STANDARD SUMMARY PROJECT FICHE

1. Basic Information

1.1 Désirée Number: 2002/000-282.08.01

1.2 Title: Strengthening the Capacity of the Public Health Administration

1.3 Sector: Employment, Social Affairs, Health

1.4 Location: Czech Republic

2. Objectives

2.1 Overall objective
Ability to take on obligations of membership, including adherence to the aims of political, economic and monetary union. Implementation and enforcement of acquis communitaire related to Public Health Protection.

2.2 Project purpose
Strengthening of Public Health Administration (PHA) and professional capacity to enable full implementation and enforcement of EU legislation in all areas supervised by the PHA.

2.3 Accession Partnership and NPAA priority
AP (2001):
Full compliance with priorities of Accession Partnership in the area of:
- Social Policy and Employment
  Ensure transposition of the public health acquis and further develop measures in the area of surveillance and control of communicable diseases and health monitoring and information
- Consumers and Health Protection
  "Complete legislative alignment and ensure the effectiveness of administrative structures, including market surveillance."
- Environment:
  Complete transposition of the acquis, with particular emphasis on integrated pollution prevention and control and on amendments to the legislation non-complying with the acquis in particular in the waste and water sector."
  "Complete implementation of the acquis, in particular as regards environmental impact assessment, water intended for human consumption, nitrates (designation of vulnerable zones, action plans) and dangerous substances (inventories, pollution reduction programmes), nature protection list of sites of Community importance, special protected areas) and integrated pollution prevention control (institutions, integrated permits).
  "Continue strengthening the administrative, monitoring and enforcement capacity at national, regional and local levels. Particular attention needs to be paid to clear distribution of competencies, to improve cooperation between responsible authorities, to training and to strengthening investment capacity.
  "Continue integration of environmental protection requirements into the definition and implementation of all other sectoral policies with a view to promoting sustainable development.

NPAA (2001):
The Czech Republic has a "National Plan of Priorities."

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Short Term Priorities
- Passing an Act on Public Health Protection and achieving full compatibility with Community law in the areas governed by this Act (proposed to take force from 1 July 2000).
- Passing, pursuant to the Act on Public Health Protection, around 12 implementing regulations, most of which are already prepared. Both the Act and the implementing regulations will be fully compatible with Community law.
In the area of the quality of drinking water:
- passing an implementing regulation to the Act on the Public Health Protection, namely a Decree dealing with the requirements for the quality of water for human consumption and checking its quality;,
- passing a Decree concerning the quality requirements for bathing water;
- drawing up programmes for blanket monitoring of drinking water quality and bathing water quality according to the requirements of Directives Nos. 98/83/EC and 76/160 EEC.
- Achieving full compatibility of the regulations on foodstuffs issued by the Ministry of Health in 1999 (amendment to two Decrees on the chemical requirements for the health safety of foodstuffs and to the Decree on the microbiological requirements for the health safety of foodstuffs, which sets out the maximum limits for pesticide residues in foodstuffs) – by the end of the year 2000.
- Passing an amendment to Decree No. 295/1997 Coll., on the hygiene requirements for sale of foodstuffs and the scope of shop fittings – by the end of the year 2000.
- Issuing a separate Decree regulating the requirements for the maximum limits of residues of veterinary pharmaceuticals and biologically active substances – by the end of the year 2000.
- Passing an amendment to Act No. 167/1998 Coll., on Dependency Producing Substances, and to implementing Decree No. 304/1998 Coll. (expected to enter into force on 1 July 2000).
- Submitting to the Government Act on Natural Curative Sources, Sources of Natural Pure Mineral Waters, Curative Spas and Spa Areas (known as the Spa Act), which is now in the external comment process (proposed to enter into force on 1 January 2001). In terms of the use and protection of natural mineral waters the Act conforms to Directive 80/777/EEC.
- Implementing approved projects as part of the European Community’s programmes Prevention of AIDS and other transmissible diseases, Combatting cancer, Prevention of Drug Dependency and Support for Public Health.

Medium Term Priorities
The medium term priorities in healthcare covering the period of 2001-2002 mainly include the rigorous use and application of newly passed regulations compatible with the European Community legislation and carrying out the related tasks. During this period, attention will be turned to the following tasks:

Public health protection:
- amending Decree No. 293/1997 Coll. in connection with the issuing of a Community Directive on nutritional labelling of foodstuffs;
- continuing to implement the Community directives in the area of drinking and bathing water quality, particularly monitoring the quality of drinking water in sources not yet part of the monitoring system and starting to monitor places of bathing;
- monitoring the state of health of the population relative to the environment, assessing longer-term time sequences of parameters and proposing preventative measures (tasks based on Decisions of the European Parliament and Council Decision No. 140/97 and from the conclusions of the 3rd Ministerial Conference on the Environment and Health in London in June 1999);
- preventing the incidence and spread of infectious diseases.
- Dangerous chemicals and preparations:
- keeping a Register of Chemical substances;

Institution Building Needs
Public health protection – tasks will be carried out by the re-organised bodies of the Public health service (apart from certain tasks in the area of health and safety at work). Even though Public healthservice staff are highly qualified, the quality of their work will be, as in other areas, considerably dependent on the material equipment of their workplaces and on the possibilities of work contacts with equivalent workplaces of EU Member States

Consumers protection, supervision and market inspection
The responsibility of Ministry of Health for partial areas of consumers protection is given by the law No.2 /1969 Coll. on establishment of ministries and other organs of state administration and the law No.258/2000Coll. on protection of public health.
In connection with the law No. 258/2000coll. and corresponding decrees of the MoH, the public health administration perform supervision in the following areas:

1. Safety of objects of common use:
health/hygienic requirements on cosmetic products, products coming in contact with foodstuffs and meals, toys and products intended for children till the age of 3 years.
2. Food safety
chemical safety of foodstuffs, requirements on sale of foodstuffs and equipment of food stores
3. Dangerous chemicals and products
control of conditions of introducing biocidal products and active substances on the market (Decree98/8 EC).

Creating financial funds for recruiting highly qualified staff communicating with appropriate EU organs, and for securing the necessary corresponding materials to equip adequately the specialized workplaces.
2.4 Contribution to National Development Plan: N/A

2.5 Cross Border Impact: N/A

3. Description:

3.1 Background and justification
The Czech Republic is a partner of the plan eEurope+ for candidate countries and possesses its own action plan of the state information politics (Decree of the Czech Government No. 405 of April 25, 2001). The proposed project of the information system in public health protection is closely linked with the document "Healthcare Online". This document specifies building-up the telematic infrastructure of healthcare including regional networks. In addition, the information system of public health protection will be linked with the program "The Environment Online".

The existing system of Public Health Services (PHS) is unable to meet requirements of modern, rapidly developing society and to cope with new challenges such as GMO and food safety, newly emerging and re-emerging infections, migration, new occupational risks, increased transport and environmental pollution etc. The project calls for new structure of PHS which will consist of two branches with clearly defined role and competence:

a) Supervision (health safety, health risks),
b) Expert basis/research (health promotion, research projects). The new system will be supported by an up-to-date, sophisticated info-technology (HW, SW).

The aim of the project is to secure a nationwide, unified and flexible info-system in the area of Protection of Public Health. The target of the project is the network of Regional and Local Public Health Institutes and their reorganising into two above described "branches", because the present system of the hygienic/public health service is not flexible enough. This will lead to a change in the institutional framework.

This info-system is linked to proposed novel of the Law No.258/2000Sb. (Law on Public Health Protection) which calls for a system of vertically controlled bodies (offices) in the realm of Public Health Protection, and a network of service organizations (e.g. laboratories, expertise activities etc.).

3.2 Linked activities
Existing information sources in the field of Public Health Protection, e.g. "The System of Monitoring the Health of Population with Respect to the Environment", however not enough online data available. Other linked activities (i.e. outside the health sector) exist e.g. within the Environmental Sector, Universities and with the Phare projects in the environmental (CZ 00.06.03 and CZ01.06.01, as well as projects for health and safety at work (CZ99/IB/OT-02, CZ00/IB/SO-02).

3.3 Results
Strengthening the Capacity of the Public Health Administration: This twinning and supplies project addresses an AP priority and aims to ensure full implementation and endorsement of the public health acquis that falls under the responsibilities of the Czech Public Health Administration (PHA).

The project should result in the PHA being capable of implementing, supervising and enforcing the main areas of public health that fall under its responsibilities, including food safety, occupational health, surveillance and control of communicable diseases, objects of common use – cosmetics, toys and environmental health.

In concrete terms this should include proposals and recommendations in the legislative, structural and organisational field including human resource management, proposals for reform at both central and regional levels and the establishment of a modern Public Health Information System, enabling the rapid collection and dissemination of relevant data. Comprehensive and sustainable training of PHA staff in the specific skills required under the acquis concerned is a key component of this project, the supplies component of which is conditional on Czech co-financing. Implementation of this project should take account of the outputs of relevant activities financed under Access 99 and 2000.

3.4 Activities

(1) Twinning activities (0,5 Me):

1. Activities in support of EU legislation implementation and enforcement, covering all areas of public health protection:

a) Analysing current situation and future needs of the Public Health Administration (PHA) system to implement acquis,
b) Developing/proposing new methods of supervision, introducing and use of SOP (Standard Operating Procedures) which will be focused on acquis, maintenance of QA/QC (Quality Assessment/Quality Control) rules, fast feedback of requests from the filed,
c) Collection of data concerning supervision of PHA ,
d) Study visits of responsible senior public health officers (at the central/ministerial, regional levels)) to the EU (25 experts per1 week),
e) Training of trainees (trainees to be trained by ST experts for specific areas) in new legislation and its enforcement (70 experts for 2 weeks),
f) Training of public health service staff in new legislation based on acquis in order to increase qualification (apx.200 people)
g) Development of study materials: curricula, manuals, brochures.

2. Designing new information system:
   a) Introductory analyses (evaluating the current situation) and comparative studies prepared by EU experts, specialists in the relevant area,
   b) Recommendations / proposals of new information system development for public health administration in CR,
   c) Design of the new information system to be operational in CR (taking into account SOP and QA/QC) to be prepared by Czech experts taking into account existing introductory studies and data that have been obtained so far.
   d) Creation of Information system into specific field-oriented databases, securing two-way information flow from endpoints of public health institutes and information exchange,

Following experts are required to be included into twinning:
One PAA for 12 months to be located at the Ministry of Health, Dpt. of Hygiene and Epidemiology, responsible for overall management of the project and co-ordination. He should be experienced in : Public health protection, Environmental health, Disease prevention, Health risk management.
PAA’s required experience skills: Experienced public health officer/manager/expert/scientist

6 short term (ST) MS experts each of them to be expert in one of the following areas: Food safety, Occupational Health, Surveillance and control of communicable diseases, Objects of common use, (e.g. cosmetics and toys), Environmental Health, Informatics in public health
ST experts are requested in total for 6/6 man/months.

(2) Investment – Supply of Equipment (Phare budget 1,5 M€; State budget 0,5 M€)
Deliver and make fully operational technical equipment (for new information system which will be designed under twinning activities) - HW, SW with following indication:
(PC - 0,80 M € / LAN 0,70 M € / SW 0,50 M €) which will be confirmed and detail specified by twinning expertise within 3 months after starting of twinning.
Training of staff to use IT system

3.5 Lessons learned:
The Ministry of Health has not applied for Phare project in this particular area so far, no previous experience with such project available.

4. Institutional Framework
The Ministry of Health (MoH) is responsible for the legislation related to the public health. The Law No. Č.2/1969 o establishment of ministries and central bodies of state administration, § 10, section 1) defines MoH as a central body of state administration in the protection of public health.
Act 258/2000 on protection of public health and amendment to some related Acts § 80:
(1) For the purpose of protection of public health, the Ministry of Health shall govern implementation of the state administration in protection of public health,
(a) direct and control regional public health officers
(b) make decisions on legal remedies in relation to decisions of regional public health officers,
(c) direct and control activities of district public health officers in matters of national scope,
(d) provide for international cooperation in the scope of its jurisdiction and fulfil tasks following from international treaties in protection of public health,
(e) direct vaccination,
(f) make decisions on matters pursuant to § 5 (5), § 26 (3) and (4), § 28, § 72 (1), § 73 (2) and § 77 (1) (a) and (b); fulfil tasks pursuant to § 27 (1) and § 73 (1),
(g) impose extraordinary measures in epidemic and danger of occurrence thereof and measures for protection of health of natural persons in occurrence of health-unsafe products or water, in natural disasters and other extraordinary events if such measures are to be carried out in national scope or in the territory of several regions, and shall decide on termination thereof;

(h) impose protective measures against transferring contagious diseases from abroad and decide on termination thereof and on matters pursuant to § 68 (2),

(i) on request of the competent district or regional public health officer, issue permissions for extraordinary vaccination pursuant to § 69 (1) (g),

(j) direct implementation of state administration in protection of public health as performed by the Ministry of

Ministry of Defence and Ministry of Interior,

1. draw up national programs for protection and promotion of public health; draw up vaccination programs and programs for prevention of infections caused by the human immunodeficiency virus and direct implementation thereof; lay down principles and procedures of evaluation and management of health risks and principles of monitoring relations of health condition of the population and factors of the environment and of living and working conditions and direct implementation thereof; direct training for the purpose of promotion and protection of public health.

2. For the purpose of implementation of the state medical supervision, the Ministry of Health shall be authorised to lay down scope and frequency of controls and specification of control procedures for the bodies for protection of the public health specified in § 78 (b) to (d). The Ministry of Health shall disclose the set scope and frequency of controls and control procedures in the Journal of the Ministry of Health.

3. The Ministry of Health shall be authorised to prohibit circulation of products specified in this Act, as well as impose withdrawal thereof from circulation if required for the purpose of protection of public health pursuant to a decision of a body of European Union.

4. A position of the chief public health officer of the Czech Republic shall be established within the Ministry of Health; the chief public health officer shall act as a body of the Ministry of Health in matters of protection of public health. The Government shall appoint and recall the chief public health officer on the basis of a proposal by the Minister of Health. The Minister of Health may appoint and recall the deputy chief public health officer of the Czech Republic.

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Facilities for Protection of the Public Health

1. Public health institutes shall be established for performance of specialised activities in protection of public health. Public health institutes are facilities for protection of the public health that provide medical care. Regional Public health institutes shall be established in the seats of regional public health officers; the regional public health institute established in the seat of the public health officer of the Capital of Prague shall be designated as the Public health institute of the Capital of Prague. Regional public health institutes shall be contributory organisations of the Ministry of Health. District public health institutes shall be established in the seats of District Authorities as contributory or budgetary organisations of the relevant District Authorities; the relevant District Authority shall be the founder thereof. City public health institutes in the cities of Brno and Pilsen, and the Capital of Prague shall be budgetary or contributory organisations of these cities.

2. District public health institutes shall not be established in the seats of District Authorities of Karlovy, Vary, Liberec, Pardubice, Jihlava, Olomouc and Zlín; the City of Ostrava shall not establish a city public health institute. The tasks of such public health institutes shall be fulfilled by the regional public health institutes established in the seats of the relevant regional public health officers.

3. Public health institutes shall, in particular, prepare basic documents for measures of the relevant bodies for protection of the public health, participate in implementation thereof and in fulfilment of tasks of the bodies for protection of the public health in monitoring indicators of the health condition of the population, evaluation and monitoring of health risks, monitoring relations of the health condition of the population and factors of the environment and of living and working conditions, implementation of programs for protection and promotion of public health, training for the purpose of promotion and protection of public health and provision of consulting services. Public health institutes shall keep records of dangerous works.

4. For the purpose of implementation of measures against contagious diseases, regional public health institutes shall provide medical facilities within their respective territories with vaccination substances for regular, special and extraordinary vaccinations, with the exception of vaccination substances against tuberculosis and tuberculin, and distribution thereof. Regional public health institutes shall participate in fulfilment of tasks of regional hygiene officers pursuant to § 81 (2) (a), part of the text following semicolon.

5. The activity of public health institutes pursuant to paragraphs 3 and 4 shall be an activity reserved for the state.

6. Under conditions specified in a special regulation, 43 public health institutes shall be authorised to participate in operation of an information system for management of information on health of natural persons in relation to prevention of occurrence and spreading of contagious diseases, and danger of
occupational diseases and other damage to health caused by work, on exposure of natural persons to harmful substances in the working and living environment and on epidemiology of drug addictions.

The "Project" will be organised and controlled by the Ministry of Health of CR, - Department of Hygiene and Epidemiology and Department of Informatics. The aim is to secure a nationwide, unified and flexible信息系统 in the area of Protection of Public Health. The target of the project is the network of Regional and Local Public Health Institutes and their reorganising into two above described "branches", because the present system of the hygienic/public health service is not flexible enough. This will lead to a change in the institutional framework.

This信息系统 is linked to proposed novel of the Law No.258/2000Sb. (Law on Public Health Protection) which calls for a system of vertically controlled bodies (offices) in the realm of Public Health Protection, and a network of service organizations (e.g. laboratories, expertise activities etc.)

5. Detailed Budget (mil.€)

<table>
<thead>
<tr>
<th>Project Components</th>
<th>Phare Support</th>
<th>National Cofinancing*</th>
<th>IFI</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Twinning Covenant</td>
<td>Investment Support</td>
<td>0.50</td>
<td>0.50</td>
<td>0.50</td>
</tr>
<tr>
<td>(2) Contract - Supply of equipment</td>
<td>Institution Building</td>
<td>1.50</td>
<td>1.50</td>
<td>1.50</td>
</tr>
<tr>
<td>Co-financing to contract equipment</td>
<td>Total Phare (=1+1B)</td>
<td>0.50</td>
<td>0.50</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1.50</strong></td>
<td><strong>0.50</strong></td>
<td><strong>2.00</strong></td>
<td><strong>0.50</strong></td>
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* There will be parallel co-financing

6. Implementation Arrangements

6.1 Implementing Agency
The CFCU is the Implementing Agency responsible for tendering, contracting and accounting. Responsibility for technical aspects related to preparation, implementation and control will rest with the Ministry of Health, Department of Hygiene and Epidemiology, with the cooperation of local and regional public health institutes.

Contact person: Ms Karla Ribova – MoH
ph: +420 2 2497 2442 fax: ++420 2 2491 6007
e-mail: karla.rihova@mzcr.cz

6.2 Twinning:
specified under point 3.4. Activities

6.3 Non-standard aspects;
The Practical Guide to Phare/Is/P/ Sapard contract procedures shall be followed.

6.4. Contracts:
(1) Contract – Twinning Covenant 0.5 M €
(2) Contract – Supply of Equipment 1.5 M €

7. Implementation Schedule

7.1 Start of tendering
twinning 2Q / 2002
supply 3Q / 2003

7.2 Start of project activity
twinning 2Q / 2003
supply 1Q / 2004

7.3 Project Completion

7. Equal Opportunity:
Equal opportunities and practices in ensuring equitable gender participation in the project will be guaranteed.

8. Environment: N/A

9. Rates of Return: N/A
10. **Investment Criteria:** N/A

11. **Conditionality and Sequencing**
The goals of the the Project are both specific and achievable, because they are based on a deep knowledge and long experience with the existing public health system.
What should be done: expert analysis of the current PHS system, carefully evaluate its positive and negative aspects, propose an institutional restructuring plan.
When: The timetable of the project will be established, the start will be in 2003.
Who: Ministry of Health, Dept. of Hygiene and Epidemiology (main partner), Department of Informatics, Ministry of Health and network of Regional and Local Public Health Institutes.

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**ANNEXES TO PROJECT FICHE**

1. Logical framework matrix in standard format
2. Detailed implementation chart
3. Contracting and disbursement schedule by quarter for full duration of programme
4. List of EC Directives
# LOGFRAME PLANNING MATRIX

<table>
<thead>
<tr>
<th>Project title: Strengthening the Capacity of the Public Health Administration</th>
<th>Project number: 2002/000-282.08.01-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project purpose: Strengthening of Public Health Administration (PHA) and professional capacity to enable full implementation and enforcement of EU legislation in all areas supervised by the PHA (see the list of relevant EU documents in Annex).</td>
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</tbody>
</table>

### Overall objective

| Ability to take on obligations of membership, including adherence to the aims of political, economic and monetary union. Implementation and enforcement of the acquis communitaire related to Public Health Protection. |
| Acknowledgment by the European Commission. |
| EC Regular Reports |

### Project purpose

<table>
<thead>
<tr>
<th>Objectively verifiable indicators</th>
</tr>
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<tbody>
<tr>
<td>a) Fully functional vertically controlled system of national public health supervision with clearly defined competence within the public health system.</td>
</tr>
<tr>
<td>b) Operational new information system of public health administration. SOP (Standard Operating Procedures) and QA/QC (Quality Assessment/Quality Control) systems fully applied in public health system.</td>
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<tr>
<td>c) Data of health monitoring, information on indicators of state health supervision available.</td>
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<tr>
<td>d) Surveillance and control of infectious diseases.</td>
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<tr>
<td>e) National public health supervision in the fields of environmental hygiene, occupational health, hospital hygiene etc., fully operational.</td>
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</table>

All indicators valid by the completion of the project.

### Sources of Verification

- Regular reports of Public Health Administration.
- Reports of Ministry of Health.
- Annual reports of Institute of Health Informatics and Statistics.
- EPIDAT - epidemiological data from National Institute of Public Health.

### Assumptions

- Data of above reports concern the areas of food safety, occupational health and safety, environmental health, epidemiology, infectious diseases and other fields of public health protection.
- Reports of the nationwide System of Monitoring of Environment and Health of Population include data on:
  - Health impact related to air pollution
  - Health impact related to drinking water quality
  - Health impact and harmful effects of noise
  - Health impact of human dietary exposure to chemicals
  - Health impact of human exposure to toxic pollutants in the environment, biological monitoring, genotoxicity testing
  - State of health of and selected parameters of demographic and health statistics
  - Health and working environment
## Results

1. Full implementation and enforcement of the EU legislation in the following main areas of public health:
   - Food safety - according to strategy adopted in the CR in the preceding period - in cooperation with the Czech Agriculture and Food Inspection, clear application of acquis towards entrepreneurs, fast feedback reaction in cases of breach of law.
   - Occupational health: preventive healthcare, limiting risks of work, control of factors of working environment, guaranteed occupational healthcare, defining duties of employers and employees.
   - Surveillance and control of communicable diseases
   - Objects of common use - cosmetics, toys: conditions for introduction of launching products on the market.

2. Proposals of new methods of supervision.

3. Effectively functioning public health protection system on local, regional and national levels. The system will be secured by adequate human and material resources and on modern info system.

4. Public health information system (IS)- flexible public health IS enabling rapid collection of data for decision-making process. The system will be accessible at all levels - local, regional and national. Data collected at local endpoint will be stored in central register and will be available to users in the field via access code. The system will enable information exchange among public administration bodies involved in health supervision and, in addition, contacts with foreign partners of EU, e.g. The Alert System in communicable diseases, or food safety.

Creation of such IS will be main outcome of the proposed project and will become a most important tool for management and control of public health protection in the CR and for implementation and enforcement of acquis.

5. Training - staff trained in the above areas, study materials (curricula, self-education) produced.

6. Equipment incl. PCs, LAN, SW purchased

<table>
<thead>
<tr>
<th>Objectively verifiable indicators</th>
<th>Sources of Verification</th>
<th>Assumptions</th>
</tr>
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<tbody>
<tr>
<td>- Effectively functioning public health administration system in place by the end of the project</td>
<td>- Programme Monitoring, assessment, and evaluation reports.</td>
<td>Co-operation of all involved Ministries and other institutions. Sufficiently qualified staff is available, cooperation of more than 80 local and regional Public Health Institutes.</td>
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<tr>
<td>- Full implementation and enforcement of EU legislation in the areas of food safety, occupational health, objects of common use by the completion of the project by the end of the project</td>
<td>- Electronic databases on local, regional and national levels of public health services.</td>
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<td>- All public health professionals will be targeted by the new Infosystem (IS) by the end of the project.</td>
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<td>- Statistical data on activities of the public health system available at all levels of state administration by the end of the project</td>
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<td>- All experts/professionals (153) of the public health trained in implementation of the EU legislation and in new public health IS by the end of the project</td>
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<td>- Public health IS in place and fully operational by the end of the project</td>
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<td>- Equipment delivered by the end of 2003</td>
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</table>
Activities

a) Analysing current situation and future needs of the Public Health Administration (PHA) system to implement acquis.
b) Developing/proposing new methods of supervision, introducing and use of SOPs (Standard Operating Procedures) which will be focused on acquisition, maintenance of QA/QC (Quality Assessment/Quality Control) rules.
c) Collection of data concerning supervision of PHA.
d) Study visits of responsible senior public health officers (at the central/ministerial regional levels) to the EU (25 experts per week).
e) Training of trainees (trainees to be trained by ST experts for specific areas) in new legislation and its enforcement (70 experts for 2 weeks).
f) Training of public health service staff in new legislation based on acquis in order to increase qualification (apx.200 people).
g) Development of study materials: curricula, manuals, brochures.

Purchase of IT equipment – HW, LA and SW

3. Designing new information system:

a) Introductory analyses (evaluating the current situation) and comparative studies prepared by EU experts, specialists in the relevant area.
b) Recommendations / proposals of new information system development for public health administration in CR.
c) Design of the new information system to be operational in CR (taking into account SOPs and QA/QC) to be prepared by Czech experts taking into account existing introductory studies and data that have been obtained so far.

Creation of Information system into specific field-oriented databases, securing two-way information flow from endpoints of public health institutes and information exchange.

One PAA for 12 months to be located at the Ministry of Health, Dpt. of Hygiene and Epidemiology, responsible for overall management of the project and co-ordination. He should be experienced in: Public health protection, Environmental health, Disease prevention, Health risk management.

PAA’s required experience skills: Experienced public health officer/manager/expert/scientist

6 short term (ST) MS experts each of them to be an expert in one of the following areas:

- Food safety
- Occupational Health, Surveillance and control of communicable diseases, Objects of common use, (e.g. cosmetics and toys), Environmental Health
- Informatics in public health

ST experts are requested in total for 6/6 man/months.

Phare Supply Contract – 1.5 M€

Supply of IT equipment (HW) – PCs and LAN

Programme monitoring and evaluation reports

- Good quality of EU expertise
- Sufficient implementation capacity
Public health protection (PHP) is currently organized on three levels, i.e. local, regional and national; historically this conception follows the state system of public administration. The Chief Public Health Officer controls (methodically and financially) only the Regional Public Health Institutes (PHI). Local (District) PHI is established and financed by the District Office. Only methodical management of local PHI is performed by the chief of Regional PHI. Currently, there is no financial link between the Ministry of Health and District PHI via Regional PHI. Thus the influence of the Chief Public Health Officer on supervision is actually limited. This system creates a non-unified system of state health supervision in PHP.

A discussion on an act that will introduce a new vertical structure of Public Health Administration (PHA) is currently being held in the Parliament of the CR. This structure will secure unified implementation of acquis in PHP.

Restructuring the public health institutes based on high-level awareness of staff of its tasks which will in turn enable smooth cooperation with other public administration bodies, and ensuring the effectiveness of administrative structures throughout the nation-wide network of public health institutes.

Currently, there exists only isolated information system on the local levels performed separately by a great number of PHI (e.g. EPIDAT in the area of infectious diseases, VYDRA in the area of drinking water control and protection), but no national network of a common, unified information system has been created. Some PHIs have created their own local information programs without any network communication with other PHIs.

A modern info system has been in the process of building since the end of 2000. The system is based on technology of internet network communication and interconnects all PHIs. It will accelerate the accessibility of central authorities to local problems and will thus allow higher level of more effective quality of communication and decision-making. The above-mentioned process shall radically improve implementation of acquis. The basic module solves data collection of risk related to working conditions in the field of occupational health, because these data are considered to be the most important for health protection and safety at work.
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<thead>
<tr>
<th>Action</th>
<th>2003</th>
<th>2004</th>
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<tr>
<td>Analysis of the present state</td>
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<td>Proposal of the end-point state</td>
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<td>Specification of required system</td>
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<tr>
<td>Final evaluation</td>
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<tr>
<td>Tenders</td>
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<tr>
<td>Proposal of solution</td>
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<td>Logical proposal</td>
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<td>Physical proposal</td>
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<tr>
<td>Closing stage evaluation</td>
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<tr>
<td>Design of solution and implementation</td>
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<tr>
<td>Design of solution</td>
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<tr>
<td>Implementation</td>
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<tr>
<td>Training</td>
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<tr>
<td>Testing by the author of the project</td>
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<tr>
<td>Testing in regions</td>
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<td>Testing in districts</td>
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<td>Evaluation</td>
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<td>Appropriate amendments of solution</td>
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<td>Overall realization of the project</td>
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<tr>
<td>Closing down the project</td>
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<td>Final evaluation</td>
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<tr>
<td>Start of the tendering for supply component</td>
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<td>Contract signature for supply component</td>
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<tr>
<td>Equipment delivered</td>
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</tbody>
</table>
## Contracting and Disbursement Schedule by Quarter for Full Duration of Programme

### Cumulative Quarterly Contracting Schedule (mil.€)

<table>
<thead>
<tr>
<th>Project</th>
<th>1Q/02</th>
<th>1Q/02</th>
<th>3Q/02</th>
<th>4Q/02</th>
<th>1Q/03</th>
<th>2Q/03</th>
<th>3Q/03</th>
<th>4Q/03</th>
<th>1Q/04</th>
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<th>3Q/05</th>
<th>4Q/05</th>
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<td>Supply component</td>
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### Cumulative Quarterly Disbursement Schedule (mil.€)

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<th>1Q/02</th>
<th>3Q/02</th>
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<th>1Q/03</th>
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</tr>
</tbody>
</table>
List of EU legal documents

(directives, decisions, regulations) already implemented, or to be implemented in the area of public health

**LAW NO. 258/2000SB. ON PUBLIC HEALTH PROTECTION**

Drinking water:
Decree No.376/2000 Coll. on drinking water – Directive 98/83/EC on quality of water for human consumption,
Decree No.37/2001 Coll. on items with direct contact with water – Directive 98/83/EC – as above

Children and adolescents:
Decree No.84/200 Coll. on hygiene of toys and products intended for children less than 3 years old – harmonized with the Decision of the Commission 1999/815/EEC.

Cosmetics:

Environment:
Decree No. 464/2000 Coll. on swimming pools and playing grounds – Directive 76/160/EEC on quality of bathing water,
Decree No. 480/2000 Coll. on non-ionizing radiation protection sets norms consistent with ICNIRP
Directive (approved by Council of Europe)
Decree No. 502/200 Coll. on health protection against noise and vibrations – Directive of Council ES No. 86/188/EHS

Infectious diseases prevention:
Decree No. 439/200 Coll. on vaccination against infectious diseases – Decision EC No. 2119/98/EC,
Decree No. 440/2000 Coll. on prevention of spread of infections and regime of health establishments – in agreement with Decision No. 2119/98/EC on epidemiological surveillance,
Decree No. 420/200 Coll. on special training on Disinfections disinfection, deratization – Decree of Council No. 89/48/EEC,

Occupational hygiene
Decree No. 89/2001 Coll. on categories of work at risk, and biological exposure tests – complies with a number of EC directives: 93/88 on biological agents, 80/1107 on health protection at work risks, 82/605 on lead risk, 91/382 on asbestos, 96/94 on limit values of chemicals , 97/42 on carcinogens, 99/38 on mutagens,

Foodstuffs:
Decree No. 107/2001 Coll. on hygienic requirements on communal/public catering – EC Directive 93/43/EC,
Codex Alimentarius – recommended international guidelines in food safety.
Law No. 110/1997 Sb. on Foodstuffs and Tobacco Products:

The Ministry of Health elaborated drafts of Decrees on additives, chemical and microbiological requirements of food safety, (i.e. contaminants) aromatising substances, use of chinine and caffeine.

These Decrees are fully compatible with relevant EU documents, i.e. Directives of the Commission and/or Decisions of the Council.

Additives, Food supplements: Directives No: 89/107, 94/35, 94/36, 95/2, 96/85, 98/72, 67/427, 95/45, 95/31, 96/77, 98/86, 2000/63, 2001/30,


Contaminants: Decision of the Commission No.97/194, completed by No. 98/864, 99/1566 and 2001/466, 194/97/EC, 466/2001, Dir. 466/2001/EC, Dir. 76/621/EEC.

Limit values, not covered by EU regulations, taken from Codex Alimentarius: CX/FAC 01/15, CX/FAC 96/17, CX/FAC 01/27, CX/FAC 01/22, CX/FAC 94/24,