

23. HEALTH

Health care is provided in the Czech Republic by health establishments and is predominantly funded from public health security.

Health establishments in the Czech Republic are split into **state** health establishments (founded by the Ministry of Health of the CR or other central authorities) and **non-state** health establishments (founded by regions and municipalities, churches, other legal persons or natural persons).

Data on the state of health of the population and on the health establishments are taken from the National Health Information System. The fulfilment of the tasks of this system is ensured by the Institute of Health Information and Statistics of the CR (IHIS CR).

The Czech Statistical Office measures incapacity for work due to disease or injury, selected indicators on the financial performance of health insurance companies and expenditure on health according to the System of Health Accounts of the CR. Data on health expenditures from the state budget and territorial budgets (budgets of regional authorities and municipalities) are derived from financial statements on income and expenditure of government departments and territorial self-governing units the CZSO receives from the Ministry of Finance of the CR. All other health data are borrowed by the CZSO for its publications from the above-mentioned Institute.

Notes on tables

The data on the network and activities of health establishments and on the numbers of physicians (incl. stomatologists) in full-time equivalent terms are published for health in total, i.e. including health establishments of the government departments of defence, the interior and justice.

The data on physicians (headcount) (Tables 23-7 to 23-9) also refer to medical assessors of the government department of labour and social affairs. Before 2004 the data on physicians, stomatologists and pharmacists (headcount) included the government department of education.

Tables 23-1 and 23-2. Health establishments

Beds in the health establishments refer to the bed stock without makeshift beds.

Places are given for health establishments not run round the clock and for children's establishments such as institutions for infants, homes for children, etc.

Physicians, incl. stomatologists (f/t equivalent) – the sum of work loads of individual workers of the health establishments converted according to the full number of working hours per week laid down for a given establishment or workplace; as from 2007 physicians (plus stomatologists) are including contractual workers.

Specialized therapeutic institutions include therapeutic institutions for long-term patients, therapeutic institutions for TB and respiratory diseases for adults, psychiatric institutions for children and adults, physiotherapeutic institutions, convalescent homes, hospices and other in-patient institutions.

Independent out-patient care establishments include policlinics, joint out-patient establishments, health centres, independent general practitioners and specialists, independent non-medical establishments (e.g. specialized in psychology, speech therapy, rehabilitation, home care health services, etc.), independent specialized laboratories, first-aid medical establishments, haemodialysis stations, and other out-patient care establishments.

Special health establishments include institutions for infants, homes for children, day clinics and centres for children, crèches and other establishments for children, day clinics for adults, short-term rehabilitation centres for disorderly alcoholics, transport and medical emergency service establishments, and other special health establishments.

Pharmaceutical care establishments include pharmacies and detached dispensary units and dispensaries of medical aids; these, starting from 2006, include opticians that are not registered as health establishments.

Public health protection establishments include regional public health stations (administrative authorities), health institutions and the State Health Institute (health establishments).

Other health establishments include establishments for in-service training of medical personnel and other unspecified health establishments.

Figures given under the indicators of the "Other health establishments" type are not comparable between years because their coverage has been changing as the network of health establishments develops and becomes updated.

Table 23-3. Bed care in health establishments

The item "Other in-patient establishments" includes other specialized therapeutic institutions for adults and children (specialized in one branch) and the like.

Table 23-6. Beds in hospitals: by department

The item "Other departments" comprises only clinical pharmacology, prosthetics and independent intensive care departments. Departments of cardiology, rheumatology, diabetology, gastroenterology and nephrology are included in internal medicine departments.

Tables 23-7 to 23-9. Physicians, stomatologists and pharmacists

In compliance with the requirements of international organizations (WHO, OECD) and the Czech Dental Chamber, stomatologists have been taken out of the category of physicians and presented separately since 2004.

The data on the number of physicians, stomatologists and pharmacists and branches of their activity are obtained from the updated Register of Physicians, Stomatologists and Pharmacists (RPSP). Physicians, stomatologists and pharmacists are recorded as persons (headcount). Tables 23-8 and 23-9 list physicians and stomatologists by main branch of activity. Where a physician (stomatologist) has more contracts, he/she is included in the branch corresponding to his/her longest contracted time or, in the case of equal contracts, in the branch corresponding to his/her highest qualification. In the other cases he/she is included in the branch stated as the first.

The prerequisite for a physician, stomatologist or pharmacist to be included in the RPSP as at 31 December of a given year is to have an employment contract of definite or indefinite duration concluded with a state or non-state health establishment or to be a founder of a health establishment in which he/she provides health care.

As at 31 December 2002, physicians who worked for regional hygienic stations were excluded from the RPSP. These physicians only perform administrative activities (they do not provide health care) and are included in the category "other health personnel with university education".

"Other branches" in Table 23-9 on stomatologists include orthodontics, oral and maxillo-facial surgery and other branches.

Table 23-10. Cases of treatment (examination) in out-patient care establishments: by department

"Others" include the following departments (workplaces): geriatrics, occupational diseases, neurosurgery, cardiosurgery, traumatology, clinical and radiation oncology, physical training medicine, medical genetics, and first-aid medical service.

Table 23-16. Incapacity for work due to disease or injury

Listed are selected results from the processing of the CZSO statistical questionnaire. The questionnaire has to be filled in by all businesses and/or their lower organizational components, which independently fulfil duties concerning health insurance. The processing also includes total figures submitted by the District Administrations of Social Security for entities that do not settle health insurance claims by themselves.

Average number of sickness-insured persons – the methodological coverage of this indicator is identical to that in Table 24-1 in the chapter Social Security.

Cases of incapacity for work due to disease or injury are all diseases and injuries according to the International Classification of Diseases and Related Health Problems (ICD-10). **Occupational injuries** are injuries that occurred to employees fulfilling their work assignments or in connection with the fulfilment of these assignments. A **fatal occupational injury** is any injury that causes the employees to die immediately or on the consequences of which the employee dies within one year.

Occupational diseases are those included on the list of occupational diseases; the data also include the risks of occupational disease. The data come from the National Register of Occupational Diseases (State Health Institute/Centre of Occupational Health).

Calendar days of incapacity for work due to disease or injury – number of calendar days on which employees insured for sickness were on sick leave (based on the reported beginning and end of sick leave).

Average percentage of incapacity for work per year is calculated from calendar days of incapacity for work due to disease or injury divided by the average number of sickness insured employees, multiplied by the number of calendar days in a year.

Table 23-17. Expenditure on health

Two main sources for funding the health service in the Czech Republic are shown: (i) state budget plus territorial budgets and (ii) health insurance companies (including health insurance contributions for citizens for whom insurance is paid by the state).

Data on **expenditure of state and local budgets on health** fully respect expenditure breakdown and include data from the budget classification Part 35 – Health in greater detail given in the key of the table.

The table heading complies with the structure by kind of the budget classification in force.

Expenditure of health insurance companies on health service refers to full or partial payments, for reported cases of treatment within the framework of health service, made by health insurance companies to health establishments under contract. Commercial products of health insurance companies concerning contractual and supplementary insurance are the matter of commercial insurance companies.

Direct private expenditure of population on health service includes expenditure of the population on medicines, medical goods and supplies and provided health services (financial participation of patients, payments for medical procedures not covered at all or only partially covered by public health insurance, etc.).

Table 23-18. Costs of health insurance companies per sickness insured person

The data are based on the System of Health Accounts of the Czech Republic. The average is a weighted arithmetic mean of costs where numbers of sickness-insured persons in individual age groups are taken for weights.

Table 23-19. Assets and liabilities of health insurance companies

The table shows selected financial performance indicators from the processing of annual statistical questionnaires of the CZSO that are completed by incorporated businesses with health

insurance as their principal activity. As from 2003 the financial indicators of assets and liabilities are adjusted to comply with accounting procedures of health insurance companies.

As from 2005 the indicator of financial assets is in compliance with the statistical breakdown and methodology of compiling national accounts. Current liquid assets is money, stamps and vouchers, and deposits at financial institutions.

Intangible and tangible fixed assets are presented in net book value.

The indicator "Loans and other financial assistance" refers to received loans and financial assistance, which the reporting unit undertook to pay back in the same amount by fixed date.

Since 2000, nine health insurance companies have been operating in the Czech Republic.

The data in the tables are comparable with those published in previous Statistical Yearbooks.

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More detailed information on health in the Czech Republic is available in the "Czech Health Statistics Yearbook" (Czech-English), in regional health statistics yearbooks, and monothematic publications of the "Health Statistics" series the IHIS CR publishes for the Czech Republic and CR's regions every year.

Further data can be found on the website of the Czech Statistical Office at:

– http://czso.cz/eng/redakce.nsf/i/health_care_lide

or on the website of the Institute of Health Information and Statistics of the CR at:

– http://www.uzis.cz/news.php?mnu_id=1100&lng=en