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### The Healthcare System in Poland

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The reforms of the healthcare system in Poland were initiated in 1989 along with the reforms of the national economy. Their positive effects were manifested mainly by shorter hospitalisations, improvement of primary healthcare and effective management of hospitals even though a decrease in the number of hospital beds was noticed. A regulated market of services in the public healthcare system was established. On January 1st, 1999 the General Health Insurance Act was introduced, thus creating a new insurance-budgetary model of healthcare funding. The state budget was no longer fully responsible for funding health services. The separation of functions between the payers and the organisers/providers of healthcare services became a crucial matter. The number of private providers has been increasing since the reforms took place.

Health Insurance Organisations (HIOs) - autonomous, legally recognised, non-profit bodies, were established to guarantee that the insured individuals would receive the needed healthcare services. These were provided in cases of sickness, injury, pregnancy, childbirth as well as for health promotion and prevention of diseases. For the financing of these services, an HIO would collect premiums, which were paid by patients assigned to the given HIO. The HIOs were responsible for the management of the funds and of the contracted providers in order to render healthcare services, prophylaxis and health promotion. The Health Insurance Supervision Office, whose major responsibility was to protect the interests of insured persons, supervised the operation of the Health Insurance Organisations.

However, the solutions adopted by the General Health Insurance Act in 1999 for the reformation of the system proved insufficient. The number and quality of services in individual regions differentiated significantly: there were different service contracting policies in each regional HIO and sometimes the same service had different costs depending on the HIO. As a consequence, the Law on General Insurance in the National Health Fund (NHF) was enforced on April 1st 2003. Under this legislation, the Health Insurance Organisations were cancelled and replaced by the National Health Fund. The provision of health services to insured individuals was undertaken by the NHF branches, under the strict supervision of the Central Board of the Fund.

The next step of the NHF towards improvement of the healthcare system consisted of developing policies for healthcare service contracting and for the regulation of prices for each service. This led to the harmonisation of pricing of all healthcare services in the NHF regional branches and ended the unjustified differences. Nevertheless, the Law on General Insurance in the National Health Fund was met by criticism and in 2004 it was legally qualified as not standing in accordance with the Constitution. On July 30th 2004, the Parliament of the Republic of Poland passed the Law on Health Benefits Financed by Public Means. It defined the responsibilities of public and private firms cooperating with the State in the area of citizens' healthcare.

#### Financing the Polish Healthcare Systems

The national government budget has historically been the main source of healthcare financing. However, this changed in January 1999 with the introduction of the General Health Insurance Act. Funds then came from three main sources. First, the insurance fees covered the costs of healthcare services to the patients through their contracts with the relevant providers. Second, government budgets continued to finance public healthcare services, highly specialised services (such as organ transplantations) and very expensive drugs (such as immunosuppressive drugs). Third, self-governments (voivodship, powiat and gmina), as owners/organisers of the healthcare services institutions, financed health promotion, prophylaxis of diseases and capital expenditures. However, in the reformed healthcare system, the involvement of the state and self-government budgets is limited. Since 1997, pre-hospital emergency services, public health targets, health insurance premiums for specific groups of the population (the unemployed, those receiving social pensions, farmers, war veterans and others), and investments in public healthcare institutions have been financed by those budgets. The resources from the state budget cover the costs of healthcare services provided in life-threatening situations, in case of accidents and childbirth to individuals who are not insured. The Ministry of Health may also cover the costs of treatment or diagnostic procedures abroad if these are not available in Poland. The list of highly specialised procedure financed by the Ministry of Health is very limited. Some procedures, formerly financed by the Ministry, have been taken over by the National Health Fund and its branches.

Healthcare insurance is obligatory for Polish citizens, who are categorised as those covered by social insurance (e.g. employees and farmers) and those who receive social security benefits. Other categories also exist, such as nonemployed (unemployed and students), civil servants (e.g. military and police) and others (e.g. political refugees). All social groups are practically covered by obligatory healthcare insurance.

The Law on General Health Insurance determined a wide range of healthcare services, including those for the maintenance and restoration of human health, for the prevention of diseases and injuries, for early diagnosis, medical treatment, and for the prevention and alleviation of disabilities. Insured citizens are entitled to medical examinations and consultation, diagnostic examinations, preventive care, out-patient healthcare, medical emergency services, medical rehabilitation, nursing, supply of drugs, medical devices, orthopaedic devices and aids, perinatal care during pregnancy, palliative care and certification of temporary or permanent disability. Insured individuals also have the right to choose their doctor, nurse, midwife of the primary healthcare, dentist and specialist benefits provider within the framework of out-patient healthcare, as well as their hospital from among institutions contracted with a voivodship branch of the NHF. The law determines the transparent rules of equal access to healthcare benefits. This is monitored by the voivodship branches of the Fund and by the Central Board Office.

The supervision of the National Health Fund is exercised by the Ministry of Health, while the financial economy of the Fund is supervised by the Ministry of Finance. The draft financial plan of the Fund is consulted with the Board of the Fund, the Commission of Health and the Commission of Finance of the Sejm (Parliament) of the Republic of Poland. The Minister of Health, in consultation with the Minister of Finance, has to approve the financial plan of the Fund. The insurance premiums payments are deducted from personal income tax (currently at the rate of 9%).

#### **Factors Influencing Health in Poland**

The percentage of overweight persons (with Body Mass Index (BMI) of 26 to 30), aged over 15 years, has risen to 20% in men and 14% in women. 13% of the male and 13% of the female population are massively overweight (with BMI over 30). Between 1996 and 2004, the share of smoking men has dropped from 47.3% to 38% and of smoking women from 24.5% to 23.1%. Approximately 17% of the population aged over 15 years suffer from arterial hypertension, 15.5% from vertebral column diseases, 8.6% from coronary arterial diseases and 7.4% from neurosis and depression.

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