubl.			O					
USA	7.9.2007					UR					

O	The agreement only applies to citizens of the Czech Republic and the other Contracting State
UR	Universal application – the agreement applies to every subject to the legislation of the Czech Republic and the other Contracting State
	Agreements in the process of ratification

- 1) only covers the provision of healthcare to pensioners
- 2) only an agreement concerning payment of benefits
- 3) agreement concluded between the Czechoslovak Socialist Republic and the Soviet Union
- 4) agreement concluded between the Czechoslovak Socialist Republic and former Yugoslavia
- 5) only covers healthcare in the case of emergency childbirth
- 6) only covers emergency healthcare
- 7) the agreement remains valid but is not applied (with the exception of precisely established exceptions agreed with the EU) given that the so-called Coordination Regulations EEC no.1408/71 and 574/72 on social security have priority application



**In its Conclusions to the previous report on Article 12 paragraph 4, the Committee for Social Rights requested responses to the following questions:**

The Committee asks whether agreements exist to regulate entitlement to the payment of family benefits with the following countries: Albania, Armenia, Georgia and Turkey and, if not, whether these are planned for some time in the future.

The Czech Republic has resolved the problem of payment of family benefits (requests for children to stay) and, in the interests of ensuring equal treatment within the meaning of Article 12 paragraph 4, with Turkey. The result was the conclusion of a bilateral international agreement on social security.

As concerns Albania, Armenia and Georgia, the Czech Republic addressed all those states that were former members of the Soviet Union, expressing an interest in concluding bilateral agreements on social security. These invitations have not yet been taken up. Only in the case of Albania has some communication taken place, although no timetable has yet been decided.

The Committee has discovered from other sources that permanent residence is required for entitlement to unemployment support, which implies a requirement for a length of stay longer than one year; if the applicant is not an employee, this is also a condition for non-money maternity and healthcare benefits.

This is a misunderstanding of the MISSOC data, which also date from May 2004 and are no longer applicable because the new Act on Employment has been in place since October 2004.

In the table on unemployment benefits, it is written that everyone with permanent residence is entitled to these. This is true, because only job seekers are entitled to unemployment benefits and only people who are permanently resident on the territory of the Czech Republic may become job seekers (unless this concerns a national from another EU Member State or a member of his family).

The table is correct in noting that the qualification period for entitlement to unemployment support is a 12 month period of employment, study or care for a child under the age of three during the previous three years. This obviously does not mean that they also have to comply with the condition of permanent residence for the entire period of these 12 months.

The Committee observes that in its previous conclusions (Conclusion XVII-1, p. 107) it found that the situation concerning the retention of benefits that had accrued for foreign nationals who are nationals of other states that are contracting parties to the Charter or the revised Charter was in compliance with the Charter. It repeats its question as to whether benefits awarded in the case of an industrial injury are also included.

Until the new Act on Employee Injury Insurance enters into force, the statutory instrument regulating industrial injuries and compensation for employees in the event of industrial injuries is Act no. 262/2006 Coll., the Labour Code, as amended.

This legislation applies to all employees, and therefore also to third country foreign national employees, provided their labour law relations are subject to Czech law.

## **ARTICLE 13: THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE**

With a view to ensuring the effective exercise of the right to social and medical assistance, the Contracting Parties undertake:

1. 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,
2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights,
3. 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,
4. to apply the provisions referred to in paragraphs 1, 2 and 3 of 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 11<sup>th</sup> December 1953.

### **Appendix to Article 13 paragraph 4**

Governments not Contracting Parties to the European Convention on Social and Medical Assistance may ratify the Charter in respect of this paragraph provided that they grant to nationals of other Parties a treatment which is in conformity with the provisions of the said convention.

## ARTICLE 13, PARAGRAPH 1

### Benefits for assistance in material need

**Act no. 111/2006 Coll., on Assistance in Material Need**, defines the following benefits in the system of assistance in material need: **allowance for living, supplement for housing and extraordinary immediate assistance**. Delegated municipalities decide on benefits and their disbursement.

The following are entitled to an allowance for living and a supplement for housing, provided they fulfil the conditions set:

- a) a person who has permanent residence on the territory of the Czech Republic,
- b) a person who has been granted asylum or supplementary protection,
- c) a foreign national with no permanent residence on the territory of the Czech Republic, who is guaranteed this right on the basis of an international,
- d) a national of a European Union Member State, provided he is registered to reside on the territory of the Czech Republic in accordance with the Act on Residence of Foreign Nationals for a period of more than 3 months, unless his entitlement to social benefits arises from a directly applicable regulation of the European Community (Regulation 1612/68),
- e) a family member of the national of a European Union Member State, provided he is registered to reside on the territory of the Czech Republic in accordance with the Act on residence of foreign nationals for a period of more than 3 months, unless his entitlement to social benefits arises from a directly applicable regulation of the European Community ,
- f) a foreign national who holds a permanent residence permit with the approved legal status of a long-term resident of the European Community on the territory of another European Member State, and his family members, provided he has been issued a long-term residency permit for the territory of the Czech Republic in accordance with the Act on residence of foreign nationals, provided they have a residence on the territory of the Czech Republic.

The group of people who are entitled to receive extraordinary immediate assistance is even wider.

Extraordinary immediate assistance is provided, if all conditions are met, to:

- a) the persons referred to in the previous text concerning the allowance for living and a supplement for housing,
- b) persons residing on the territory of the Czech Republic on the basis of the Act on Residence of Foreign Nationals.

In cases that are very clear and individual in nature, extraordinary immediate assistance can also be provided to people who are on the territory of the Czech Republic in breach of the Act on Residence of Foreign Nationals, in the event they are threatened with serious actual bodily harm. Bodies that offer assistance in material need (the dependent municipal authorities) will assess through administrative proceedings whether people are at risk of serious actual bodily harm. They act on the basis of a thorough knowledge of the situation of individual people.

**A person is in material need**, when his income/or point income for people assessed in common, from which appropriate housing costs are deducted, does not reach the subsistence

amount and this person cannot increase his income for reason of age, state of health or other serious cause of his own creation, or when his income does cover the subsistence amount and he cannot increase his income because of his age, state of health or other serious reason of his own doing, or his income does reach the subsistence amount, but is not enough to cover valid costs for housing and services directly associated with housing.

People who are not deemed to be persons in material need:

- a) are not in a working or similar relationship, are not self-employed, and are not recorded in the job seekers' register (this does not apply to people who attempting to increase their income through their own work),
- b) are recorded in the job seekers register and have refused, for no good reason, to perform short-term work or to attend a targeted programme to improve their employment changes, for a period of 3 calendar months following the month during which the refusal occurred,
- c) is shown to have made inadequate efforts to increase his income through his own efforts,
- d) is a self-employed person, or working with a self-employed person and his inadequate income originate from the fact that he is not registered for sickness insurance, and therefore has no right to benefits from this insurance,
- e) persons who were penalized for failing to comply with their obligation as legal representatives of a child to ensure mandatory school attendance, and for a period of 3 months from the day the decision to apply sanctions was made,
- f) were taken into custody or imprisoned for a period of a whole calendar month,
- g) are people provided with institutional social services in a home for the disabled/home for the elderly/secure accommodation/sheltered housing pursuant to the Act on Social Services,
- h) are people provided with institutional social services in a healthcare inpatient facility for over 3 calendar months pursuant to the Act on Social Services,
- i) are people provided with inpatient care in a psychiatric facility/hospice for the long-term ill for over 3 calendar months, or
- j) are people who are not entitled to sickness benefit because their incapacity to work was self-induced, or they became incapable of work through participating in a fight or as a direct result of drunkenness or the use of addictive substances or when intentionally committing a crime, and because of this they are not entitled to sickness benefit or are only entitled to sickness benefit at a reduced rate.

This therefore concerns people who deliberately avoid working, have enough options to cover their needs from their own resources, who intentionally caused the situation leading to a lack of financial resources, did not fulfil one of their basic parental obligations to the extent that the facts of the matter constitute an offence, etc.

The basic group of earnings that are used for assessing a person in material need and to establish the level of benefits for assistance in material need is stipulated in the Act on the Subsistence and Existence Minimum. The Act on Assistance in Material Need sets forth detailed rules for this assessment.

The following are deemed to constitute income:

- a) 70% of net income from dependent activities and from function benefits and from wage claims paid by the Labour Office pursuant to the Act on the Protection of Employees in the Event of the Employer's Insolvency and on changes to certain Acts,

- b) 80% of income from refund of wages (salary) or a reduced salary (reduced fee) for the period of the first 14 days of temporary incapacity for work (quarantine) and from sickness insurance benefits, from unemployment support and retraining support,
- c) 100% of other income listed in the Act on the Subsistence and Existence Minimum is assessed (the allowance for living is not included as income).

Reasonable housing costs are deducted from the income referred to above for the purposes of the allowance for living for a person or family; reasonable housing costs are the cost of housing to a maximum of 30%, and in the city of Prague 35% of the income of the person or family.

Income is assessed over a period of the 3 calendar months preceding the month on which the application for benefits was submitted, or, in a case where the person or family suffered a significant fall in income, the period of the calendar month in which the application for benefits was submitted; a significant fall in income is deemed to be at least the loss of income from a gainful activity, termination of payment of unemployment support or retraining support and termination of payment of the parental allowance.

An inadequate income is only one, not the only condition for material need. It is important that the person is unable to improve it by their own actions. Own actions are understood to constitute his own work, the proper enforcement of claims and recovery of debt and the sale or other use of property. Whereas efforts to increase income through the proper enforcement of claims and recovery of debt are investigated in each case, the effort to increase income through their own work is not checked in a number of cases.

Among those people who are not obliged to increase their income through their own work are people:

- a) 65+,
- b) old-age pensioners,
- c) the fully disabled,
- d) receiving financial sickness insurance benefits for reason of pregnancy and maternity or full-time parenting, personally and properly caring for at least 1 child and receiving parental allowance by reason of this care, for the duration of their entitlement to a parental allowance and who during this period care for a child who may not be placed in a creche or kindergarten or other similar facility for good reason,
- e) personally caring for a person dependent on the assistance of another natural person with a dependency level of II (medium severe dependence), or level III (severe dependence) or level IV (total dependence), on the assumption that this person was named in the application for an allowance for care of a person dependent on assistance of another natural person, or after being granted an allowance for care, was reported as a person providing care and that this care is provided for at least 80% of the working week of 40 hours,
- f) dependent children,
- g) temporary incapable of working.

The Act on Assistance in Material Need defines property that is not required to be used and situations when an increase in income through the enforcement of claims and recovery of debt are not required.

A person in material need is entitled to an **allowance for living** if their income or the income of their family is less than the amount for living. The level of the allowance for living is set as the difference between the amount of living of a person or family and the income of that person or family.

The amount for living is established according to set rules that respect the individual situation of the person or family. The cornerstone is the existence minimum, to which is added a percentage amount of the difference between the subsistence and existence minimum according to the efforts of the person, or needs such as costly diets etc are taken into account. In the case of a dependent child, the amount for living is always based on the amount of the subsistence minimum, and in cases where the child has to follow a costly diet an additional sum of money is added to the subsistence minimum (the amount will differ according to the type of illness and varies between 960 CZK and 2,680 CZK). For people who are not required to increase their income through their own work (e.g. people aged 65+), the amount for living is calculated by adding half of the difference between the subsistence and existence minimum to the amount of the existence minimum. Also, depending on the individual situation, amounts can be added to compensate for costly diets, amounts reflecting efforts to increase income by the proper enforcement of claims and recovery of debt and the sale or other use of property. For people who have to attempt to increase their income through their own work, the amount for living is calculated by adding, having regard to the individual situation, amounts reflecting the efforts made to find work, the attempts made to sell or otherwise use property, enforce claims or recover debt, whether they have to follow a costly diet or have higher costs to search for work to the amount of the existence minimum.

The owner or renter of a flat, who uses that flat is entitled to a **supplement for housing** if his income, after paying justified housing costs (including a housing allowance from the system of state social support) is lower than the amount for living or the amount for living for a family. Justified housing costs include rent and regular payments for services directly related to the use of the flat, payment of energy costs that can be proved to be essential etc.

A condition for entitlement to a supplement for housing is entitlement to an allowance for living and entitlement to a housing allowance. A supplement for housing can also be granted (after taking into account the overall social and property relations), to a person who has not been granted an allowance for living because his income was more than the amount for living for a person or a family, but did not exceed 1.3 times the amount for living of a person or a family.

No entitlement will arise for a supplement for housing if the person, for no good reason, refuses the option of cheaper adequate housing, which he is obliged to request of the municipality in which he is resident. This rule does not apply to people over 70, people living in their own accommodation and housing which has received an adaptation grant, provided it is inhabited by the person or family who received this grant.

In very exceptional cases, the body providing assistance in material need may decide that a person who has been in long-term accommodation he is not renting (this applies to people to live for more than three months in hostels, sheltered housing, etc.) shall be deemed to be a tenant for the purposes of granting a supplement for housing. These situations are assessed on an individual basis, with attention paid to the reasons for the non-standard housing, its duration, possibilities available to find other housing, etc.

A minor dependent child, who is in a childcare institution (facility) providing full board and lodging or an adolescent who lives in substitute family care, who acquires ownership or rent of a flat and the child does not have sufficient income or property to cover justifiable housing costs is also entitled to a supplement for housing.

**Extraordinary immediate assistance** enables effective aid to be provided in urgent and adverse situations to people who do not fulfil the “general principles of material need”. The Act on Assistance in Material Need sets out a number of situations for which assistance may be provided:

The first situation is where people do not meet the conditions of material need but, due to a lack of funds, suffer from a serious threat to their health. The amount of the extraordinary immediate assistance in this situation is the amount of the difference between the person’s income and the existence minimum (or the subsistence minimum in the case of dependent children).

The second situation enables the provision of assistance to people who are victims of a serious extraordinary event and their overall social and property relations do not enable them to overcome this adverse situation by means of their own resources alone; a serious extraordinary event is deemed to be a natural disaster (such as flood, storms and gales, earthquakes), fire or another destructive event, or an ecological or industrial accident. The maximum amount of the benefit is 15 times the individual’s subsistence minimum, i.e. 46,890 CZK.

The third situation is associated with inadequate financial resources (in terms of social and property relations) to cover certain one-off expenses:

- a) essential one-off expenditure connected, in particular, with the payment of an administrative fee in the event of the substantiated loss of personal documents, for the issue of a duplicate copy of a birth certificate or documents needed to take up work, to pay fares in the case of monetary loss and in the event of an essential need for reimbursement of accommodation costs (to the amount of the expenditure), or
- b) to cover expenditure connected with the acquisition or repair of essential basic objects for long-term use and for basic furniture and fittings and justified costs related to the education or special interests of dependent children (to the amount of the expense, and a maximum of 10 times the individual’s subsistence minimum in one calendar year, i.e. to a maximum of 31,260 CZK.

The last situation concerns people at risk of social exclusion. Extraordinary immediate assistance may be granted to people who, at a particular moment in time and in view of their unsatisfactory social environment and inadequate financial resources, are unable to resolve their situation and are a risk of social exclusion, if

- a) they have been released from custody or from prison, or
- b) they have been discharged from a healthcare facility, a mental home or rehabilitation centre for addiction after completing treatment for addiction, or
- c) they have been released from an educational facility for young offenders or orphanage or have left foster care on coming of age, or at the age of 19, or
- d) they are unable to satisfy their vital needs because they are homeless, or
- e) their rights and interests are threatened by criminal activities from other people.

The amount of the benefit is up to 1,000 CZK, to a maximum of 12,504 CZK during the period of a calendar year.

### **Social care benefits for the disabled**

As a result of the adoption of the Act on Assistance in Material Need on January 1<sup>st</sup>, 2007, social care benefits provided pursuant to Decree of the Ministry of Labour and Social Affairs of the Czech Republic no. 182/1991 Coll., implementing the Act on Social Security and the Act on the Competence of the Authorities of the Czech Republic in Social Security, as amended, and whose provision was linked to social need was discontinued. The purpose and content of certain benefits have been transferred to the assistance in material need system. In certain specific situations, which had previously been dealt with through separate social care benefits, the Act on Assistance in Material Need has reacted, primarily within the framework of extraordinary immediate assistance. The specific needs of people requiring costly diets have been included in the allowance for living, assistance may be given to a minor dependent child who is in a childcare institution (facility) providing full board and lodging or an adolescent who lives in substitute family care, who acquires ownership or rent of a flat and the child does not have sufficient income or property to cover justifiable housing costs within the framework of the supplement for housing. Aid in emergency life situations may be provided through extraordinary immediate assistance. Social care benefits that emerged on an ad hoc basis in order to resolve social and medical problems for a small group of people or to mitigate the impacts of measures adopted in economic areas and which can no longer be substantiated or are handled in a different way (e.g. grants for heating oil, telephone allowances) have been discontinued. On January 1<sup>st</sup>, 2008 (as part of the reform of the budget) the allowance for increased living costs was abolished.

The allowance for care of family members or other persons, which was provided to carers was abolished and was replaced from January 1<sup>st</sup>, 2007 by a contribution for care which is granted to the person needing the care.

To January 1<sup>st</sup>, 2008, the following social care benefits exist for severely disabled citizens:

- one-off benefit for the acquisition of special aids (including a benefit to cover costs relating to training in the use of these aids and a benefit to cover costs associated with the training and handover of guide dogs),
- benefit for flat modification,
- benefit for the purchase of a motor vehicle, benefit for the general overhaul of a motor vehicle,
- benefit for the special modification of a motor vehicle,
- benefit for the operation of a motor vehicle,
- benefit for individual transport,
- benefit for the use of a barrier-free flat, benefit for the costs of using a garage,
- benefit to totally or almost totally blind citizens.



**Selected statistical data in the area of social care benefits for the poor – benefits for social need and benefits for assistance in material need**

Social care benefits for social need

	<b>2005</b>	<b>2006</b>
Annual expenditure on benefits in millions of CZK	9,605	8,722
Average monthly number of recurrent benefits	213,434	185,791

**Benefits for assistance in material need in 2007**

Expenditure for individual benefits for assistance in material need

<b>Benefit</b>	<b>Annual expenditure in millions of CZK</b>
Allowance for living	2,593
Supplement for housing	524
Extraordinary immediate assistance	170
<b>Total</b>	<b>3,288</b>

Average monthly numbers of beneficiaries of individual benefits for assistance in material need

<b>Benefit</b>	<b>Average number of beneficiaries</b>
Allowance for living	71,153
Supplement for housing	25,055
Extraordinary immediate assistance	5,410

Average amount of allowance for living: 3,038 CZK

Average amount of supplement for housing: 1,741 CZK

**Selected statistical data in the area of social care benefits for the disabled**

Development in numbers of people receiving benefits for individual transport

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of benefits	6,559	6,469	5,922
Expenditure in thousands of CZK	68,666	42,911	45,781

Development in numbers of people receiving benefits for motor vehicle operation

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of benefits	217,068	229,032	239,339
Expenditure in thousands of CZK	1,287,392	1,461,055	1,523,778

#### Development in numbers of people receiving benefits for motor vehicle purchase

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of benefits	4,890	4,946	4,712
Expenditure in thousands of CZK	383,695	395,120	381,258

#### Development in numbers of people receiving benefits for general overhaul of motor vehicle

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of benefits	165	176	107
Expenditure in thousands of CZK	7,050	8,386	5,421

#### Development in numbers of people receiving benefits for special modification of a motor vehicle

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of benefits	361	373	374
Expenditure in thousands of CZK	14,866	15,581	16,558

#### Development in numbers of people receiving one-off benefits the acquisition of special aids

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of benefits	7,277	7,778	8,224
Expenditure in thousands of CZK	307,502	317,357	376,742

#### Development in numbers of people receiving benefits for flat modification

<b>Year</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Number of benefits	2,117	2,099	1,984
Expenditure in thousands of CZK	63,500	65,614	62,638

### **Number of poor households in the Czech Republic**

The subsistence minimum was used as a measurement of poverty in the Czech Republic during the period from 1991 – 2006, (the socially recognized minimum income limit, below which is a situation of material need). Households whose income was below the subsistence minimum level were deemed to be poor. The proportion of these households out of the total number of households in the Czech Republic was seen as the poverty rate.

After the change in the construction of the subsistence minimum and the introduction of the institution of the existence minimum from January 1<sup>st</sup>, 2007, when the part of the subsistence minimum that corresponded to essential housing costs was removed, because of the wide differentiation it covered, the poverty rate can be expressed as the proportion of households in material need, which receive recurrent benefits for assistance in material need, to the total number of households in the Czech Republic. Entitlement to and the level of recurrent

benefits for assistance in material need are based on the subsistence minimum and existence minimum amounts.

Development in the proportion of households with incomes under the subsistence minimum level from the Microcensus of households and SILC research 1992 – 2005:

	1992 <sup>1)</sup>	1996 <sup>1)</sup>	2002 <sup>1)</sup>	2004 <sup>2)</sup>	2005 <sup>2)</sup>
Number of households (in thousands)	3,836	3,822.4	4,053.8	4,012.7	4,027.7
Number of households with incomes below the subsistence minimum (in thousands)	111	80.5	133.2	123.5	101.4
% of the total number of households	2.9	2.1	3.3	3.1	2.5

CSO data

<sup>1)</sup> Mikrocensus

<sup>2)</sup> SILC research

In 2007 (after the change in the construction of the subsistence minimum and the overall system of assistance in material need) recurrent benefits for assistance in material need were provided to around 70,000 households, i.e. 1.7% of households in the Czech Republic.

Of the total number of households with income below the subsistence minimum, very few in the Czech Republic are pensioners – in 2005 only 1,500 of households having these low incomes.

Using EU methodology (for mutual comparison of EU Member States) the poverty threshold is assumed to be 60% of the national average equivalised income (per unit of consumption). The proportion of people with incomes below this threshold (out of the total number of people) is extremely low in the Czech Republic – according to the latest available data from CSO and Eurostat from the SILC research, in 2006 the poverty rate reached 9.8 %, while the average for the EU Member States was 16%. In the case of people over the age of 65, only 6% of this group lives under the poverty threshold (in the EU 25 this figure is 19%).

In the Czech Republic, the system of social transfers has a positive impact on the poverty rate, although their proportion of GDP is lower in comparison with the other EU Member States. Prior to the introduction of social transfers, the poverty rate in the Czech Republic was 39% (the average for the EU Member States is 43%), and 22% after including pensions (the average for the EU Member States is 26%) and after including all social transfers it falls to 10% (the average for the EU Member States is 16%).

SILC 2006 research found that approximately 4.9% of the Czech population had incomes below a poverty threshold at the level of 50% of average national equivalised income.

## **Comparison of the EU poverty threshold with the possible level of assistance in material need**

In order to make the requested comparison of social protection and assistance in material need in the Czech Republic with the poverty threshold calculated, using EU methods, as 50% of median national equivalised income for a unit of consumption following Eurostat data, housing costs that have been removed from the subsistence minimum since January 1<sup>st</sup>, 2007 because of the wide differentiation in amounts, must be added back in to the subsistence minimum. We find it appropriate to use “medium values” of normative housing costs (also used, for example, to establish amounts that are immune from seizure in distraint cases) for a rental flat in a municipality with 50 – 100 thousand residents. The following table shows the comparison for a person living independently – an individual – and for a family with two children (in CZK per month):

	Subsistence minimum 2005–2006	Subsistence minimum + normative housing costs in 2007	50% of median equivalised income (SILC 2006)
<b>individual</b>	4,420	6,281	5,952
<b>family</b>	12,540	16,348	12,500

Family: 2 adults and two children (8 and 16 years old)

## **Medical assistance**

Statutory instruments in the area of medical assistance:

- **Act no. 20/1966 Coll., on Public Healthcare**, as amended.
- **Act no. 48/1997 Coll., on Public Health Insurance**, as amended.

The legislation ensures that healthcare is provided to all, regardless of their financial resources or of whether the person has healthcare insurance. The Ministry of Health refunds healthcare facilities that provide emergency healthcare to uninsured people (e.g. to foreigners living illegally on the territory of the Czech Republic).

The Ministry of Health covers the cost of healthcare, and its free content is embodied in inter-governmental treaties, verbal notes (affecting employees of foreign representative offices) etc. that remain in force. It also covers the costs of healthcare provided to foreign students (government-aided students) and compatriots (for short-term stays of less than half a year).

In 2005 the Ministry of Health paid 16,979,425.42 CZK in healthcare for tourists and embassy staff and 2,088,701.43 CZK for students.

In 2006 the Ministry of Health paid 16,580,616.30 CZK in healthcare for tourists and embassy staff, 2,259,647.90 CZK for students and 45,937.22 CZK for compatriots.

In 2007 the Ministry of Health paid 14,088,418.71 CZK in healthcare for tourists and embassy staff, 2,367,299.06 CZK for students and 1,077.60 CZK for compatriots.

The Ministry of Health does not refund healthcare facilities for the cost of healthcare provided to the homeless, but does provide a grant (in 2008 this grant amounted to 500,000 CZK) for the operation of a surgery for the homeless and other uninsured people in Prague. This surgery is run by a non-governmental non-profit making organization with contributions by the Prague City Council and the Ministry of Health.

The right to receive healthcare is embodied in **Act no. 20/1966 Coll., on Public Healthcare**, as amended and in **Act no. 48/1997 Coll., on Public Health Insurance**, as amended. Every individual who is dissatisfied with the level of healthcare provided has the possibility of submitting a complaint and of requesting an investigation into specific problems by the head of the healthcare facility in which the care was provided to the healthcare department of the appropriate regional authority and, if he is not satisfied with the conclusions of this investigation, to the Ministry of Health and then also to the Ombusman, who will examine the method of investigation by the Ministry. Independently of this process, he may also submit a complaint to the Czech Medical or Dental Chamber. In the event that the regional authority of the Ministry find that a fault committed by the healthcare facility was the direct cause associated with the death or serious injury to a patient, through a regional or central expert committee, the case is sent to the criminal law bodies. The complainant may also address these directly, particularly in the case of circumstances that cannot be examined from the available medical documentation and requires that the Czech police force conduct evidential proceedings (with witnesses etc.).

On January 1<sup>st</sup>, 2008, “healthcare fees” were introduced, with the objective of preventing the excess and unwarranted use of reimbursed care, which puts a strain on the financial resources of the public healthcare system.

### **Healthcare fees**

When receiving refunded care, the beneficiary, or his legal representative, is obliged to pay a healthcare fee to the healthcare facility that provides healthcare to the amount of

- a) 30 CZK for the
  - 1<sup>st</sup> visit, entailing a clinical check-up (visit) by a general practitioner, a paediatrician, a gynaecologist, or for a visit during which a check-up is performed by a dentist,
  - 2<sup>nd</sup> visit to a doctor providing specialized outpatient care,
  - 3<sup>rd</sup> visit for services provided by a general practitioner or a paediatrician,
- b) 30 CZK for a visit to a clinical psychologist,
- c) 30 CZK for a visit to a clinical speech therapist,
- d) 30 CZK for dispensing each prescription drug preparation or food for special medical purposes fully or partially reimbursed by the health insurance companies, regardless of the number of packets prescribed,
- e) 90 CZK for emergency services provided by a healthcare facility and ensuring
  - 1. first aid medical service, including first aid medical service provided by dentists,
  - 2. inpatient emergency service on Saturday, Sunday or public holidays and between 5 p.m. and 7 a.m. on working days, provided the beneficiary is not subsequently admitted to inpatient care,

f) 60 CZK for each day on which inpatient care, complex spa care or inpatient care in specialized paediatric institutions and sanatoria, are provided, where the day on which the beneficiary was admitted for the provision of such care, and the day on which such care was terminated count as one day; this same applies for stays by adults accompanying a child, if this is covered by the healthcare insurer. Obligations arising from other Acts are not thereby affected.

Healthcare fees are not paid

- a) if the beneficiary resides in an orphanage, an education facility for young offenders or a borstal, or is placed in institutional care in homes for the disabled
- b) during protective treatment ordered the court or when the beneficiary has been placed in institutional care for reasons stipulated in a special Act without his consent, provided the court agrees that it is acceptable to arrest the beneficiary and hold him in institutional care,
- c) during the treatment of infectious diseases, which the beneficiary is obliged to undergo, when in compulsory isolation in a healthcare facility or under mandatory quarantine measures for the protection of public health pursuant to a special legal regulation,
- d) by a beneficiary who can provide evidence of a decision, notification or confirmation issued by a body providing assistance in material need, which was provided pursuant to a special legal regulation and is less than 30 days old,
- e) when assessing the beneficiary's suitability as a tissue and organ donor, when transplanting tissue and organs and during dispensary care of the beneficiary after transplantation of tissue and organs pursuant to the Transplantation Act.

Healthcare fees following sub-paragraph a) are not paid for

- a) a preventive check-up,
- b) dispensary care provided to a number of people,
- c) haemodialysis,
- d) laboratory or diagnostic examinations requested by an attending physician, provided a clinical examination is not performed at the same time,
- e) an examination by a transfusion centre doctor when providing samples of blood, plasma or bone marrow.

Healthcare fees in accordance with sub-paragraph f) are not paid for institutional care during childbirth, from the day of birth until the day of discharge from the institutional healthcare facility in which the birth took place, or until the day of discharge from another institutional healthcare facility to which the child was transferred immediately after birth.

Healthcare fees count as income for the healthcare facility which collected them.

Healthcare fees in accordance with sub-paragraphs a) to e) are paid to the healthcare facility for the healthcare provided. Healthcare fees in accordance with the first paragraph, sub-paragraph f) are paid to the healthcare facility within a maximum of 8 calendar days of discharge from institutional care, with the exception of cases when the beneficiary is placed in a healthcare facility for a period longer than 30 days; in this case, the healthcare fee is always paid by the last day of each calendar month. On request, the healthcare facility is obliged to provide the beneficiary or his legal representative with a document confirming payment of the fee, giving the insurance number of the beneficiary, the amount of the fee, the day it was paid,

the stamp of the healthcare facility and the signature of the person who collected the healthcare fee and, if the facility provides spa care, the name of any drug preparation or food for special medical purposes and the amount of the fee, which is included in the limit.

The healthcare facility is obliged to inform health insurance companies of healthcare fees collected, providing the insurance number of the beneficiary to whom the fee relates, the amount of healthcare fee paid and the day to which the healthcare fee relates, as part of the statement of charges for healthcare provided in a particular calendar month, or in a particular calendar quarter.

Chemist outlets are obliged to provide health insurers, together with a statement of account for the relevant period, with information concerning healthcare fees collected in accordance with sub-paragraph d), giving the insurance number of the beneficiary to whom the healthcare fee or supplementary fee relates, the amount of healthcare fee paid, the day the fully or partially reimbursed drug preparation or food for special medical purposes was disbursed and the amount of the supplementary fee, which is included in the limit.

The healthcare facility is obliged to collect the healthcare fee referred to in the first paragraph from the beneficiary or his legal representative, unless an exception to payment of the healthcare fee is involved. Should any repeated and systematic breach of this obligation be discovered, the health insurance company is authorized to impose a fine of up to 50,000 CZK on this healthcare facility. The fine may be imposed repeatedly. When imposing fines, the health insurance company will take into account the seriousness of the breach, the level of culpability and the circumstances under which the breach of obligation occurred. A fine may be imposed within one year from the day on which the health insurance company discovered the breach or the failure to comply with the obligation, but within three years from the day on which the breach or failure to comply with the obligation occurred. The fine counts as income for the health insurance company that imposed it.

Healthcare facilities may not collect healthcare fees for the provision refunded care which, according to the law, is not subject to healthcare fees. Should any repeated breach of this law, the health insurance company is authorized to impose a fine of up to 50,000 CZK on the healthcare facility.

The repeated imposition of fines on a healthcare facility in accordance with the previous paragraph constitutes a cause for withdrawal from the agreement on the provision and payment of healthcare without a period of notice.

### **Limits for healthcare fees and supplementary fees for medication or foods for special medical purposes**

Should the total amount paid by the beneficiary, or by the legal representative on his behalf, in healthcare fees in accordance with sub-paragraphs a) to d) and for supplementary fees for prescribed drug preparations or food for special medical purposes partially refunded by health insurance and dispensed on the territory of the Czech Republic, exceed the limit of 5,000 CZK in a calendar year, the health insurance company is obliged to repay the beneficiary or his legal representative the amount by which this limit was exceeded. This limit only covers supplementary fees for partially refunded drug preparations or food for special medical purposes to the amount of the supplementary fee for the cheapest drug preparations or food for special medical purposes available on the market that contain the same pharmaceutical

substance and are administered in the same way. This does not apply if the prescribing doctor has indicated on the prescription that the prescribed medical preparation is not refunded; in this case the full amount of the supplementary fee is included in the limit. The limit does not include supplementary fees for partially refunded drug preparations or food for special medical purposes, which are only refunded to less than 30% of the maximum price and partially refunded drug preparations or foods for special medical purposes containing pharmaceutical substances intended for ancillary or supplementary treatment. The list of pharmaceutical substances intended for ancillary and supplementary treatment is established in a decree issued by the Ministry of Health. The list of pharmaceutical preparations refunded and partially refunded by health insurance, including the level of the refund and the amount of the supplementary fee to be included in the limit is published by the Ministry of Health, in a form that enables remote access.

Health insurance companies are obliged to refund their beneficiaries or their legal representatives the amount by which the sum of the healthcare fees and supplementary fees, reported by the healthcare facilities to the health insurance companies, exceeds the limit referred to in the previous paragraph, within 60 calendar days after the end of the calendar quarter during which the limit was exceeded. During the calendar quarter following the calendar quarter in which the limit was exceeded, the health insurance company is obliged to refund to the beneficiary or his legal representative an amount corresponding to the sum of the healthcare fees and supplementary fees for the relevant calendar quarter, reported by the healthcare facilities to the health insurance companies, within 60 calendar days of the end of such calendar quarter. An amount that does not exceed 50 CZK in a calendar quarter will be refunded by the health insurance company within 60 calendar days of the end of the last calendar quarter in a calendar year.

When the beneficiary changes health insurance company during the course of a calendar year, the health insurance company with whom the beneficiary was insured is obliged to provide the new health insurance with the information necessary to calculate the amounts in accordance with the previous paragraph. This amount will be refunded to the beneficiary or to his legal representative by the health insurance company with whom the beneficiary was insured to the last day of the calendar year in which the limit was exceeded. The health insurance company referred to in the second sentence will inform the health insurance company by whom the beneficiary had been insured during that calendar year of the total amount by which the limit of this beneficiary had been exceeded, as well as the proportionate amount calculated in terms of the insurance period chargeable to the health insurance company who was informed of this amount. The health insurance companies are obliged to pay the amount accruing to them to the health insurance company referred to in the second sentence within 30 days of the day they receive notification of the level of this amount.



**In its Conclusions to the previous report on Article 13 paragraph 1, the Committee for Social Rights requested a response to the following questions:**

The Committee states that, on the basis of Article 13 §1 of the Charter, any person who legally resides on the territory of another state bound by the Charter or the revised Charter, must have the right to social aid, including benefits provided in the case of the minimum salary. The definition of the term “resides” is then left up to the national legislature and the condition of the length of stay may be applied as long as it is not obviously unreasonable (compare *mutatis mutandis* Conclusions XVII-2, Poland, article 14 §1 of the Charter). In this case, the Committee holds that on the basis of the rules referred to above, foreign nationals earn entitlement to social assistance on the basis of ten years of uninterrupted residence on the territory of the Czech Republic. The Committee regards this period as obviously unreasonable and therefore considers that this situation is incompatible with Article 13 §3 of the Charter.

The information received by the Committee does not reflect the facts. Foreign nationals become entitled to social assistance much earlier. This is explained in more detail in the Report concerning Article 13, paragraph 1 above.

## **ARTICLE 13, PARAGRAPH 2**

As far as the principle of non-discrimination in the application of social and political rights, no changes were made during the period under review. Persons who receive social and medical assistance are not restricted in their political and social rights because of the provision of this assistance.

### ARTICLE 13, PARAGRAPH 3

On January 1st 2007, **Act no. 108/2006 Coll., on Social Services** entered into force. This Act regulates the conditions of the provision of assistance and support to natural persons in adverse social situations (hereinunder referred to as "person") through social services and contributions for care, conditions for issuing permits to provide social services, the operation of the public administration in the area of social services, inspections of social services provided and qualifications to perform social service activities.

The main reason for drafting a completely new legislative standards was the need for legislative regulation over the whole area of social services.

Apart from the Act itself, an implementing decree and methodological recommendations were also drafted:

- **Decree no. 505/2006 Coll., which implements certain provisions of the Act on Social Services**, as amended.
- The methodological recommendations apply to the area of social investigation before awarding benefits for care, to the creation of medium-term development plans for the social services, to the implementation of social service inspections, to the registration of social services, to the area of field social work, to the area resolving the scope of authority during the provision of social services and to guardians for people who are socially unadaptable.

Social services mediate assistance in the care of one's own person, providing meals, accommodation, assistance in running a household, care and assistance with bringing up a child, providing information, mediation of contact with social environments, psycho- and sociotherapy and assistance in assuring one's own rights and interests.

Amongst other things, the services aim to

- promote development, or at least maintenance, of the existing self-sufficiency of the user, the user's return to his/her own home environment, renewal or maintenance of their original lifestyle,
- enhance the user's abilities and enable them to lead an independent life where possible,
- limit social and health risks associated with the user's lifestyle.

The basic activities involved in providing social services involve assistance in performing normal acts to care for one's own person, assistance in maintaining personal hygiene or in providing the conditions to ensure personal hygiene, providing meals or assistance in providing meals, providing accommodation or assistance in providing accommodation, assistance in running the household, training, educational and motivating activities, counselling, mediating contacts with the social environment, therapeutic activities and assistance in enforcing rights and interests. The scope of the basic activities for individual types of social services is provided for in the implementing regulation.

## **Types of social services:**

### **Social counselling**

Social counselling gives people in adverse social situations the necessary information that will contribute to resolving their situation. Basic social counselling form part of all types of social services. Professional social counselling covers citizen's advice bureaus, marriage and family counselling, social work with socially unadaptable people, counselling for victims of crimes and domestic violence, socio-legal counselling for disabled people and the elderly. The service covers counselling, mediating contact with the social environment, therapeutic activities and assistance in enforcing rights and interests. The service is provided free of charge.

### **Social health services**

Social services provided in institutional healthcare facilities are intended for people who do not require institutional medical care, but whose state of health forces them to depend on other natural persons for help and who may not be discharged from an institutional healthcare facility until such time as assistance is found for them from a family member or another natural person, or the provision of field or outpatient social services has been ensured, or residential social services in social service facilities. The user participates in paying for these services.

Healthcare in social service facilities is intended for people who are provided with residential services in social service facilities. Healthcare is provided in the form of special outpatient care.

### **Social rehabilitation**

This covers a set of specific activities aimed at training people whose capabilities are limited in the necessary skills to enable them to achieve the greatest possible degree of independence and self-sufficiency, having regard to their long-term unfavourable state of health. The aim is to match them with suitable work. The process of social rehabilitation is an integral part of the provision of social services.

### **Personal assistance**

Personal assistance is provided in the natural social environment of disabled people and the elderly, whose situation requires assistance from other people, the scope and timing of which is subject to prior agreement. The service covers assistance in the normal tasks entailing care of one's own person, assistance in ensuring personal hygiene, assistance in running a household, mediating contacts with the social environment and assistance in enforcing their rights and interests. The service is provided for payment.

### **Domiciliary care**

Domiciliary care is provided to children, the disabled and the elderly, whose situation requires assistance from other people, either in their natural environment or in specialized facilities. The service covers assistance in the normal tasks entailing care of one's own person, assistance in maintaining personal hygiene or in providing the conditions to ensure personal hygiene, the provision of food or assistance in providing food, assistance in running the household, mediating contacts with the social environment and assistance in enforcing rights and interests. The user pays for this service. It is provided free of charge to families with dependent children who are in material need, families who have given birth to three or

more children simultaneously, resistance fighters and widows (widowers) of resistance fighters over the age of 70 .

#### Guiding, reading and interpreting service

A guiding, reading and interpreting service is provided to disabled people and the elderly, whose abilities are limited as regards orientation or communication and helps them to handle their own affairs in person. The service covers the mediation of contacts with the social environment and assistance in enforcing their rights and interests. The user pays for the service.

#### Early intervention services

Early intervention services are provided to parents of a child up to the age of 7, who is disabled or whose development is at risk as a result of an unfavourable social environment. The service aims to support the family and to promote the development of the child, having regard to his specific needs. The service is mainly provided in the home. The service covers childcare, educational and motivating activities, mediating contacts with the social environment, therapeutic activities and assistance in enforcing their rights and interests. The service is provided free of charge.

#### Supported housing

Supported housing is a social service provided for people whose capabilities are limited and require assistance from other people; the service is provided in the person's home. The service covers assistance in running the household, training, educational and motivational activities, mediating contacts with the social environment, therapeutic activities and assistance in enforcing their rights and interests. The user participates in the funding of the service.

#### Respite care

Respite care is a non-residential or residential service provided to the disabled and the elderly, whose situation requires assistance from other people and who is otherwise cared for by a family member at home; the aim of the service is to enable those people caring for the client the rest they need. The service covers assistance in maintaining personal hygiene or in providing the conditions to ensure personal hygiene, providing meals or assistance in providing meals, providing accommodation, mediating contacts with the social environment, therapeutic activities and assistance in enforcing rights and interests. The user participates in the funding of the service.

#### Day services centres

Day services centres provide non-residential services in specialized facilities with the aim of reinforcing the independence and self-sufficiency of disabled and elderly people in an unfavourable social situation, which may lead to social exclusion. The service covers assistance in maintaining personal hygiene or in providing the conditions to ensure personal hygiene, providing meals or assistance in providing meals, training, educational and motivational activities, mediating contacts with the social environment, therapeutic activities and assistance in enforcing rights and interests. The user participates in funding the service.

#### Day care centres and week care centres

Day care centres provide non-residential services in specialized facilities for the elderly, the disabled and people at risk of using addictive substances, whose situation requires regular support from another person.

The week care centres provide residential services in a specialized facility for the elderly, disabled people and people at risk of taking addictive substances, whose situation requires regular assistance from another person.

The service covers assistance in performing normal acts to care for one's own person, assistance in maintaining personal hygiene or in ensuring the conditions for personal hygiene, providing meals or assistance in providing meals, providing accommodation or help in finding accommodation, training, educational and motivational activities, mediating contacts with the social environment, therapeutic activities, assistance in enforcing rights and interests. The user participates in funding the service.

#### Homes for the disabled

Homes for the disabled provide long-term residential services for disabled people, whose situation requires the help of other people. The service covers assistance in performing normal acts to care for one's own person, assistance in maintaining personal hygiene or in ensuring the conditions for personal hygiene, providing meals, providing accommodation, training, educational and motivational activities, mediating contacts with the social environment, therapeutic activities, assistance in enforcing rights and interests. The user participates in funding the service.

#### Homes for the elderly

Homes for the elderly provide long-term residential services for elderly people whose situation requires the assistance of other people. The service covers assistance in performing normal acts to care for one's own person, assistance in maintaining personal hygiene or in ensuring the conditions for personal hygiene, providing meals, providing accommodation, mediating contacts with the social environment, motivating activities and assistance in enforcing rights and interests. The user participates in funding the service.

#### Shelter services

Shelter services provide temporary residential services to people in an unfavourable social situation relating to the loss of their accommodation. The service covers providing food or assistance in providing food, providing accommodation or assistance in providing accommodation, assistance in enforcing rights and interests, training, educational and motivating activities. The user participates in funding the service.

#### Half-way houses

Half-way houses offer temporary residence services for people up to the age of 26, who leave educational facilities for institutional or protection care after reaching their majority, or for people from other facilities for children and young people. The service covers the following activities: provision of accommodation, mediating contacts with the social environment, therapeutic activities and assistance in enforcing rights and interests. The user participates in funding the service.

#### Sheltered housing

Sheltered housing is a long-term residential service provided to people whose capabilities are limited and whose situation requires the assistance of another person. Sheltered housing consists of individual or group accommodation; a personal assistant can be provided as needed. The service covers providing food or assistance in providing food, providing accommodation, assistance in running the household, training, educational and motivational

activities, mediating contacts with the social environment, therapeutic activities, assistance in enforcing rights and interests. The user participates in funding the service.

#### Contact centres

Contact centres are low threshold facilities facilitating contact with people at risk of dependence on addictive substances. The aim of the service is to minimize the social and health risks associated with the misuse of addictive substances. The service covers therapeutic activities and assistance in enforcing rights and interests. The service is free of charge.

#### Telephone crisis intervention

Telephone crisis intervention is a set of methods and techniques of emergency work with a client in a situation that he personally experiences as stressful, unpleasant and threatening, based on one-off or repeat telephone conversations between this client and the telephone crisis intervention centre.

#### Emergency assistance

Emergency assistance is a temporary non-residential or residential service provided to people who find themselves in a situation where their health or life is at risk and when they are temporarily unable to resolve their unfavourable situation by their own efforts. The service covers providing accommodation, providing food (or helping to provide food), therapeutic activities and assistance in enforcing rights and interests. The service is free of charge.

#### Low-threshold day centres

Low-threshold day centres provide non-residential services to the homeless. The service covers assistance in maintaining personal hygiene (or the provision of conditions for personal hygiene) providing food (or assistance in providing food). The service is free of charge.

#### Low-threshold facilities for children and adolescents

Low-threshold facilities for children and adolescents provide non-residential services to children and adolescents at risk of social exclusion. The service is intended for unorganized children and adolescents who are threatened by socio-pathological phenomena, or who follow a distinctive lifestyle that is not accepted by the majority society. The basic means of making contact with the target group is through the offer of leisure activities. The aim is to improve the quality of life for the target group by preventing and reducing the social and health risks associated with their lifestyle, helping to provide better orientation in the social environment and to create conditions to enable them to solve their social problems, should they so wish. The service covers training, educational and motivational activities, mediates contacts with the social environment and assistance in enforcing rights and interests. The service is provided free of charge.

#### Sleeping Accommodation

Sleeping accommodation provide non-residential services to the homeless who wish to use their washing facilities and to spend the night. The service covers assistance in maintaining personal hygiene of providing the conditions for personal hygiene, providing food, providing accommodation, and providing or mediating information. The service is provided for a fee set by the provider.

#### After-treatment and follow-up care services

After-treatment and follow-up care services are non-residential services providing care to people suffering from chronic psychological disorders and people dependent on addictive

substances, who have attended outpatient or institutional treatment in a healthcare facility, or who are abstaining. The service covers therapeutic activities and assistance in enforcing rights and interests. The service is provided free of charge.

#### Socially activating services for families with children

Socially activating services for families with children are non-residential services provided to families with children who are at risk from a threat to their development or whose development is at risk as a result of the impact of the long-term difficulties of their social situation, which the parents are unable to overcome without help. The service covers training, educational and motivation activities and assistance in enforcing rights and interests. The service is provided free of charge.

#### Therapeutic communities

Therapeutic communities provide temporary residential services for people dependent on addictive substances or people with chronic psychological disorders, who wish to return to normal life. The service covers the following activities: providing food, providing accommodation, mediating contacts with the social environment, therapeutic activities and assistance in enforcing rights and interests. The user participates in funding the service.

#### Outreach programmes

Outreach programmes are services provided to people who lead or are threatened by a high-risk lifestyle. The service is intended for problem groups of children and adolescents, drug users, the homeless, people living in socially excluded communities and other socially threatened groups. The aim of the service is to search out these people and to minimize the risks inherent in their manner of living. The service covers mediating contacts with the social environment and assisting in the enforcement of rights and interests. The service is provided free of charge.

Other social services include emergency care, intervention centres, socially therapeutic workshops, as well as social services provided in institutional healthcare facilities, interpreting services and socially activating services for the elderly and people whose capabilities are limited.

Social services help people to live a normal life – enable them to work, to shop, to visit schools, to visit places of worship, attend leisure time activities, look after themselves and the household, etc. They focus on maintaining the highest level of quality and their dignity of life. Social services are provided to individuals, families and groups of residents. The most populous groups of social service beneficiaries include the elderly, the disabled, families with children, but also people who, for a variety of reasons, live “on the edge” of society.

#### **Social service beneficiaries:**

Social services and benefits for care are awarded to the following people:

- a) a person who is registered as a permanent resident on the territory of the Czech Republic, in accordance with special legislation,
- b) a person who has been awarded asylum, in accordance with a special legal registration,
- c) foreign nationals without permanent residence on the territory of the Czech Republic, who are guaranteed this right under an international agreement,



- d) a citizen of a European Union Member State, provided he is registered as resident on the territory of the Czech Republic for a period of longer than 3 months, in accordance with a special regulation, unless he is entitled to social benefits under the terms of a directly applicable regulation from the European Community,
- e) a family member of a citizen of the European Union Member State, provided he is registered to reside for a period of over 3 months on the territory of the Czech Republic, in accordance with a special legal regulation, unless he is entitled to social benefits under the terms of a directly applicable regulation from the European Union,
- f) a foreign national who holds a permanent residence permit with the approved legal status of a long-term resident of the European Community on the territory of another European Member State, provided he is registered for long-term residence on the territory of the Czech Republic for a period longer than 3 months, in accordance with a special legal regulation.

It also follows from the Act that the municipal authority of a municipality with extended powers also ensures the provision of the required scope of social services, or other forms of assistance, for an individual who is not provided with a social service and is in such a situation that if he is not provided with immediate help his life or health would be at risk; territorial jurisdiction will apply rather than the place this person has his permanent or registered residence. Apart from anything else, the regional authority also ensures, together with other social service providers and the appropriate municipal authority of a municipality with extended powers for the person's registered place of residence, the provision of social services in the event that the social service provider discontinued the provision of social services because his registration had been cancelled, it had ceased to have effect, or for some other reason, and the people for whom this provider had previously provided social services find that their rights and interests are directly at risk and they themselves are not capable of ensuring the continued provision of social services.

### **Social service providers:**

Municipalities and regions attend to the creation of suitable conditions for the development of social services, in particular by discovering people's real needs and the means of satisfying them. In addition, they also establish the organizations that provide social services.

Non-government non-profit making organizations and natural persons, that offer a wide range of services, are also important providers of social services.

The Ministry of Labour and Social Affairs is now the founder of five specialized social care institutions.

Information concerning social services and the provision of social services can be found at the municipal, or municipal or regional authorities (departments of social affairs), in civic or other counselling services, or directly from the social service providers.

People must request a social service themselves, either directly from the social service provider, or they may request that the municipality where they have permanent or registered residence, to mediate the possibility of providing social services or to mediate contact with the social service provider. The social services user concludes an agreement with the provider concerning their provision. The agreement also provides for the user's financial contribution for the provision of the service.

**In its Conclusions to the previous report on Article 13 paragraph 3, the Committee on Social Rights requested responses to the following questions:**

The Committee requests that the report contain updated information on the situation in the legal regulations and in practice and detailed information on services to prevent, remove or mitigate the situation of need – geographical breakdown, conditions of eligibility, staffing, beneficiaries and their evaluation.

The statutory instrument regulating the prevention, removal and mitigation of a situation of need is **Act no. 111/2006 Coll., on assistance in material need**, as amended. The Act represents a modern form of assistance to people with insufficient income, motivating these people actively to acquire the means to satisfy their needs for living. It is one of the measures used by the Czech Republic to fight against social exclusion.

The area of assistance in material need facilitates the resolution of certain emergency situations. It stipulates that each person has the right to basic information that will not only lead to resolving his current situation, but will also prevent the emergence of a situation of material need. An integral part of assistance in material need is social work with clients.

The geographical breakdown is even, the system does not benefit any single region in the Czech Republic over any other. More detailed information is provided in the notes on Article 13 paragraph 1 in the section entitled Benefits for material need.

The report also contains additional information concerning the area of assistance for unemployment and social care in its response to Article 13.

## **ARTICLE 13, PARAGRAPH 4**

See the statement on Article 13 paragraph 3.

**In its Conclusions to the previous report on Article 13 paragraph 4, the Committee for Social Rights requested responses to the following questions:**

The Committee asks how the expression “threat to life or health” is interpreted in practice.

The expression "threat to life or health" is interpreted as a situation where there is a risk of losing one or more of the body's vital functions.

This is related to the expression "emergency care". Emergency care is provided for injury or the sudden onset of disease, which

- a) represents an immediate threat to the life of the victim,
- b) may aggravate pathological changes and lead to sudden death,
- c) in the absence of professional first aid, will cause permanent pathological changes,
- d) inflicts sudden distress and sudden pain,
- e) causes behavioural changes in the victim, placing both him and his environment at risk.

Pursuant to Section 8a(1) of Act no. 482/1991 a person “who does not fulfil the conditions for the provision of social care benefits in accordance with this Act and is at risk of serious bodily harm, may receive essential aid, in the form of material or financial benefits, or social care services”. The Committee understands this provision to mean that each person present – legally or illegally – in the Czech Republic, although he does not have permanent residence there, is entitled to material or financial benefits if his health is at risk.

Act no. 482/1991 Coll., on Social Need, as amended, was repealed on December 31<sup>st</sup>, 2006. Since January 1<sup>st</sup>, 2007 Act no. 111/2006 Coll., on Assistance in Material Need has entered into force. We regard the interpretation and understanding of the Czech legislation by the Committee of Experts to be misleading and incorrect. Even before January 1<sup>st</sup>, 2007, the group of people who received social care benefits was wider. The group of people who are covered by the Act on Assistance in Material Need is provided in the response to Article 13, paragraph 1.

The Committee understands that foreign nationals present in the Czech Republic as non-residents, and whose health is not at risk, are not entitled to any form of social aid. The Committee asks whether this interpretation is correct.

This interpretation is correct if help in material need is understood as the social aid. In case of state social support, a foreign national without the permanent residence permit who has been legally living on the territory of the Czech Republic longer than 365 days can receive benefits.

The reason of this measure is protection of the Czech social system against migrants who would come to the Czech Republic only for purpose of receiving social benefits.

## **ARTICLE 14: THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES**

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Contracting Parties undertake:

1. 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,
2. to encourage the participation of individuals and voluntary or other organizations in the establishment and maintenance of such services.

## ARTICLE 14, PARAGRAPH 1

### Social services

For the general legislative framework and additional measures adopted, see Article 13, paragraph 3.

The group of social service personnel is set forth in **Act no. 108/2006 Coll., on Social Services**, as amended. Social work methods are routinely used by social workers, pursuant to the Act referred to above, social workers are obliged to comply with requirements for professional competence and other requirements for the performance of their work and to continue their learning. Pursuant to the Act, social workers shall “carry out social investigations, arrange the social agenda including providing solutions to social law problems in facilities providing social care services, social law counselling, analytical, methodological and conceptual activities in the social sector, professional activities in facilities providing social preventive services, screening activities, provision of crisis assistance, social counselling and social rehabilitation”.

Access to services is ensured for people in an adverse social situation, which is the determining condition for the provision of social services.

### Socio-legal protection of children

With effect from June 1<sup>st</sup>, 2006, amendments were made to **Act no. 359/1999 Coll., on Socio-Legal Protection of Children**, which underlined the obligations of the socio-legal protection bodies - municipal authorities with extended powers - to provide assistance to parents to place children in facilities providing institutional care or in facilities for children requiring immediate assistance. This assistance primarily consists of assistance in clarifying family relationships to facilitate the child's return to his family, in resolving the family's living and social situation, including its material standard, of assistance in working with the social security authorities, labour offices and other bodies and in mediating assistance from specialized counselling facilities. Other amendments in the new legislation also contribute to this assistance, consisting of the obligation of authorized employees from bodies ensuring socio-legal protection of children to visit the parents of children who have been ordered into institutional care or provided with protective care at least once every 3 months.

Whether the children are placed in institutional care or in facilities for children requiring immediate assistance, or in substitute family care, the Act on Socio-Legal Protection of children provides for the right of parents or other persons responsible for the upbringing of the children to request assistance from socio-legal protection bodies in the performance of their parental duties and, accordingly, the obligation of the socio-legal protection bodies to provide, or to mediate, the necessary assistance to these parents, in particular assistance in exercising their rights in accordance with the legislation regulating material aid to families and in resolving problems associated with their children's upbringing.

The authority of the Act on socio-legal protection of children extends over all children and their parents who reside on the territory of the Czech Republic for a period of at least 90 days, whatever their nationality.

Government Regulation no. 1180 of October 18<sup>th</sup> 2006 approved the Government's **Concept for care of children at risk and children living away from their own families to 2008**. The concept contains additional measures to improve social work with families at risk, which include in particular:

- the creation of methodological instructions for socio-legal child protection bodies working with families at risk and the institution of "case conferences",
- mapping out the offer of advisory and mediation services for families in the Czech Republic,
- the creation of information materials on the prevention and resolution of parental conflict, focusing on post-divorce disputes.

## Social care facilities

Year	Indicator	Retirement Homes (RH)	Retirement Homes-Pensions (RHP)	Institutions for the disabled		Other facilities	Total
				adults	children		
1997	Number of facilities	314	146	76	181	147	864
	Number of places	34,436	12,593	6,563	11,906 b)	4,317	72,563
	Number of unsuccessful applicants	23,454	17,612	1,649	825	.	43,540
1998	Number of facilities	320 a)	150	75	181	167	893
	Number of places	35,218	12,593	6,585	12,470 b)	4,648	71,514
	Number of unsuccessful applicants	25,431	18,443	1,816	741	.	46,431
1999	Number of facilities	333 a)	148	78	185	185	929
	Number of places	35,656	12,126	6,743	12,468 b)	4,984	71,977
	Number of unsuccessful applicants	27,243	19,678	2,122	792	.	49,835
2000	Number of facilities	343 c)	148	81	182	203	957
	Number of places	36,662	12,129	7,022	13,119 b)	5,518	74,450
	Number of unsuccessful applicants	28,784	20 652	2,642	746	.	52,824
2001	Number of facilities	352 d)	150	84	184	228	998
	Number of places	36,612	12,432	7,059	13,116	6,072	75,291
	Number of unsuccessful applicants	34,763	22,148	2,978	610	.	60,499
2002	Number of facilities	360 d)	148	88	186	309	1,091
	Number of places	37,686	12,382	7,065	13,176	7,102	77,411
	Number of unsuccessful applicants	33,222	17,601	3,241	400	.	54,464
2003	Number of facilities	378 e)	144	98	173	275	1,068
	Number of places	39,331	11,487	7,744	12,056	6,636	77,254
	Number of unsuccessful applicants	50,192	25,389	3,477	792	.	79,850
2004	Number of facilities	386 f)	149	110	169	257	1,071
	Number of places	38,875	11,865	8,913	11,984	6,939	78,576
	Number of unsuccessful applicants	38,220	17,930	2,119	334	.	58,603
2005	Number of facilities	392 g)	151	122	160	285	1,110
	Number of places	39,188	11,701	10,273	10,762	7,007	78,931
	Number of unsuccessful applicants	43,187	17,304	1,630	394	.	62,515



2006	Number of facilities	399 e <sup>1</sup>	142	131	151	391	1,214
	Number of places	39,621	11,428	11,111	10,051	8,141	80,352
	Number of unsuccessful applicants	45,631	20,446	3,361	456	.	69,894

Source: MoLSA

(.) data not available

<sup>a)</sup> including 4 joint facilities - RH and RHP

<sup>b)</sup> these are only residential facilities (no day care)

<sup>c)</sup> including 5 joint facilities - RH and RHP

<sup>d)</sup> including 6 joint facilities - RH and RHP

<sup>e)</sup> including 9 joint facilities - RH and RHP

<sup>f)</sup> including 13 joint facilities - RH and RHP

<sup>g)</sup> including 11 joint facilities - RH and RHP

NB.: In the type of social care facility referred to as “other facilities” the numbers of unsuccessful applicants are not monitored.

## Social care of children

Year	Number of children places in the care of future foster parents	Number of children in foster care and wardship	Monthly benefit for 1 child in foster care (in CZK)	Number of children in social care facilities, including private facilities	Number of children in SOS villages, including homes for mothers with children
1992	460	5,311	762	11,572	.
1993	463	5,356	1,018	11,782	334
1994	543	5,460	1,129	11,914	411
1995	628	5,557	1,145	12,045	496
1996	575	5,787	1,574	12,210	626
1997	634	5,711	2,241	12,324	693
1998	499	5,935	3,273	12,477	830
1999	566	6,029	4,357	12,680	897
2000	512	6,000	4,712	12,783	1,073
2001	545	6,411	4,754	12,750	965
2002	464	6,598	4,985	12,806	992
2003	354	6,637	5,104	12,851	1,076
2004	319	6,565	5,416	10,369	1,263
2005	376	6,873	5,636	10,381	1,425
2006	298	7,149	6,824	10,517	1,522

Source: MoLSA

(.) data not available

## Costs of social care institutions and income from payments

Year	Type of facility	Average annual non-investment expenditure for 1 place in CZK	Average annual payments from residents in CZK	Proportion of income to costs per place and per year as a %
2000	Retirement homes	136,823	55,427	40.51
2001		152,738	60,362	39.52
2002		165,013	64,103	38.85
2003		172,979	66,209	38.28
2004		176,350	66,212	37.55
2005		202,473	72,044	35.58
2006		207,024	75,928	36.68
2000	Retirement homes-pensions	45,782	17,561	38.36
2001		50,533	19,388	38.37
2002		55,769	20,960	37.58
2003		70,124	27,567	39.31
2004		70,543	26,148	37.07
2005		74,212	28,120	37.89
2006		74,107	27,891	37.64
2000	Social care institutions for adults with permanent residence	147,464	52,360	35.51
2001		168,445	59,508	35.33
2002		195,684	63,616	32.51
2003		197,761	67,250	34.01
2004		202,134	79,869	39.51
2005		226,679	92,022	40.60
2006		236,404	101,672	43.01
2000	Social care institutions for children with permanent residence	163,742	38,253	23.36
2001		183,055	40,092	21.90
2002		196,922	43,297	21.99
2003		209,837	39,579	18.86
2004		219,074	51,088	23.32
2005		235,646	38,072	16.16
2006		240,869	36,296	15.07

Source: MoLSA

## Domiciliary care

Year	Total expenditure on services in millions of CZK	Number of beneficiaries from services	Number of employees	Average annual payment from 1 beneficiary in CZK
1992	674	80,409	7,759	142.93
1993	1,041	83,396	7,164	201.24
1994	1,897	85,533	6,656	330.01
1995	2,526	86,201	6,372	483.17
1996	1,799	89,673	5,660	755.18
1997	1,215	91,030	5,761	985.19
1998	1,493	90,897	5,569	1,183.97
1999	1,331	106,825	5,885	1,210.98
2000	1,540	113,528	5,760	1,316.34
2001	1,588	114,203	5,659	1,472.96
2002	2,255	109,034	5,466	1,795.66
2003	2,051	116,128	5,430	1,793.21
2004	2,148	109,475	4,978	1,858.99
2005	1,593	111,603	4,821	2,052.27
2006	1,637	105,088	4,150	

Source: MoLSA

**In its Conclusions to the previous report on Article 14 paragraph 1, the Committee for Social Rights requested responses to the following questions:**

The Committee asks whether the Ministry of Labour and Social Affairs has final responsibility for the organization of social services, what is the role of the “founder” (i.e. regions, municipalities and the Ministry itself) and also, whether the reform of the social services will ensure that data is collected on all types of providers.

According to Act no. 108/2006 Coll., on Social Services, the role of the individual subjects in ensuring social services is as follows:

**A municipal authority of a municipality with extended powers**

- a) shall arrange for the provision of social services or another form of assistance to a person to whom a social service is not provided, in particular to the necessary extent, while such person is in a situation where failure to provide immediate assistance would threaten such person’s life or health; local competence shall be governed by the permanent or reported residence of a person
- b) shall coordinate a provision of social services and it shall provide professional social counselling to persons at risk of social exclusion on the grounds of prior stay in educational facilities for institutional or protection care or imprisonment, to persons whose rights and interests are threatened by the criminal activity of another person, and to persons whose way of life may lead to conflicts with society; when doing so, it shall cooperate with educational facilities for institutional or protection care, with the Prison Service of the Czech Republic, the Probation and Mediation Service of the Czech Republic, administrative authorities and territorial self-governing units,
- c) shall, on the basis of notification of a healthcare facility according to a special legal regulation, determine whether it is necessary to provide social care services to a person placed in a healthcare facility and it shall mediate their provision; where social care services cannot be provided to a person, it shall notify this fact to a healthcare facility in which the person is placed.

**A regional authority**

- a) in cooperation with other social service providers and the appropriate municipal authority of a municipality with extended powers for the reported residence of a person, shall arrange for provision of social services in the case that a social service provider terminated social service provision on the grounds of cancellation of the registration, expired validity of the registration, or possibly on other grounds, should persons to whom this social service provider provided social services be in immediate threat to their rights and interests and be unable to arrange for continuing social services provision on their own,
- b) shall coordinate the provision of social services to persons whose rights and interests are threatened by another person’s criminal activity; when doing so, it shall cooperate with municipal authorities of municipalities with extended powers.

**A municipality**

- a) shall research needs in respect of social services provision to persons or groups of persons on its territory,
- b) shall arrange for available information on the possibilities and manner of providing

- c) social services on its territory, shall cooperate with other municipalities, regions and social service providers when mediating assistance to persons, or mediating contacts between a social service provider and a person,
- d) may prepare a medium-term plan of social services development in cooperation with a region, social service providers on the territory of the municipality and with the participation of persons to whom social services are provided.

**A region**

- a) shall research needs of social services provision to persons or groups of persons on its territory,
- b) shall arrange for available information on possibilities and the manner of social services provision on its territory,
- c) shall cooperate with municipalities, other regions and social service providers when mediating assistance to persons, or mediating contacts between a social service provider and a person,
- d) shall prepare a medium-term plan of social services development in cooperation with municipalities on the territory of the region, representatives of social service providers and representatives of persons to whom social services are provided,
- e) shall monitor and evaluate fulfilment of social service development plans with the participation of social service representatives and representatives of persons to whom social services are provided,
- f) shall inform the Ministry of the fulfilment of the social service development plans.

**The Ministry of Labour and Social Services**

- a) shall govern and control performance of the state administration in the field of social services,
- b) shall prepare a medium-term national plan of social services development with the participation of the regions, representatives of social service providers and representatives of persons to whom social services are provided,
- c) shall cooperate with the Ministry of the Interior in order to optimise the availability of local public services.

As far as the issue of data collection is concerned, information on all social service providers is held in a register. The Act on social services provides for the data that should be contained in the register. The register is kept in both paper and electronic form. Providers are entered in the register regardless of what type of provider is concerned. The determining factor is that the provider complies with the conditions for providing social services, or is authorized to provide social services on the basis of a decision on the application for registration.

The register includes data on the provision of social services, in particular

1. the name and place of the facility or the location where the social services are provided,
2. the type of social services provided,
3. the group of persons for whom a social service is intended,
4. a description of the implementation of the social services provided,
5. a description of staffing in respect of the social services provided,
6. a timetable for the provision of social services,
7. the capacity of social services provided,
8. the financial budget to cover operations,
9. the manner of arranging for healthcare

According to the comparison, regional and state institutions have better access to funding than providers at the municipal level and non-government organizations. The Committee asks what measures have been adopted to remedy this situation.

In March 2006, new social services legislation was adopted, which also contains a section devoted to the financing of social services. According to the relevant provisions of the Act on Social Services, any legal or natural person who is authorized (registered) to provide the appropriate type of social service may submit an application for a grant from the state budget. Grants to support the provision of social services are provided at the level of the Ministry of Labour and Social Affairs and may be provided to non-governmental non-profit making organizations, municipalities, municipal and regional grant-assisted organizations, commercial business, etc.

The Committee therefore requests that the report substantiate the existence of an equal and effective approach to social services, taking account of the interpretation of Article 14 paragraph 1.

Problems with the approach are resolved through social service planning, where the existing services are mapped out as well as the identified needs for the provision of social services. Given that the planning of social services, which serves as a tool for monitoring the accessibility of social services, does not take place at the municipal level (according to the Act on social services, the municipalities have the option, but not the obligation, to draft medium-term plans for the development of social services), these are always implemented at a regional level (according to the Act on Social Services, the regions are under obligation to draft medium-term plans for the development of social services).

The report states that only people with permanent residence in the Czech Republic are entitled to access social services. The Committee asks what is the length of residence that is required to acquire the status of permanent residence.

Every foreign national is entitled to apply for permanent residence after five years of continuous residence in the Czech Republic on the basis of a residence visa of more than 90 days. Under certain conditions a foreign national may apply for permanent residence without previously having stayed on the territory of the Czech Republic. However, in these cases, there is not legal claim to the issue of a permanent residence permit.

A permanent residence permit on the basis of a family relationship with a citizen of the Czech Republic are issued to foreign nationals (nationals of EU Member States and third countries) who are related to citizens of the Czech Republic as follows

- a) husband/wife,
- b) parent, if the EU national is under the age of 21 years,
- c) a child under the age of 21 or the child of the husband/wife of an EU national, and
- d) dependent family in a direct ascending or descending line, or dependent family of the husband/wife of an EU national.

A legal claim exists for the issue of a permanent residence permit for this reason and the police may only refuse this application for very precisely defined reasons.

For this reason, the Committee requests that the next report contain actual numerical data concerning the beneficiaries and employees, as well as concerning life-long learning for employees.

Data on social service beneficiaries are provided in the tables to Article 14, paragraph 1.

The Act on Social Services only stipulated an obligation to provide life-long learning for social workers. Only qualification obligations were stipulated for social service employees. To the end of May 2008, the Ministry of Labour and Social Affairs had accredited over 200 courses designed to achieve the necessary qualifications. The establishment of an obligation for further education of social service employees, including its scope, is the subject of an amendment to the Act on Social Services.

The Committee concludes, on the basis of other sources, that the existing quality standards for services are not sufficiently applied in practice. For this reason the Committee requests that the next report state whether any steps have been taken to remedy this point.

Act no. 108/2006 Coll., on Social Services, as amended and Decree no. 505/2006 Coll., which implements certain provisions of the Act on social services, as amended, has imbedded the standards for quality in social services in the legislation. These standards are binding on all social service providers.



## ARTICLE 14, PARAGRAPH 2

For the general legal framework and other adopted measures, see Article 13, paragraph 3.

The participation of individuals and volunteer and other organizations in the establishment and maintenance of social services is possible, provided they comply with the conditions set forth in Act no. 108/2006 Coll.; social services may only be provided on the basis of an authorization to provide social services, and this authorization is provided by a decision on registration. This ensures protection for the users. Apart from this, financial support – grants – also exist and are paid from the state budget for the provision of social services to social service providers who are entered in the register.

### Grants for social services in 2007

<b>Children and youth from 6 to 26 years of age at risk of socially undesirable behaviour</b>	<b>69,232,500</b>
shelter services	757,000
contact centres	50,000
low-threshold day centres	1,386,000
low-threshold facilities for children and minors	59,288,500
socially motivating services for families with children	1,869,000
social counselling	276,000
social rehabilitation	830,000
telephone emergency assistance	3,100,000
outreach programmes	1,676,000
<b>Ethnic minorities</b>	<b>46,343,000</b>
special regime homes	925,000
low-threshold facilities for children and minors	4,854,000
personal assistance	1,000,000
projects aimed at social exclusion of localities inhabited by Roma	29,188,000
early intervention services	930,000
socially motivating services for families with children	3,774,000
social counselling	2,877,000
outreach programmes	2,795,000
<b>Immigrants and asylum seekers</b>	<b>15,334,300</b>
half-way houses	511,000
socially motivating services for families with children	322,000
social counselling	5,092,100
(free)	9,409,200

<b>Others</b>	<b>31,598,800</b>
shelter services	5,834,800
respite care	8,390,000
personal assistance	800,000
domiciliary care	300,000
socially motivating services for families with children	292,000
social counselling	6,344,000
social rehabilitation	9,638,000
<b>Other problem groups</b>	<b>6,505,000</b>
socially motivating services for families with children	900,000
social counselling	205,000
social rehabilitation	5,400,000
<b>Victims of domestic violence</b>	<b>23,818,050</b>
shelter services	9,167,000
day services centres	50,000
emergency assistance	7,745,050
social counselling	3,842,000
telephone emergency assistance	2,751,000
outreach programmes	263,000
<b>Victims of trafficking in humans</b>	<b>4,230,000</b>
shelter services	2,140,000
emergency assistance	720,000
social counselling	1,230,000
outreach programmes	140,000
<b>Victims of criminal acts</b>	<b>2,424,800</b>
emergency assistance	100,000
social counselling	2,094,800
telephone emergency assistance	230,000
<b>People under the age of 26 leaving institutions or prison terms</b>	<b>18,131,000</b>
shelter services	650,000
half-way houses	15,962,000
sheltered housing	567,000
social counselling	544,000
social rehabilitation	408,000
<b>The homeless</b>	<b>104,023,300</b>
shelter services	62,790,200
day services centres	500,000
half-way houses	272,500
emergency assistance	700,000
low-threshold day centres	8,613,100
sleeping accommodation	26,651,500
social counselling	734,000
social rehabilitation	2,472,000

outreach programmes	1,290,000
<b>Commercially exploited people</b>	<b>225,000</b>
outreach programmes	225,000
<b>People at risk of dependence or dependent on addictive substances</b>	<b>79,376,400</b>
special regime homes	24,216,000
contact centres	22,357,000
emergency assistance	100,000
low-threshold day centres	300,000
follow-up care services	760,000
social services provided in institutional healthcare facilities	1,012,000
social counselling	3,121,000
social rehabilitation	2,480,000
therapeutic communities	16,511,000
outreach programmes	8,519,400
<b>People with chronic mental diseases</b>	<b>367,368,600</b>
day services centres	6,244,300
day care programmes	2,132,700
homes for the disabled	10,896,000
homes for the elderly	13,559,000
special regime homes	252,796,000
sheltered housing	10,516,400
emergency assistance	581,000
respite care	833,000
support for independent living	490,000
follow-up care services	8,953,000
socially motivating services for the elderly and the disabled	12,104,000
social services provided in institutional healthcare facilities	1,786,000
social therapy workshops	16,755,000
social counselling	5,639,700
social rehabilitation	21,027,500
telephone emergency assistance	830,000
therapeutic communities	1,400,000
week care programmes	825,000
<b>People with chronic diseases</b>	<b>75,375,700</b>
homes for the elderly	29,742,000
special regime homes	10,788,000
sheltered housing	650,000
respite care	195,000
personal assistance	867,000
domiciliary care	3,837,000
socially motivating services for the elderly and the disabled	1,356,000
social services provided in institutional healthcare facilities	26,432,700
social counselling	360,000
social rehabilitation	1,148,000

<b>People with other health disorders</b>	<b>50,148,200</b>
shelter services	290,000
homes for the disabled	2,661,400
special regime homes	28,569,400
respite care	14,338,400
personal assistance	715,000
socially motivating services for the elderly and the disabled	460,000
social services provided in institutional healthcare facilities	700,000
social counselling	124,000
social rehabilitation	2,290,000
<b>People with combined disorders</b>	<b>387,151,200</b>
day services centres	14,616,000
day care programmes	68,284,000
homes for the disabled	221,575,000
homes for the elderly	16,463,000
special regime homes	2,215,000
sheltered housing	2,424,000
emergency assistance	600,000
respite care	6,133,000
personal assistance	10,929,300
guiding and reading services	457,000
early intervention services	1,487,000
socially motivating services for the elderly and the disabled	1,356,600
social services provided in institutional healthcare facilities	5,428,200
socially motivating services for families with children	535,000
social therapy workshops	4,686,100
social counselling	1,812,000
social rehabilitation	6,914,000
week care programmes	21,236,000
<b>People with mental disabilities</b>	<b>1,634,827,550</b>
day services centres	23,929,500
day care programmes	90,628,700
homes for the disabled	1,295,491,750
homes for the elderly	11,700,000
special regime homes	22,427,000
sheltered housing	71,660,800
respite care	1,979,000
personal assistance	5,913,000
domiciliary care	162,000
support for independent living	1,673,600
early intervention services	587,000
socially motivating services for the elderly and the disabled	4,100,200
social therapy workshops	19,945,000
social counselling	1,080,000
social rehabilitation	9,996,500
week care programmes	73,553,500

<b>People with physical disabilities</b>	<b>122,109,010</b>
day services centres	1,037,000
day care programmes	4,424,000
homes for the disabled	61,584,700
homes for the elderly	2,099,000
special regime homes	13,438,200
sheltered housing	100,000
respite care	1,263,200
personal assistance	19,684,100
domiciliary care	3,690,000
socially motivating services for the elderly and the disabled	2,832,000
social services provided in institutional healthcare facilities	700,000
social counselling	6,578,310
social rehabilitation	4,678,500
<b>The deaf and the nearly deaf</b>	<b>14,815,400</b>
day services centres	2,174,000
socially motivating services for the elderly and the disabled	174,000
social counselling	6,487,800
social rehabilitation	131,000
interpreting services	5,848,600
<b>People with restricted physical capabilities</b>	<b>228,716,800</b>
day services centres	6,483,000
day care programmes	3,154,600
homes for the disabled	56,694,100
homes for the elderly	45,573,000
special regime homes	14,446,000
sheltered housing	4,410,000
respite care	3,800,000
personal assistance	27,231,400
domiciliary care	2,652,000
support for independent living	73,000
early intervention services	2,000,000
socially motivating services for the elderly and the disabled	4,517,582
social services provided in institutional healthcare facilities	4,342,000
socially motivating services for families with children	600,000
social therapy workshops	2,024,118
social counselling	39,461,900
social rehabilitation	10,954,100
telephone emergency assistance	300,000
<b>The blind and the nearly blind</b>	<b>49,001,600</b>
day services centres	1,749,000
homes for the disabled	8,451,000
sheltered housing	1,020,000
personal assistance	1,108,000
guiding and reading services	2,357,800
early intervention services	14,448,900
socially motivating services for the elderly and the disabled	6,653,000

social therapy workshops	311,000
social counselling	7,987,900
social rehabilitation	4,915,000
<b>People in crisis</b>	<b>93,934,800</b>
shelter services	18,500,300
day services centres	510,000
half-way houses	573,000
contact centres	189,000
emergency assistance	17,643,600
low-threshold day centres	900,000
sleeping accommodation	1,748,000
socially motivating services for families with children	299,000
social counselling	40,137,200
social rehabilitation	3,036,700
telephone emergency assistance	9,268,000
outreach programmes	765,000
emergency care	90,000
interpreting services	275,000
<b>People living in socially excluded communities,</b>	<b>21,775,000</b>
day services centres	100,000
low-threshold facilities for children and minors	626,000
support for independent living	50,000
socially motivating services for families with children	133,000
social counselling	3,500,000
outreach programmes	17,366,000
<b>People who follow high-risk lifestyles</b>	<b>9,671,200</b>
contact centres	281,000
low-threshold day centres	85,000
low-threshold facilities for children and minors	553,000
socially motivating services for families with children	670,000
social counselling	3,004,000
social rehabilitation	1,100,000
outreach programmes	3,978,200
<b>Perpetrators of criminal acts</b>	<b>1,556,000</b>
contact centres	500 000
socially motivating services for families with children	126 000
social counselling	400 000
social rehabilitation	400 000
outreach programmes	130 000
<b>Families with a child /children</b>	<b>116,367,800</b>
shelter services	19,244,900
day services centres	82,000
day care programmes	302,200
half-way houses	162,000
emergency assistance	81,000

low-threshold facilities for children and minors	302,000
respite care	1,500,000
personal assistance	645,000
domiciliary care	276,000
early intervention services	13,787,000
socially motivating services for families with children	27,840,300
social counselling	50,957,400
social rehabilitation	450,000
outreach programmes	738,000

---

**The elderly** **3,137,211,340**

shelter services	400,000
day services centres	12,219,100
day care programmes	16,988,000
homes for the elderly	2,563,727,327
special regime homes	120,214,180
sheltered housing	18,437,000
low-threshold day centres	191,000
respite care	23,505,700
personal assistance	18,025,000
domiciliary care	285,496,033
guiding and reading services	19,500
socially motivating services for the elderly and the disabled	14,286,100
social services provided in institutional healthcare facilities	41,824,300
social counselling	8,456,900
telephone emergency assistance	2,333,000
emergency care	7,228,500
week care programmes	3,859,700

---

**(free)** **458,056,512**

shelter services	3,121,000
day services centres	1,292,000
day care programmes	10,468,000
homes for the disabled	132,696,100
homes for the elderly	175,406,400
special regime homes	35,491,000
half-way houses	881,950
sheltered housing	2,242,000
contact centres	787,000
emergency assistance	4,332,500
low-threshold centres for children and minors	0
low-threshold day centres	168,000
low-threshold facilities for children and minors	5,140,300
hostels	472,000

respite care	522,000
personal assistance	2,956,000
domiciliary care	24,884,550
early intervention services	1,217,200
socially motivating services for the elderly and the disabled	2,625,300
social services provided in institutional healthcare facilities	18,513,260
socially motivating services for families with children	1,382,000
social therapy workshops	5,110,000
social counselling	13,493,000
social rehabilitation	4,374,000
telephone emergency assistance	768,000
outreach programmes	385,000
interpreting services	150,000
week care programmes (free)	5,904,000 3,273,952

**Grand  
total**

**7,169,328,862**



**In its Conclusions to the previous report on Article 14 paragraph 2, the Committee for Social Rights requested responses to the following questions:**

The Committee requests that the report confirm that effective and equal access to social services provided by non-governmental organizations is guaranteed in accordance with the criteria set forth in the interpretation of Article 14 paragraph. 2.

Access to social services provided by non-governmental providers is equal for all those interested in the services provided by the same. Everyone interested in a service provided by any provider has the option of requesting the provision of a social service by a specific provider or may request that the municipality, in which he is permanently resident or has report residence, mediate the option of providing a social service or mediate a contact to the social service provider. The Act on Social Services also regulates the conclusion of agreements with providers, the contents of the agreement, etc.

Those interested in social services may locate social service providers in their neighbourhood through the register of social service providers.

## **ARTICLE 4: RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION**

With a view to ensuring the effective exercise of the right of elderly persons to social protection, the Contracting Parties undertake to adopt or encourage, either directly or in co-operation 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 state;
3. to guarantee elderly persons living in institutions appropriate support, while respecting their privacy, and participation in decisions concerning living conditions in the institution.

### **Appendix to Article 4 paragraph 1**

For the purpose of the application of this paragraph, the term “for as long as possible” refers to the elderly person’s physical, psychological and intellectual capacities.

## ARTICLE 4

The National Programme of Preparation for Ageing for the period from 2008 to 2012 (hereinafter referred to as the “Programme”) was approved by Resolution of the Government of the Czech Republic no. 8 on January 9<sup>th</sup>, 2008 as a strategic document establishing priorities and measures in areas important from the point of view of an ageing population and the quality of life of seniors.

The aim of the Programme is to increase the involvement of elderly people in economic and social life, to protect human rights, to prevent age discrimination and exploitation. The programme strives to change policies and approaches to ageing and to the elderly and mainstreaming issues linking ageing to all levels of social sectors.

In March 2006, a **Government Council for Older Persons and Population Ageing** was established with the aim of increasing the participation of key partners in resolving problems associated with population ageing and to comply with the goals set by the National Programme of Preparation for Ageing for the period from 2003 to 2007.

The Government Council for Older Persons and Population Ageing includes representatives of the public administration (Ministry representatives at the level of the deputy minister, or directors), social partners (employer and employee associations), health insurance companies, non-profit making organizations and experts. The Council has established four working groups who are focusing on the priority topics of employment and life-long learning (including education for the elderly), healthcare and social services, housing and residential services and improving awareness (mainstreaming), the participation of older people in social life and the prevention of discrimination.

The programme emphasizes the need to reform the pension system in order to ensure sufficient income for the elderly, with emphasis placed on preventing the risk of poverty, which is higher for women, particularly in the highest age categories. The Programme also establishes measures to support the application of older people, including pensioners, in the labour market, to prevent age discrimination in the labour market and to support life-long learning, including education for the elderly.

The programme lays great emphasis on support for living in a domestic environment, providing services and adopting additional measures to facilitate a safe and independent life, including the use of emergency services, modern technology, etc.

In Part 5 of the Programme, entitled **Age-friendly environment and community**, the following measures are established in the areas being monitored:

- Raise the awareness of local governments about the WHO **Age-Friendly Cities** project. Support methodological elaboration of this project and putting its principles into practice.
- Support the application of the “design for all” standards and the development of design solutions focused on the needs of older people. Support education in this area.
- On the basis of the concept of “lifetime homes”, propose minimum standards for easy-access and adaptable housing. Raise awareness of the opportunities for appropriate adaptations of home environment and housing and development of counselling services in the area of dwelling adaptations.

The reform of healthcare services and support for healthy ageing are fundamental priorities. The Programme establishes a series of measures to improve the accessibility and quality of geriatric and long-term care, as well as to improve the coordination and cohesion of social and healthcare services and to support activities supporting health and a healthy and safe life.

As concerns influencing decisions concerning living conditions in homes for the elderly, the Programme lays great emphasis on protecting the rights of social service users. For example it establishes the following measures:

- Adopt measures aimed at the protection of dignity in health and social care. Place emphasis on free choice and securing sufficient privacy of the users of social and health care services. Adopt measures aimed at the reduction of the use of restraints (restrictive measures) and eliminate the use of net and cage beds in social services.
- Raise the awareness of relevant stakeholders (agencies) and professionals, including lawyers, judges, police officers and health and social care staff about the prevention, detection and management of cases of elder abuse.

The adoption of **Act no. 108/2006 Coll., on Social Services**, was an important step towards improving the quality of social services and their individualization. The registration system created conditions for improved access to information on social services. The establishment of a system of social system inspection laid the foundations for a modern system of quality control of services and the maintenance of human rights during their provision. The accessibility of individual types of service is primarily ensured by a medium-term development plan for social services, which also involves service users.

During the period from 2005 – 2007 the following measures existed in the housing sector in the Czech Republic through the ministries and institutions referred to above, which contributed to the protection of the elderly against social exclusion.

#### Housing allowance

The owner or tenant of a property was entitled to a supplement for housing from the system of benefits for state social support (in accordance with Act no. 117/1995 Coll., on State Social Support) if the decisive household income was less than 1.6 times his subsistence minimum. Entitlement and the amount of the benefit were dependent on the decisive household income, the number of members of the household, the amount of the overall subsistence minimum and the level of the subsistence minimum amounts, which were assumed to be required in order to calculate the essential household costs (i.e. primarily the housing costs). The benefit applied in this form until December 31<sup>st</sup>, 2006.

#### Social care benefits subject to social need

The benefit (in accordance with Act no. 482/1991 Coll., on Social Seed) was provided to socially needy households with low incomes which could not increase these through their own efforts, due to their age, state of health or for other serious reason. The actual household income was generally evened up to the level of the subsistence minimum. However, it could

also be provided at a lower or even a higher level, if, during the individual assessment of the social and economic situation of the household (including property relations) their reasoning for a lower or higher basic needs for living were accepted rather than the set amounts of the subsistence minimum. The social care benefit enabled socially needy households to cover actual reasonable housing costs. The benefit existed until December 31<sup>st</sup>, 2006.

With the option of increasing rents each year (in accordance with Act no. 107/2006 Coll., on Unilateral Rent Increases for Flats and on amendments to Act no. 40/1964 Coll., the Civil Code, as amended), two new benefits were introduced in the area of housing from January 1<sup>st</sup>, 2007, which helped people on lower incomes to cover these increased housing costs (rent and other costs associated with housing).

### Housing allowance

A totally new conception was devised for the housing allowance in the system of state social support benefits (in accordance with Act no. 117/1995 Coll., on State Social Support), which is provided to all households whose housing costs exceed 30% (in Prague 35%) of their income. Certain limits have also been included in the conditions for providing the allowance in the form of prescriptive housing costs (taking into account the suitability of the housing for the person applying for the benefit) differentiated according to the size of the municipality, the type of occupation and the number of members of the household. Prescriptive housing costs are increased in accordance with expected rises in rents, the prices of energy and other services, to enable the housing allowance to cover increases in housing costs in the relevant year.

### Supplement for housing

See comments on Article 13, paragraph 1.

### Support for the construction of supported housing

Within the framework of the **Support for the construction of supported housing** sub-programme, a government grant was provided for the construction of municipal rental housing for social purposes. The beneficiary of the grant and at the same time the constructor of the supported flats was the municipality. The objective of the support was to build supported housing owned by the municipality for people who have more difficult access to housing as a result of the special needs arising from their age, state of health or the social circumstances of their lives. The support was provided in the form of an investment grant for a specific investment action, the goal of which was the construction of supported flats in accordance with individual endowment titles:

- sheltered flat – a supported flat in a specially designated house, intended to respond to the housing needs of people with special needs in the area of housing through reduced self-sufficiency. Social care services must be provided in the flats. All these flats were built in such a way that they could serve people with restricted movement and orientation capabilities with no additional adaptation and simply with the addition of the appropriate aids.

- half-way flats – for people and households with social handicaps, who live a conflictual way of life or in a high-risk environment. Social intervention services must be ensured in the flats.
- entrance flat – to satisfy the housing requirements of people who, even using all the existing social and housing policy instruments, still have no access to housing, although they are capable of living independently, particularly from the point of view of the obligations arising from a rental relationship.

### Support for the construction of rental flats for people on low incomes

Within the framework of the **Support for the construction of rental flats** sub-programme, funding was provided for the construction of rental flats owned by the municipality for low-income groups of residents.

On the basis of Government Regulation no. 146/2003 Coll., on the use of funds from the State Fund for the development of housing to cover part of the costs associated with the construction of flats for people on low incomes, as amended, the State Fund for the development of housing provided municipalities with grants for the construction of the flats referred to above during the period under review.

The Government Regulation also establishes the condition that, in the event ten or more rental flats are built from grants under this regulation, at least 10% of the flats must be adaptable flats. This refers to flats constructed with basic technical adaptations that allow them to be used for housing by people with restricted movement and orientation capabilities. These flats were built in such a way that with no additional adaptation and simply with the addition of the appropriate aids to suit the specific individual needs of the tenants they could be used for housing by people with restricted movement and orientation capabilities.

### Social service statistics

In 2006 there were 908 houses with domiciliary services with 29,148 flats, providing permanent accommodation for 32,426 people.

According to data from the Czech Statistical Office, in 2006 there were a total of 142 home-pensions for pensioners with a capacity of 11,428 beds.

In 2006 there were a total of 390 retirement homes in the Czech Republic, with a capacity of 38,672 beds.

#### To December 31<sup>st</sup>, 2006 the Czech Republic disposed of:

- 38,672 places in retirement homes (with a capacity of 2.61% of the total number of people over the age of 65 and 11.53% of the total number of people over 80),
- 7,462 places in institutions for the long-term ill (with a capacity of 0.51% of the total number of people over the age of 65 and 2.28% of the total number of people over the age of 80),
- 335 places in hospices (with a capacity of 0.02% of the total number of people over the age of 65 and 0.10% of the total number of people over the age of 80),
- 11,428 places in home-pensions for pensioners (with a capacity of 0.78% of the total number of people over the age of 65).

In 2006, domiciliary care was provided to a total of 105,088 people (= 7.09% of people over the age of 65), of which 20,510 people were in homes providing domiciliary care, of which 38,455 people only took up the offer of lunch deliveries.

During the same period, a total of 50,929 people were recorded as waiting for places in retirement homes, of which 7,135 were recorded in the “priority and urgent” category. 11.01% of people over the age of 65 made use of the social services.

**In its Conclusions to the previous report on Article 4, the Committee for Social Rights requested responses to the following questions:**

The Committee would like the next report to detail whether a procedure for assisted decision-making in the case of older people with reduced decision-making authority has been incorporated in the Czech legislation and practice, and requests more detailed information on its operation.

Assisted decision-making is one of the tools of social work and is used particularly within the framework of individual planning methods in accordance with Standard no. 5, Decree no. 505/2006 Coll. In most social services it is a mandatory requirement – assistance in enforcing rights, justifiable interests and when dealing with personal affairs.

In the even that a person's legal capacity has been removed or restricted, a guardian is assigned by the courts.

The Committee would like the next report to provide updated information on pension levels.

Old age pensions are broken down into two parts, the basic amount and the percentage amount.

The basic amount is 1,700 CZK a month. The percentage amount depends on the size of the income (calculated from an assessment base) and the number of years of pension insurance. For an old-age pension this amounts to 1.5% of the assessment base for each year of insurance. The assessment base is established on the basis of an average of the indexed gross income (income is indexed in relation to the increase in the average wage in the national economy) for a period generally lasting from 1986 to the year preceding the year in which entitlement to a pension arises. To establish the assessment base, this average ("the personal assessment base") is reduced so that the amount between the first and second reduction level is only 30% incorporated and the amount above the second reduction level is only 10% incorporated.

In 2008 the reduction levels are 10,000 CZK and 24,800 CZK (these are increased each year to reflect wage increases).

On the basis of the report, the Committee concludes that the provision of services in compliance with the quality standards that have been introduced has been resolved by the draft bill on social services and requests that the next report contain more details on this issue.

Act no. 108/2006 Coll., on Social Services, as amended and Decree no. 505/2006 Coll., which implements certain provisions of the Act on Social Services, as amended has embedded standards of quality for the social services in the legislation. These standards are binding on all social service providers.



The Committee wishes to be continually updated of any developments in the establishment of day services centres.

There are currently 101 day services centres registered in the Czech Republic. This specifically concerns the following facilities and their providers (with the name of the facility and the name of the provider – sometimes these may be the same):

APOSS Liberec, grant assisted organization, APOSS Liberec, grant assisted organization

Association of parents and friends of disabled children in the CR Klub Zvoneček, Asociace rodičů a přátel zdravotně postižených dětí v ČR, o. s.

Camphill České Kopisty, Camphill České Kopisty

Daily services centre, Svazu neslyšících a nedoslýchavých v ČR, Centrum denních služeb, Svazu neslyšících a nedoslýchavých v ČR

Centrum LADA, Centrum LADA, občanské sdružení pro pomoc lidem s mentálním a kombinovaným postižením

Social services centre Horizont, Centrum služeb postiženým Zlín, obecně prospěšná společnost

Social services centre Lazy – Zlín, Centrum služeb postiženým Zlín, obecně prospěšná společnost

Social and health services centre, Centrum sociálně zdravotních služeb

Day services centre, Centrum sociálních služeb Kuřim

Domiciliary service ASTRA, Centrum sociálních služeb Poruba, příspěvková organizace

Day centre for the elderly, Centrum sociálních služeb Znojmo, příspěvková organizace

Children's centre 1990, Dětské centrum 1990

Centrum Slunečnice, středisko Diakonie CB, Diakonie Církve bratrské

Day services centre, Diakonie ČCE – Středisko křesťanské pomoci v Litoměřicích

Day services centre Merklín, Diakonie ČCE – středisko Radost v Merklíně

Diakonie ČCE – středisko Rolnička, Diakonie ČCE – středisko Rolnička

Diakonie ČCE – středisko Rolnička, Diakonie ČCE – středisko Rolnička

Day services centre, Diakonie ČCE – středisko Světlo ve Vrchlabí

Diakonie ČCE – středisko v Brně, pobočka Letovice, Diakonie ČCE – středisko v Brně

Diakonie ČCE – středisko v Brně, Diakonie ČCE – středisko v Brně

Diakonie ČCE – středisko Zvonek v Praze 4, Diakonie ČCE – středisko Zvonek v Praze 4

Day services centre – Domovinka, Diecézní charita Brno

Emanuel Boskovice, Diecézní charita Brno

DIGITUS o. s., DIGITUS o. s.

Domeček, středisko pro volný čas a integraci Diakonie a misie Církve československé husitské, Domeček, středisko pro volný čas a integraci Diakonie a misie Církve československé husitské

Domov a Centrum denních služeb Jablonec nad Nisou, grant-assisted organization, Domov a Centrum denních služeb Jablonec nad Nisou, příspěvková organizace

Home for the mentally disabled in Liberec – Harcově, o.p.s., Domov pro mentálně postižené v Liberci – Harcově, o.p.s.

Home for the elderly Okružní, příspěvková organizace, Domov pro seniory Okružní, příspěvková organizace

Home for the elderly Podpěrova, příspěvková organizace, Domov pro seniory Podpěrova, příspěvková organizace

Home for the elderly Slunečnice, Ostrava-Poruba, příspěvková organizace, Domov pro seniory Slunečnice, Ostrava-Poruba, příspěvková organizace

Home for the elderly Vychodilova, příspěvková organizace, Domov pro seniory Vychodilova, příspěvková organizace

DUHA o. p. s., DUHA o. p. s.

Farní charita Nové Hrady u Skutče, Farní charita Nové Hrady u Skutče

Day services centre Sadská, Fokus Mladá Boleslav sdružení pro péči o duševně nemocné

Day services centre Mladá Boleslav, Fokus Mladá Boleslav sdružení pro péči o duševně nemocné

FOKUS Turnov – sdružení pro péči o duševně nemocné a zdravotně postižené, FOKUS Turnov – sdružení pro péči o duševně nemocné a zdravotně postižené

Day centre sv. Josefa pro psychicky nemocné, Charita Frýdek – Místek

Day centre Archa, Charita Hranice

Dům sv. Josefa, Charita Kojetín

Charitní středisko Gabriel – denní centrum pro seniory, Charita Ostrava

Charitní dům sv. Alžběty – Denní centrum pro seniory, Charita Ostrava

Domovinka Slavičín, Charita sv. Vojtěcha Slavičín

Day centre Maják Slavičín, Charita sv. Vojtěcha Slavičín

Světlanka-centrum denních služeb pro osoby s mentálním postižením, Charita Svitavy

Světlanka-centrum denních služeb pro seniory, Charita Svitavy

Denní pobyt Rozkvět, Charita Šternberk

Charita Zábřeh – centrum denních služeb – Centrum Oáza, Charita Zábřeh

Domovinka-centrum denních služeb pro seniory Charity Zlín, Charita Zlín

IZAP – Sdružení pro integraci zdravých a postižených dětí a mládeže "Chceme žít s vámi", IZAP – Sdružení pro integraci zdravých a postižených dětí a mládeže "Chceme žít s vámi"

Jedličkův ústav, příspěvková organizace, Jedličkův ústav, příspěvková organizace

Day centre "Beránek", "Malý princ", Agentura pro komplexní péči o zdravotně postižené

Marianum, příspěvková organizace, Marianum, příspěvková organizace

Domino – denní centrum pro lidi s psychickým onemocněním, Městská charita České Budějovice

Městské středisko sociálních služeb Oáza, Městské středisko sociálních služeb Oáza  
 Day services centre, Městský ústav sociálních služeb  
 Day centre Most do života, Most do života  
 Nazaret, středisko Diakonie a misie Církve československé husitské, Nazaret, středisko Diakonie a misie Církve československé husitské  
 Day centre Žirafa, NEJSTE SAMI  
 Centrum rekondičních, rehabilitačních a sociálních služeb Chocerady, Nemocnice Rudolfa a Stefanie Benešov, a.s., nemocnice Středočeského kraje  
 Nestátní denní zařízení DUHA, o.p.s., Nestátní denní zařízení DUHA, o.p.s.  
 Nestátní denní zařízení DUHA, o.p.s., Nestátní denní zařízení DUHA, o.p.s.  
 Civic association LOGO, Občanské sdružení LOGO  
 Civic association for support and care of the mentally ill Jihlava VOR, Občanské sdružení pro podporu a péči o duševně nemocné VOR Jihlava  
 District charity Česká Kamenice, Oblastní charita Česká Kamenice  
 Astra – day centre for the elderly in Humpolec, Oblastní charita Havlíčkův Brod  
 Day centre for the elderly at Duhové Atrium, Oblastní charita Kutná Hora  
 Day services centre for the elderly, Oblastní charita Uherské Hradiště  
 Day services centre Jarošov, Oblastní charita Uherské Hradiště  
 Day care centre sv. Ludmily, Oblastní charita Uherské Hradiště  
 Social integration facility, Oblastní charita Vyškov  
 Day services centre "ORFEUS" – pobočka Liberec, ORFEUS  
 Day services centre "ORFEUS" – Praha, ORFEUS  
 Day services centre -Domovinka, Domiciliary care Frýdek – Místek, příspěvková organizace  
 Day services centre, Domiciliary care Kutná Hora  
 Domiciliary care Rakovník, Wintrovo nám. 1903, Domiciliary care Rakovník, Wintrovo nám. 1903  
 PRAGOM CS, spol. s.r.o., PRAGOM CS, spol. s r.o.  
 Day services centre o. s. Sknedam, Sdružení klubu neslyšících dětí a mládeže – Sknedam  
 Community centre Motýlek, Sdružení na pomoc dětem s handicapem  
 Sdružení Práh, Sdružení Práh  
 SeniA, SeniA  
 Seniorcentrum, SENIOR, o. s.  
 Seniorcentrum, SENIOR, o. s.  
 Care home Trávníky, SENIOR Otrokovice  
 Siloe, day care centre, Slezská diakonie  
 Social services, city of Havlíčkova Brod, Sociální služby města Havlíčkova Brod

Day care centre, Sociální služby města Třince

Social services for the elderly in Olomouc, příspěvková organizace, Sociální služby pro seniory Olomouc, příspěvková organizace

Day care centre, Společnost DUHA – integrace osob s mentálním postižením

Day care centre Žijeme, Společnost pro podporu lidí s mentálním postižením v České republice, o. s. Městská organizace SPMP ČR Ostrava

Day care centre for the mentally handicapped Pomněnka, Společnost pro podporu lidí s mentálním postižením v České republice, o. s. okresní organizace SPMP ČR Šumperk

Child day care centre BERUŠKA, Spolkový dům Mariany BERLOVÉ

Department of care services ÚMČ Brno-Bystrc, Statutární město Brno

Statutární město Brno, městská část Brno-střed, Domiciliary care, Statutární město Brno

Statutární město Brno-ÚMČ Žabovřesky, odbor pečovatelské služby, Statutární město Brno

Domiciliary care Brno-Židenice, Day care centre, Statutární město Brno

Social services centre Chlumeck nad Cidlinou o.p.s., Středisko sociálních služeb Chlumeck nad Cidlinou o.p.s.

Day services centre for the physically handicapped – day care programme, Svaz tělesně postižených v ČR, o. s., Místní organizace Mariánské Lázně

Tyflo Vysočina Jihlava o.p.s., Tyflo Vysočina Jihlava o.p.s.

Senior care home – Domovina, Zdravotně sociální služby Turnov

Hagibor social care home, Jewish municipality in Prague

ŽIVOT 90, civic association – CDS, ŽIVOT 90, civic association

The Committee would like to be informed of developments in procedures for submitting complaints concerning the accessibility and standard of services provided to older people.

Complaints are handled by the Ministry of Labour and Social Affairs with regard to ensuring the quality of social services within the framework of the inspection system run by the Regional Authorities and the Ministry of Labour and Social Affairs. If a complaint is submitted concerning a specific social service provider, it is included in the plan of inspection activities of the appropriate body which will investigate the complaint.

The Committee would like the next report to submit information on any developments in the area of institutional care of elderly people and invalids.

No fundamental changes have been made in the area of institutional care.

The Committee requests that the next report contain information concerning the amounts of the fees the elderly pay for accommodation in institutions.

The question of fees is always resolved on a contractual basis between the provider and the person housed. The maximum payment is regulated by **Decree no. 505/2006 Coll., which implements certain provisions of the Act on Social Services, as amended.**

The maximum amounts paid in homes for the elderly, in special regime homes, in homes for the disabled and in sheltered housing are:

180 CZK a day for accommodation, including cleaning, washing and ironing,  
150 CZK a day for full board or 75 CZK for lunch.

The Act on Social Services establishes how much of a person's income must remain after all payments have been made. After paying for accommodation and food for residential services in homes for the elderly, in special regime homes, in homes for the disabled and in sheltered housing, each individual must retain at least 15% of their income.

The Committee requests that the report record whether an inspection system for standards of care and services provided in institutions and residential facilities for the elderly has been established and how it works in practice.

The Act on Social Services regulates monitoring activities in the area of social services through the Social Service Inspectorate. Inspection activities are performed by regional authorities. To guarantee the independence of monitoring bodies, the Act provides the Ministry of Labour and Social Affairs with the authority to oversee providers established by the regions. Inspection activities began in the second half of 2007 after completing the registration process for all social service providers.

The Committee requests that the next report submit information concerning directives on the suitable use of sedatives in institutions.

The use of any medication (including sedatives) in institutions is not determined by directives, but is administered solely on the indication of the attending physician, who is treating a particular patient and prescribes medication and the manner and quantity to be administered in accordance with his present state of health.

The professional psychiatric society, the Czech Medical Society of Jan Evangelist Purkyně, has developed and published **Recommended procedures for psychiatric care** (1st edition in 1996 and 2nd edition in 2002), which contains treatment procedures for anxiety disorders and neuroses.

The Committee requests that it be provided with an estimate of the number of elderly people of foreign origin in institutional care who are unable to communicate in Czech.

No estimates are made of elderly people of foreign origin in institutional care.