BRIEFING FOR PARLIAMENT

ON PROGRESS MADE BY 'JOHAN BÉLA' NATIONAL PROGRAMME FOR THE DECADE OF HEALTH IN 2003

Budapest, March 2004

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I. Summary of the most important achievements

- **we evolved the organisational framework for implementing the Public Health Programme**
- **we have introduced stringent EU public health regulations to Hungary**
- **we successfully carried out a breast cancer screening programme**
- **we introduced an organised cervix screening programme**
- **we have drawn up a National AIDS Strategy**
- **we have drawn up a National Food Safety Program**
- **we started up community workplace and school health improvement programmes**

II. Introduction

The goal of this report is to give an account of the events and achievements of the Johan Béla National Programme for the Decade of Health (hereinafter: Programme) since it was adopted, in keeping with parliamentary decision 46/2003 (IV. 16.) OGY.

The basis for the programme is that Parliament and the Government recognised that the unfavourable public health trends of past decades had to be halted.

Acting to improve the health of the population is not only a moral and political responsibility but is also very much in our economic interests. We know that improved health is a concomitant of economic advances, but a healthy population is the foundation for further progress. Health improvement and illness prevention is an investment in our future.

The Government considers investments in health promotion, in accordance with the principles of healthy public policies and health promoting governance, to be a productive input, not merely an expenditure. The launch of the Programme created a new situation in financing public health tasks since it offers the programmes of action targeted support from the central budget that can be counted on over the long haul and is sustainable. Furthermore, on the Government level, it mobilises the resources of the various ministries that are intended to improve the health of our population. The multi-player model of Programme implementation mobilises local governments, private organisations, NGOs, and media resources, too.

The Government is aware that a tangible improvement in general health will require a longer period of time, one spanning several terms of parliament, and the guarantee that the programme will continue is precisely the parliamentary decision based on consensus.

The health status of the Hungarian population is quite poor by international comparison, and is significantly below the general level of what the country's socio-economic development would allow. There are numerous historical, social, economic, and cultural factors that together offer a complex explanation for the exceedingly poor state of health of the Hungarian population, but the immediate and definitive cause is related to the lifestyle and environment of the population.

The basic aspirations of the public health strategy intended to alter this situation may be summarised as follows:

- to improve the population's life expectancy and to bring it closer to the average for the European Union,
- to increase the number of healthy years of life, to improve quality of life, and to reduce risks,
- to reduce disparities in living conditions and the health status of various population strata.

The newly designed Programme offers a comprehensive policy framework for selecting priorities and mobilising resources and communities. It does this, in part, with a focus on European Union directives and World Health Organisation guidelines.

III. The framework for Programme implementation

After the adoption of the Parliamentary resolution, about nine months were needed to set the groundwork for the Programme, to shape the organisational framework, and to get it up and running. Essentially, the following tasks had to be resolved:

- The institutional and organisational framework of the Programme had to be established along with the regulatory mechanisms needed for implementation.
- The legal and organisational framework and the actual practice of cooperation among the ministries had to be established.
- The mechanism for financing the Programme had to be established, with due regard to the new legislative environment (Act 24 of 2003), the professional targets, the multi-player involvement in implementation, and the principles of transparency, accountability, and democracy.
- Programme components begun earlier (e.g.: public health screenings, support for NGOs) had to be continued.
- The implementation of new tasks had to be started.
- Support had to be given to outstanding events in public health.
- Communication had to be established.
- Programme monitoring and evaluation had to be developed, and the base-line state and the resources had to be mapped out.

III. 1. Creation of the institutional system of the Programme. The organisational structure of the Programme

III. 1.1. Intersectoral cooperation

Successful implementation of the Public Health Programme requires that the entire society be involved. This means that there must be effective cooperation among the sectors of public administration (branches, institutions). Health promotion and improvement is a productive government investment that is an essential element of national socio-economic development. To manage this cooperative effort we established an **Interdepartmental Public Health Committee** (hereinafter, by the Hungarian abbreviation: NTB) headed by the Minister of Health, Welfare, and Family Affairs. The NTB coordinates Government activities important to public health. The members of the interdepartmental committee decide on current programme tasks, scheduling, budget issues, and they participate in preparing the annual report and in offering information on programme achievements.

III. 1.2. The organisational framework of Programme management and planning

Parliamentary resolution 46/2003. (IV. 16.) OGY has defined the long-term tasks of the public health programme. One fundamental prerequisite for successful implementation is to define the tasks to be completed each year in accordance with current priorities and given conditions. In 2003, we had to shape the mechanism which guaranteed that an annual action plan be prepared in parallel with each year's budget planning, with the participation of representatives of the various professional areas and of the implementing entities.

In the Ministry of Health, Social and Family Affairs, a **Titular Secretary of State is** responsible for the management, progress, and implementation of the Programme. The **Public Health Department** answering to this secretary of state coordinates the preparation of the annual plans of action, plans and manages the programme budget, oversees Programme implementation, and prepares the annual reports for Parliament.

Several other bodies assist the Titular Secretary of State. The most important body for decision-making support is the **Steering Committee,** chaired by the Titular Secretary of State. The heads of the system of public health institutions serve on the Committee as members. The Committee makes proposals on annual priorities and action plans.

The **Programme Council** is the workshop for shaping professional opinions on the Programme. Its members are high-profile public health professionals. They offer professional supervision during the programme's planning phase and participate in the planning itself. The **Medical Officers' Committee** is similar in function to the Programme Council. The members of this committee are the Chief Medical Officer of Hungary and the county chief medical officers. The latter manage the health promotion divisions of the county institutes of the National Public Health and Medical Officers' Service (ÁNTSZ) and also coordinate local projects and programmes.

The **International Programme Council** also participates in the strategic planning of the programme and in evaluating the results. It assures that programme implementation concurs with international expectations. The Council also assists in the domestic dissemination of international experience and methods, and in evaluating the programme and its action plans.

Ad hoc operative **working groups** brought together as task forces prepare the proposals for the annual action plans. Outstanding and high-profile representatives of the various professional areas are invited to join these working groups. In the field of HIV/AIDS prevention, the National AIDS Committee prepares the proposals for the annual action plan.

The concurrence between planning and executive management is guaranteed by the participation of the most important executive institutions, or their representatives, i.e. the National Institute for Health Development, the National Public Health and Medical Officers' Service, primary health care services (family practitioners, health visitors), local governments, in the Steering Committee, the Programme Council and the Medical Officers' Committee, already at the planning stage.

III. 1.3. The organisational framework for Programme implementation

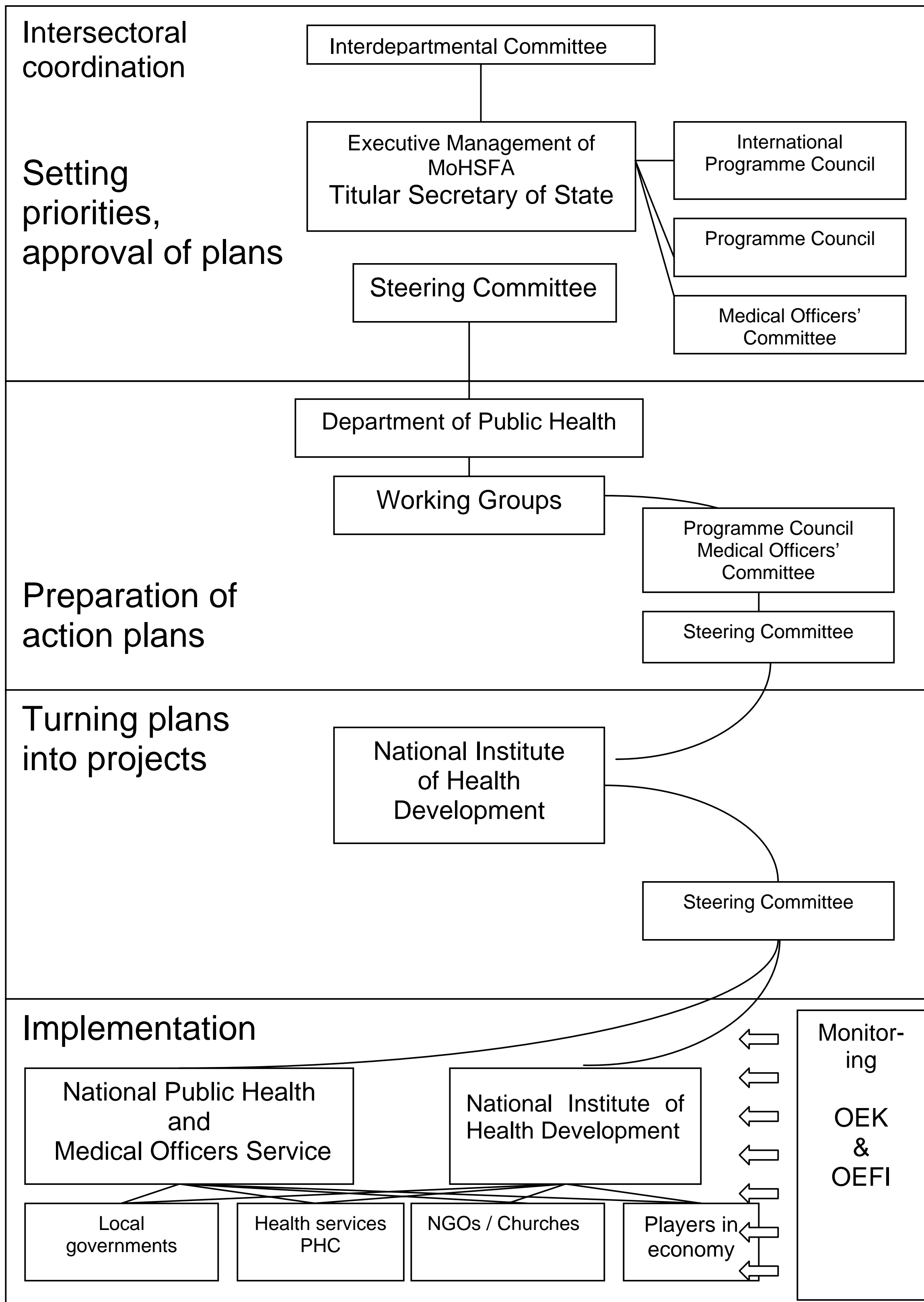
An appropriate methodological foundation for the Programme and the requirement to monitor it require that one single organisation is in charge of coordinating implementation. Based on the annual action plans, the **National Institute of Health Development** (hereinafter, by the Hungarian abbreviation: OEFI) prepares the detailed project plans with the involvement of the implementing entities. As a methodological centre, OEFI adapts and develops nationwide and local health improvement programmes, participates in designing the Programme, coordinates its implementation, executes various implementation details, and monitors Programme progress and achievements.

Project implementation takes place in two ways. One involves competitive bids for grants and the other is through public health institutions. Some of the bids are tenders, meaning that invitations for them define the precise task, the detailed method of implementation, and expect guarantees that actions will be uniform and effective at all possible settings. Another portion of the bidding is open. Here bidders set the goals and the ways and means through which they intend to attain them. This guarantees that programmes are adjusted to local needs. The bids are managed and supervised by OEFI. Local governments, NGOs, workplaces, and schools are the most important participants in the bidding system.

The **National Public Health and Medical Officers' Service** (**ÁNTSZ**) is a key player in the programmes taking place through the institutional system. Staff of the health promotion divisions at county institutes need to play important roles in organising and implementing local community and other local actions, in creating partnerships, in initiatives to participate in and support bidding processes. Organisational development tasks of the near future include having the same official as the director-general of OEFI and being in charge of health improvement activities at ÁNTSZ. This will assure a direct relationship supporting implementation between OEFI, which is the methodological and coordination centre for executing health development programmes and ÁNTSZ institutes, which are the implementing entities. The national institutes of ÁNTSZ also participate in programme implementation, in a capacity of both methodology centres and implementing entities.

Primary health care, including family practitioners, dentists, health visitors, occupational health, and school physician services also play important roles alongside OEFI and ÁNTSZ. Their activities are coordinated by national institutes (the National Institute of Primary Health Care, the National Child Health Institute, the National Labour Hygiene and Occupational Health Institute) and professional organisations (e.g.: the Hungarian Association of Health Visitors), with the involvement of OEFI and ÁNTSZ.

Factors that need to be measured include programme progress and achievement as well as the type of changes in people's health status triggered by the Programme. The **National Epidemiological Centre** is responsible for coordinating this latter task.



Organisational framework of the Programme

III. 2. Conceptual framework of the Programme

Where and how people live has a fundamental influence on their health. An improvement in health is often related to processes that are not directly linked to healthcare. One such process is the economic growth of the past decade. Better living conditions have contributed to a slow improvement of mortality indices in recent years. The state of public health is not primarily dependent on the level of the healthcare system. Health is determined primarily by day-to-day choices and decisions made, the immediate environment, the family, the school, the workplace, and the place of residence.

This theoretical background is the basis for settings approach in the Programme – programmes at schools, workplaces, and communities. Programmes focused on risk factors for ill health, direct prevention, and on the health of various age groups rest on this factor. Evolving healthier behaviour and a healthier environment are extremely complex tasks. The entire arsenal of health development, ranging from legislation through institutional development and economic incentives, and to information dissemination along channels ranging from the media to community-based programmes, has to be employed in a coordinated manner.

The 19 programme strands that appear in the parliamentary decision are integrated within the various actions. For instance, the project to prevent cigarette smoking in schools fits into the 'Healthy Youth', 'Health Promotion in Settings of Daily Life', 'Cutting Back Tobacco Smoking', and 'Reducing Mortality and Morbidity due to Neoplasms' programme strands.

Therefore, the planning project does not rigidly follow the specific elements in the programme strands. For instance, the settings approach and equal opportunities are horizontal priorities within thematic sections (for instance, reducing cigarette smoking).

IV. Results

During the first eight months of the year in which the Programme got underway, making significant changes in the socio-economic conditions of health, in the population's lifestyles, and in the health status of the Hungarian public would have been beyond the ability of the Programme. The guarantee that it will eventually do all this lies in the Programme's long-term strategy and in its appropriate implementation throughout the decade. The groundwork was completed in 2003. Nevertheless, there are certain achievements to report on, in addition to starting up numerous activities.

Achievements in 2003 were reached in all significant areas of health development: building healthy public policies; creating supportive environments; strengthening community action; enhancing personal skills for the pursuit of health as well as reorienting health care.

IV. 1. Building healthy public policies

Regarding healthy public policies, it is important to realise that as Hungary joins the EU, the harmonisation of legislation in the field of public health will contribute significantly to improving the health status of the population.

Due to up-to-date regulations on safety and health at the workplace, there has been a significant decline in occupational diseases and in fatal workplace accidents within the European Union in recent years.

Globally, about two-thirds of childhood illnesses and 10-30% of illnesses among adults are caused by drinking and bath water that is not sufficiently clean, by atmospheric pollution from vehicles, heating, factory smoke and ragweed pollen, and by chemically contaminated soil. Strict adherence to EU requirements will bring significant improvements in creating supportive environments.

EU food safety regulations have been introduced in Hungary and are expected to cut acute food poisonings currently occurring in large numbers as well as disorders from contaminated foods that do not appear until years later. A Hungarian Food Safety Bureau has been established and the Hungarian National Food Safety Programme is complete. Tasks for 2004 include making it known to the public and starting implementation.

One achievement of interdepartmental cooperation is that when Act 79 of 1993 on public education was amended in 2003, it included numerous references to children's health and protection of the environment, which coincided with the goals of the Programme. Among other things, there will be more time for physical education, and schools will design health and environmental education programmes that contain school tasks related to health development. The operation standards for health promoting schools are currently being designed along with the support system and the normative supports for prevention.

In keeping with a Council recommendation, we have regulated the manner in which the public health screening announced within the Programme may be accessed.

An important legislative achievement is that Hungary was one of the first to sign and ratify the World Health Organisation's Framework Convention on Tobacco Control, which forms the foundation for our own tobacco control policy.

The Johan Béla National Programme for the Decade of Health meshes well with the EU's Public Health Programme. Nearly fifty consortia that submitted bids for 2003 included Hungarian members. In addition to accessing EU resources, it also will be possible to introduce and establish the most up-to-date methods of health development to Hungary.

IV. 2. Creating supportive environments

Among efforts to create supportive environments, we need to mention cooperation among the line ministries in combating ragweed.

Staffs in county ÁNTSZ offices have joined the media campaign calling for the eradication of ragweed, issuing appeals, distributing leaflets, and giving presentations on the subject. They address the people who own and lease land, calling on them to conduct an ongoing effort to eradicate the weed. They also organise extermination campaigns which include local governments, NGOs, teachers, and healthcare workers. The ÁNTSZ Aerobiology Network was

developed within the framework of the Programme. Internet and CD versions of a handbook for teachers on allergies have been completed. This educational material is designed to facilitate uniform instruction in the nature of allergens throughout the country.

IV. 3. Strengthening community actions

When strengthening community actions, our goal was to evolve the mechanisms through which the central government could offer methodology, tools, and resources to act as a catalyst to community health promotion efforts. A competitive grant programme begun in 2003 to design and implement health promotion plans for communities and regions will be continued this year. In February 2004, we awarded the title 'Health Promoting Workplace'. Award winners included public administration and public service institutions, small businesses and multinational firms alike. We plan to continue this successful competition this year, hoping that a rising number of employers will pay more attention to providing their workers with a healthy workplace environment.

> **Nokia Hungary Kft.** was awarded the title 'Health Promoting Workplace' in 2003. Risk factors ensuing from the work done at Nokia include:
>
> - increased psychological stress,
> - chemical exposure,
> - work with display screen,
> - monotony,
> - stress related to shift work.
>
> In addition to **mandatory occupational health services and screenings**, the company offers family practitioner's services to their staff and their family members, on an as needed basis. The occupational health service provides written notification to the employee's family practitioner on each screening and examination carried out. Employees may choose from several benefits, including support to holiday and health insurance.
>
> All employees working with display screen are provided with protective eyeglasses.
>
> **The health development programs** in place include: dermatological screening, cardiovascular programme, allergy screening, cholesterol screening, seasonal vaccination (against influenza, tick-borne viral infections), sports doctor, collection of expired medicinal products, weight control program, smoking cessation programme, provision of OTC drugs at the workplace.
>
> **Recreational programmes**: gym and fitness facility, sauna, mobile massage in the office, spine gymnastics, workplace physical exercise, personal trainer.

IV. 4. Developing personal skills

Our responsibility for the health of the young generation just growing up is even greater than it is for our own generation. Views on the extent to which society is responsible for health and the extent that the individual holds responsibility for his or her own health are a matter of world outlook. Nevertheless, one of the most important tasks of a state is to protect its citizens from major hazards. The two major hazards in today's Hungary are poverty and disease. Protection against the latter includes appropriate healthcare as well as an offer to everyone the possibility of making healthy choices. The behavioural model and patterns for a healthy lifestyle have to be shaped in childhood. Not only does appropriate information have to be provided to develop personal skills but we also need to counterbalance damaging messages aimed at children by the media, often directly from the distributors. It is particularly important to teach children and adolescents about healthy choices and to make these choices attractive. In 2003, the programme supported graduate training for teachers to become accredited health promotion professionals, school anti-smoking programmes, sexual education for adolescents including information on

safe-sex behaviours, promotion of these behaviours, and programmes on prevention of sexually transmitted diseases (STDs) including HIV infection.

IV. 5. Strengthening prevention in healthcare

Strengthening the role of prevention in healthcare is a priority element in several programmes. An organised breast cancer screening programme is already underway. As of January 1, 2003, the health insurance fund has reimbursed people for travel costs if they participate in organised screenings. Participation in screenings is about 60%, which is good by international comparison. In some counties where ÁNTSZ and primary health care have worked in cooperation, an even higher proportion of women in the at-risk age groups participated in the screening programmes.

Results of organised mammography screening in Hajdú-Bihar County, 2002-2003

- Attendance rate: 67.6%
- Recall rate: 9.3% of attendees
  - — attendance rate of those recalled: 93.2%
- Surgery recommended: 8.1‰ (344 persons) of attendees
- Primary oncological treatment initiated: 11 women
- Surgeries done: 306
  - — benign tumour: 123 (40% of all surgeries)
  - — malignant tumour: 183 (60% of all surgeries)

We began a nationwide organised screening programme for cervical cancer in the autumn of 2003. Initially, a significant fraction of the gynaecology community voiced opposition to some elements of the programme. They finally accepted the idea that the screening protocol, based on international standards, was not intended to create uncertain feelings among the limited group of women who regularly appeared for gynaecological examinations but to attract the women who rarely or never attended screenings.

Screening for colon cancer is being introduced in 2004 as a series of model projects. Based on experience with the models, it will then be expanded gradually throughout the country. A Council Recommendation on Cancer Screening (2003/878/EC) issued on December 2, 2003, contains recommendations for oncological screening similar to the ones being introduced to Hungary, justifying the programme.

There are public health issues requiring non-conventional solutions. One of these is HIV/AIDS prevention. The current situation in Hungary is favourable, but to keep it that way and avoid the epidemiological spiral that evolved in some other former socialist countries, we need to maintain coordinated actions. We have re-established the National AIDS Committee, which sets the tasks and oversees implementation. Design of an AIDS strategy was one of the greatest achievements of the

Main objectives of the National AIDS Strategy

- Prevent new HIV-infections, maintain low infection incidence, and decrease AIDS morbidity and mortality by 25%.
- Improve effectiveness of HIV-infection detection, mainly among at-risk population groups
- Continue prevention programmes, incorporating them into health development strategies for young persons, school education; launch actions responding to special needs of socially disadvantaged groups
- Elaborate specific prevention programmes for persons at high risk of infection

past year. It will define our priority tasks for the years to come. Above and beyond the programmes offering information, it is particularly important to reduce the number of new infections, which means organising special prevention programmes in high-risk communities as well as increasing efforts for early diagnosis of existing infections. The members of NGOs and other groups assisting the communities in question share in designing the programmes, setting a positive example of government and NGO cooperation in a public health area. The Programme provided support to low-threshold anonymous HIV testing to diagnose latent HIV infections, and to provide counselling. Tasks in 2004 include the creation of conditions for offering anonymous counselling at ÁNTSZ anonymous screening facilities.

IV. 6. Connection of the Programme to the healthcare reform

Centring the healthcare reform on a **Managed Care Model** emphasises the role of prevention in the healthcare system, too, since care managers have a financial interest in keeping the public as healthy as possible. Experience with operating models suggests that this type of inventive offers the healthcare system and primary care in particular an opportunity to do more effective preventive work. The care managers have undertaken screening to identify lifestyle-related risk factors and circulatory diseases. Most have undertaken to offer additional screenings. Care managers are designing a programme of prevention and are submitting quarterly progress reports. At patient-doctor encounters, the family practitioner, family paediatrician, and health visitors are mandated to offer them information on what types of screening they recommend given the age of the patient and other risk factors involved. These changes are contributing to a change in outlook among healthcare workers, reinforcing the significance of preventive as well as therapeutic care.

V. Activities already underway

Parliamentary resolution 46/2003 (IV. 16.) OGY set out numerous tasks for the ministries and implementation of a significant portion of them was begun in 2003. After the Programme was adopted in April, however, evolving the necessary infrastructure took longer than anticipated and the grant applications were advertised later than planned. The result is that there are numerous programmes in addition to the ones presented, which will first yield results in 2004. The Appendix shows how the funding earmarked by the Ministry of Health, Social and Family Affairs for the Public Health Programme in 2003 was used. The most important programmes begun are as follows:

The Programme offered competitive grant money for health promotion programmes for disadvantaged social strata, and programmes and training sessions on how to quit smoking and drinking, headed by family practitioners.

We offered competitive grant money to NGOs working with recovered alcoholics. The goal was to offer effective and targeted assistance to self-help groups in the alcohol and drug areas, to advance their operations.

We continued the Heart Healthy Project within the framework of the Programme. The goal here is to disseminate basic information on heart healthy nutrition to the broadest possible sector of the public.

In one part of the Programme, the Ministry of Health, Social and Family Affairs, the Ministry of Education together with the Public Foundation for Public Education and Modernisation (KOMA) and the Wesselényi Miklós Public Foundation for Sports submitted a joint programme inviting bids for grants from schools which are ready to offer all of their students daily physical exercise based on the health criteria set down in their invitation.

The programme to pinpoint all buildings insulated with asbestos continued, another one, to map out the locations of all dioxins was begun, as was a third, to estimate the risk to the public of radon exposure.

In the area of preventing diseases of the circulatory system, we have supported NGO programmes that assist Programme goals with a focus on primary and secondary prevention for cardiac patients, and on dissemination of information promoting a healthy lifestyle. Family practitioners play a significant role in preventing vascular disorders.

We have made available a publication promoting healthy nutrition and increase physical activeness to help train family practitioners. Every physician working in primary health care received the table for estimating the risk of circulatory diseases. With the application of this tool, it becomes easier to identify people who, while having several smaller risk factors, are high-risk patients.

Developing the preventive work by family practitioners is a priority task. In addition to the programmes focused on controlling cigarette smoking, preventing alcohol and drug use, and on preventing circulatory diseases, continuing education programmes for family practitioners on mental health promotion was introduced in four university towns.

The reliability of data describing health status and knowledge of changes are the prerequisites of the monitoring and evaluation function of the Programme. In keeping with international recommendations, we have set the Programme into the national health monitoring system and built up the conditions needed for evaluation. Joining in the World Health Survey, a national population health questionnaire survey (OLEF 2003) was conducted. The goal was to collect valid data for the Programme. The data of particular interest to us concerned the prevalence of health problems, their aetiology, and the most important physical, psychological, environmental, and social factors influencing outcome, as well as available healthcare services, and services and other resources actually used.

VI. Looking at 2004

One of the most important goals for this year is for the Programme to reach settings of daily life, where ‘people live and work’. To do that, we have increased the proportion of **settings-oriented programmes** compared to last year.

One guarantee of the success of the Programme is the availability of suitable, appropriately trained specialists, so we are playing particular attention to supporting **training, education and continuing education for public health professionals, and teachers.**

Assuring **equal opportunity** is a priority task this year, just as it was last year, and it is included in all elements of the Programme. We are paying special attention to improving the lot of disadvantaged social groups (Roma, people with disabilities), and to attaining geographical equality.

The priority areas for 2004 in this Programme, which will cover several terms of government, are the ones where effective prevention offers the largest health benefit:

Reducing cigarette smoking

Preventing people from starting to smoke and helping smokers to quit continue to be priority social tasks, for it is the lifestyle factor responsible for the largest burden of disease. Tasks related to signing the Framework Convention on Tobacco Control and to amendments in domestic regulations, i.e. the evolvement of an institutional system to promote quitting, and youth programmes, are the activities we are spotlighting. In addition, we will be designing a medium-term tobacco control policy this year.

Alcohol and drug prevention

The backbone of this year's activity in alcohol prevention involves advancing primary care activity, designing a model programme for workplace-based early intervention, and introduction of innovative early intervention methods. Preparing a medium-term alcohol policy is an important task for 2004.

As a member of the REITOX network which is connected to the European Monitoring Centre for Drugs and Drug Addiction, we have established the Hungarian Drug Information Focal Point. Fulfilment of the ministry tasks related to the National Drug Strategy is another priority.

Healthy nutrition

Children are the focus of the project to evolve healthy nutritional habits among the public in 2004. Popularising physical exercise is a task to accompany the dissemination of healthy eating habits. Thanks to a partnership with the largest retail food distributors, we can pass on our messages of healthy nutrition to broad sectors of the public. In 2004 we will finish drafting a nutritional policy that will define tasks on medium term.

Screening and continuing care for hypertension and diabetes

A great many Hungarians are affected by high blood pressure and diabetes. Early recognition of these diseases and proper continuing care improve patients' quality of life and can prevent serious comorbidities. The task is to build and test a screening and continuing care system based on primary health care.

HIV/AIDS prevention

By international comparison, the number of people in Hungary infected with HIV is low. It is important to prevent any changes for the negative, as have occurred in other Central and Eastern European countries. The Programme is supporting the continuation of anonymous HIV screening, information campaigns in the schools, and programmes offering to screen certain particularly vulnerable groups (drug users, etc.). We also plan to improve the availability of anonymous counselling offered in ÁNTSZ screening centres.

Public health screenings

Continuing and improving mammography screenings introduced on nationwide level in 2001 and cervical cancer screenings introduced in 2003 continue to be priorities in 2004. We are particularly focusing on increasing participation rates in the screening programmes. In 2004 we also will gradually begin screening for colon cancer.

Environmental health

An environmental health baseline survey and related public health programmes connected to EU accession has been continued within the framework of the National Environmental Health Programme of Action. One priority task involves scientific and professional preparations for an international environmental health conference called 'The Future for our Children' and the successful holding of the conference.

VII. Conclusion

In 2003, we began executing the tasks defined by Parliament. We employed multiple tools of health promotion and disease prevention, disseminating them to the various settings of daily life. We involved social partners in the effort. We built up the organisational framework needed for successful implementation of the Programme.

We have every reason to hope that we will be able to meet our target of increasing life expectancy at birth by three years during the 10-year-period of the Programme. Doing so requires social cooperation and top priority for health issues in both individual and societal-level decisions.

VIII. Appendix

Utilisation of Public Health Programme appropriations in the chapter of Ministry of Health, Social and Family Affairs, 2003

Programme	*Amount (HUF Million)*
Healthy Youth	***118.574***
COMPETITIVE GRANT to support accredited continuing education courses in health promotion for teachers	30.024
To review school health promotion programmes, design a register, and elaborate accreditation criteria	14.900
To elaborate the operation standards of school (pre-school) health promotion and design the support system (preventive capitation)	13.600
National School Health Consensus Conference	3.000
Advancing the school health service, designing its strategy and communications	6.200
Actions related to the health promotion needs of children of marginalised strata	6.300
Defining uniform principles of prevention in mother and child health care, advancing the methodology, National Mother and Child Health Forum	6.000
World Breast-Feeding Day	2.000
Model programme to upgrade neonate screenings	30.000
Improving the professional supervisory system for health visitors	6.550
Improving the Health of the Elderly	***24.000***
Situation analysis and elaboration of programmes of action related to learning what senior citizen health and welfare needs are	24.000
Equal Opportunity for Health	***75.450***
COMPETITIVE GRANT to support studies exploring problems related to Roma public health, welfare, and child protection and elaborating possible responses	11.765
Model programmes for health promotion among the Roma minority	3.000
COMPETITIVE GRANT to support comprehensive healthcare access and health promotion programmes among disadvantaged social strata	49.398
COMPETITIVE GRANT for designing and introducing prejudice-free education programmes and exercises to undergraduate and postgraduate education	11.287

Programme	*Amount (HUF Million)*
Health Promotion in Settings of Daily Life	***140.421***
COMPETITIVE GRANT offered for winners of title 'Health Promoting Workplace'	9.926
COMPETITIVE GRANT for health promotion activity of healthcare institutions	2.816
COMPETITIVE GRANT for designing local government and sub-regional programmes	91.497
COMPETITIVE GRANT for NGOs conducting health promotion activity	12.166
Organising regional consultations and training courses for programmes supported by grants	8.150
Workplace health development programme	8.866
Preparations to introduce health impact assessment to Hungary	7.000
Cutting Back Tobacco Smoking	***70.763***
Setting up Tobacco Control Coordination Bureau (DKI)	3.000
COMPETITIVE GRANT to support national anti-smoking campaign and advocate non-smoking lifestyle	20.763
Pre-school and school anti-smoking programmes	15.000
Concept and project plan for national institutions promoting smoking cessation	14.000
Civil Forum	3.000
'Quit and Win!' programme	15.000
Alcohol and Drug Prevention	***82.849***
Anti-alcohol action programmes in primary health care, and model and demonstration programmes	14.000
Model of workplace early intervention	15.000
Prevention and correction programmes for children hit by alcohol and drug problems	21.849
COMPETITIVE GRANT for alcohol and drug prevention counselling and therapeutic outpatient and outreach services offering health psychology intervention techniques	20.000
COMPETITIVE GRANT to assist NGOs working with recovered alcoholics and self-help groups working with alcohol and drug abuse, to advance their work	12.000
Healthy Nutrition and Food Safety	***62.687***
Heart Healthy Programme actions and communications	30.000
Inter-sectoral preparations for food and nutrition policy and for evolving new partnerships	8.500
Nutritional education for primary school fifth graders	6.000

Programme	***Amount (HUF Million)***
COMPETITIVE GRANT for dissemination of information to public on healthy nutrition and food safety	13.062
Expansion of food databank, expansion of intolerance and food allergy databank, communication with the public	4.000
School calendar	0.625
Operation of Scientific Council of Food Safety	0.500
Promoting Physical Activity	***65.700***
Multi-ministry COMPETITIVE GRANT giving additional support to the most successful methods of daily health development physical exercises (KOMA)	35.000
Design of a national programme promoting sports clubs for WOMEN as the conductors leading their families towards healthy lifestyles, and of methodological implementation guidelines	10.000
Medical Student Cup	0.700
National Physical Education Bureau supervision of KOMA competitive grant	2.000
Support for the 'European Year of Education through Sport-2004' programmes	18.000
Public Health and Epidemiological Safety	***54.460***
Evolving mobile (car) public health and epidemiological sampling unit as foundation for rapid response	30.000
Developing and operating an information system supporting public health (radiation) safety	24.460
National Environment and Health Action Programme	***163.500***
Communications with the public and support for local campaigns to combat ragweed	58.200
Preventive programmes for children with asthma and allergies	0.800
Pollen monitoring	4.000
Preparing dioxin map, establishment of a dioxin sample bank	25.000
Assessment of population risk from radon exposure, designing investigations needed to prepare national radon map, designing and preparing measurement tools and methods	20.500
Identification of all buildings with asbestos insulation, taking decisions on urgency of asbestos removal, doing the removal	41.000
Establishing electromagnetic environmental survey programme and exposure database	14.000

Reducing Morbidity and Mortality due to Coronary Heart Diseases and Cerebrovascular Diseases	***53.209***
Preventing adult cardiovascular diseases in childhood and adolescence	4.000
Communication goals	36.016
Community-based programmes of action to prevent cardiovascular diseases	13.193
Reducing Morbidity and Mortality due to Neoplasms	***20.909***
Goals of communication with the public, raising oncological awareness	4.909
Raising oncological awareness in primary health care	13.000
Daganat.hu [Tumour.hu] website	3.000
Strengthening Mental Health	***119.000***
Supporting model experiment with community psychiatry	25.000
Preparation of key players in primary health care in professional issues in mental health promotion	15.000
Establishing liaison psychiatric services as a nationwide model experiment	12.000
Developing a crisis management system	44.000
Operating Mental Health Phone Help Line For Kids and Adolescents	13.000
Coordinating, supporting, and developing mental health training	10.000
Reducing Morbidity due to Locomotor Diseases	***59.300***
Integrated school programmes focused on preventing arthritis and rheumatism	5.000
Instruction in posture improvement to prevent spinal column disorders	9.000
Prevention programmes offered by the Hungarian Society of Physical Therapists	10.000
Early recognition of disorders involving inflamed joints in young adults	12.000
Secondary prevention programmes for osteoporosis	5.000
Extensive information to the public during National Arthritis and Rheumatism Prevention Days	11.000
Modelling arthritic and rheumatic treatment in primary health care	3.000
Duplication of the ‘Posture Correction’ teaching material	2.500
Establishment and operation of an International Society of Medical Hydrology (ISMH) office (Balneology Association)	1.800
AIDS Prevention	***61.692***
COMPETITIVE GRANT for school sexual health programmes	26.192
Preventive programmes for high-risk communities	26.000
Extending HIV/AIDS infection monitoring to IV drug users	9.500
Public Health Screenings	***152.753***
Mammography	89.850

Cervical screenings	58.000
Implementation plan for colon cancer screening	4.591
'Rays' book	0.312
Improving the Provision of Care	***6.000***
Extensive professional information related to the Johan Béla National Programme for the Decade of Health	6.000
Resource Development	***163.000***
Situation analysis on the current structure of public health and on possible lines of development	5.000
Developing curriculum for higher education in public health	15.000
Training and continuing education for professionals	10.000
Securing the theoretical, professional and background institution operations needed for execution of the Public Health Programme (Debrecen School of Medicine - DEOEC)	83.000
Securing the theoretical, professional and background institution operations needed for execution of the Public Health Programme (Semmelweis School of Medicine)	50.000
Monitoring — Information Technology	***32.988***
Programme monitoring	2.043
Monitoring population health status	21.945
Evolving system of indicators, defining baseline health status	9.000
Communication programme	***227.663***
Support for media contests, news conferences, world days	2.663
'Decade of Health Decade' program communication	150.000
Continuing ragweed campaign, summer AIDS-prevention - safe sex campaign, including presence on 'Sziget' event [Island] (Budapest) during summer festival, presence at summer Beach programmes	24.000
Public health journal, evaluation of bids for funding, conference on 'Elderly Health'	17.000
Hypertension Day, social campaign to prevent cardiovascular diseases	34.000
Programme management	***79.900***
Developing the methodology for health promotion	41.000
Awards for programme managers who are not civil servants, awards for programme coordinators who are not ministry people, establishment of communications work group within the National Institute of Health Development (OEFI)	38.900
Total:	**1,834.818**