take control of development. The best example for this is public health research funding, where the research funding agency had to be set up before funding could be generated. Another explanation is the size of transition. The unemployment data show that the Slovak Republic was hit harder by economic transition than the Czech Republic. The almost doubled incidence of salmonellosis in the Slovak Republic between 1993 and 2002 (although still lower than in the Czech Republic) reflects the damage done to agriculture by transition. The rise in salmonellosis incidence also raises questions about the effectiveness of the surveillance system and its ability to prevent disease. Pure reporting, as ensured by current legislation, is not enough.

Attitudes and beliefs

The transition from authoritative to democratic government increases the involvement of the public in decision making, both in general and also regarding public health. How do people assess their health? What do they think is crucial information for planning public health services? Three large surveys have been conducted in the Slovak Republic. The international health and behaviour survey is a questionnaire survey of health related behaviour, risk awareness, and associated attitudes that was carried out with university students worldwide.3 The former Institute of Health Education in collaboration with the Institutes of Hygiene and Epidemiology surveyed the general public's health attitudes, beliefs, and self assessed health in 1992, 1995 and 1998.4 The third survey was conducted as a pilot within WHO's European health interview study. Data from all these surveys show no significant differences between Slovak respondents and participants from other countries.5

Recently, a survey was conducted among key policy makers to assess their knowledge and awareness of major national and international health policy documents and the issue of health inequalities. The national response rate was only 1.7%, and the best regional response only 17%, suggesting low awareness about responsibilities regarding public health (D Marcinkova, G Gulis, 25th Association of Schools of Public Health in European Region annual conference, Caltanissetta, Sicily, September 2004). Among those who responded to the questionnaire, 43% had knowledge of national health policy documents and 18% had knowledge of international documents. Only 40% of decision makers thought that their decisions influenced health, and just 10% thought that they influenced health inequalities.

These data show that public health is still largely considered solely as a part of health care and therefore the responsibility of the ministry of health. Awareness of the wider influences on public health needs to be increased and truly intersectoral work introduced.

A long path

Transition is clearly a long path, which in fact may never end. It affects health by influencing all the major determinants, as shown by Dalghren in 1995 in his famous conceptual model of determinants of health as concentric circles. The main determinants of health in

Summary points

The health of Slovak citizens is slowly improving since transition

Training of public health professionals is increasing and improving in quality

Progress has been slowed by the need to set up new institutions as part of a second transition to a sovereign state

Lack of awareness and interest in public health issues among policy makers outside health needs remedying

the Slovak Republic are the same as those in other countries. Key factors enabling and obstructing advances in public health include overall macroeconomic and social conditions, general attitudes to public health, lack of multisectoral collaboration, and better consideration of policy options.7 International organisations have helped greatly with development of training, and the country now needs to make more efficient use of international help with legislation and shaping the attitudes of key decision makers.

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Endpiece

Patients' library in Leeds 1775

The patients' library at the Leeds General Infirmary in 1775 had ten books. They included The Whole Duty of Man, The Great Importance of Religious Life, Ken's Directions for Prayer, and Stonehouse's Admonitions against Swearing etc. In 1783 an unknown benefactor gave 250 copies of Dr Adam's Tract on Confirmation and the Rational Communicant.

> Anning S. The general infirmary at Leeds: the first hundred years 1767-1869. Edinburgh: E & S Livingstone, 1963: 84

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