

2. HEALTH

Data on the state of health of the population and on activities of the health service providers are taken from the National Health Information System (hereinafter as the NHIS). The NHIS is established pursuant to Section 70 par 1 of the Act No 372/2011 Sb, on health services and conditions under which the services are provided. The data upload to the System is provided by the Institute of Health Information and Statistics of the CR (hereinafter as the IHIS CR), which is the NHIS administrator authorised for by the Ministry of Health.

Since 2015 the project of the Modification of Ministerial Registers and Consolidation of the Ministerial Data in Relation to Basic Registers of Public Administration (eReg), implementation of the Programme of the MH forms a part thereof, has been under implementation. Within the eReg reporting units, health service providers being concrete, were obliged to transmit all data following from the reporting duty as planned in the Programme of the MH in the electronic form.

The aforementioned introduction of new information technologies brought complications and heavy load to the reporting units. This resulted in incomplete data from the Ministry of Health's statistical surveys for 2014.

Data source for **basic indicators of the number of employees in health** is the annual questionnaire on employers, registered number of employees, and on contractual workers. The numbers given are headcounts, excluding contractual workers, which refer to the numbers of contracts of employment.

Data source for **abortions** is the National Register of Abortions. Since 2001 the data provided are on both females of Czech citizenship and female foreigners with permanent or long-term stay in the CR.

All kinds of abortions (spontaneous, vacuum aspirations, other legal abortions, other abortions, and terminations of ectopic pregnancy) carried out in health establishments in the Czech Republic are subject to mandatory notification.

Data source for **contraception** is the annual questionnaire on activities of health establishments for gynaecology. Data give the numbers of females using hormonal contraceptives or intra-uterine devices as at 31 December of a given year. The data given for the period before 2000 do not include data from health establishments of other bodies of central government, and since 2000 the data have covered the whole health care system. Data for 2014 were adjusted according to the trend of the times series because the transition to a new electronic data collection resulted in a lower response rate (71%) of the statistical questionnaire for 2014.

Data source for **hospitalisations** is the National Register of Hospitalised Patients. Each termination of hospitalisation at one ward/ department is taken as one case of hospitalisation, no matter whether the hospitalisation was terminated by a patient release or death, or the patient was transferred to another ward/department of the health establishment. The table gives numbers of hospitalised persons in all wards/departments of hospitals under all ministries. The released and dead patients from psychiatric in-patient establishments are all patients from psychiatric wards/departments of hospitals and from psychiatric institutes. Until 1997 the data do not cover health establishments of other central government bodies, since 1998 the data have referred to the whole health care system.

Data source for **diabetes mellitus** is the annual questionnaire on activities of health establishments for diabetology. Each diabetes surgery, including out-patient specialised surgeries in hospitals, irrespective of their founder, has been filling in the questionnaire. Since 1995 general practitioners for adults have been completing the questionnaire as well. General practitioners report only those diabetics they treat in an active manner. In the period before 2000 the data do not include health establishments of other bodies of central government. Since 2000 they have covered the whole health care system. Data for 2014 and 2015 are approximated by means of a long-term time series because of the occurrence of missing and outlying values.

Data source for **tuberculosis (TB)** is the TB Register. The number of notified TB patients involves new notified cases, including relapses in the reference year and encompasses pulmonary tuberculosis, which make up almost 90% of all cases, and tuberculosis of other organs.

Data source for **malignant neoplasms** is the Czech National Cancer Registry and include all malignant neoplasms including in situ neoplasms (diagnosis codes of C00-C97 and D00-D09).

Data source for **congenital malformations** is the National Register of Congenital Malformations and since 2000 also the National Register of Newborns. Before 1997 solely congenital malformations as defined in chapter XVII Congenital malformations, deformations and chromosomal abnormalities of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), were monitored. Since 1997 also congenital malformations not mentioned in chapter XVII have been observed. The data given apply to live births in the reference year, in which a congenital malformation was diagnosed and notified within the first year of life.

The **average percentage of incapacity for work per year is measured as a share of persons incapable of work in the number of the sickness insured per day on average** and is calculated as a ratio of the number of calendar days of incapacity for work due to disease or injury and the average number of the sickness insured employees then multiplied by the number of calendar days in a year.

The **average number of sickness-insured persons** is the indicator that includes the average number of sickness-insured persons under the Act No 187/2006 Sb on sickness insurance of employees, as amended. Administrative data of the Information System of the Czech Social Security Administration are reported for all employees of legal and natural persons and separately for the self-employed without employees (own-account workers). Members of the Police of the CR, Fire and Rescue Service of the CR, Czech Customs Administration, Prison Service of the CR, Security Information Service, Office for Foreign Relations and Information, and professional soldiers (Section 5 a) (2) of the Act No 187/2006 Sb) are not observed for the purposes of the statistics on the incapacity for work due to disease or injury.

The **number of cases of incapacity for work** refers to new notified cases of incapacity for work due to disease or injury.

The **number of calendar days of incapacity for work due to disease or injury** includes data for each insurance relation separately. The number of calendar days, during which the sickness-insured employees were incapable of work due to given causes, is reported. Calendar days of incapacity for work are determined on the basis of reports on the beginning and termination of incapacity for work.

Concerning **deaths by cause**, the 10th decennial revision of the International Statistical Classification of Diseases and Related Health Problems was introduced in the CR under Section 24 par 4 of the Act of the Czech National Council No 278/1992 Sb and is effective since 1 January 1994. It was introduced by the CZSO Communication No 495/2003 Sb on issuing of the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), effective since 1 January 2004, and updated by the CZSO Communications No 430/2008 Sb, effective since 1 January 2009, No 340/2011 Sb, effective since 1 January 2012, and No 426/2012 Sb, effective since 1 January 2013. It classifies diseases and related health problems and the breakdown thereof use combinations of alphabetical and numerical codes.

Costs of health care are available as costs of the public health insurance for health care available itemised by five-year age category and by sex of the insured persons for the period 2000–2012. Furthermore, costs for selected groups of diagnoses of the International Statistical Classification of Diseases and Related Health Problems with respect to the aforementioned age groups and age of the insured and also the average costs per insured person by age and sex are available as well. The data come from health insurance companies, which cover more than 75% of expenditure on health.

Table 2-26 includes data from the 2018 Living Conditions survey. It shows the self-assessment of health status of respondents aged 16+ years.