Rocz Panstw Zakl Hig 2018;69(2):209-217

http://wydawnictwa.pzh.gov.pl/roczniki_pzh/

ORIGINAL ARTICLE

HEALTH POLICY PROGRAMS REALISED IN POLAND IN 2016–2017

Patrycja Kurowska[1,2], Anna Królak[1], Wojciech Giermaziak[1]

[1]The Stanisław Konopka Main Medical Library, Warsaw, Poland
[2]Department of Pharmacognosy and Molecular Basis of Phytotherapy, Faculty of Pharmacy, Medical University of Warsaw, Poland

ABSTRACT

Background. Health Policy Program (*Program Polityki Zdrowotnej* – PPZ) is a state policy tool for engaging local government units into the mechanism of granting provision of health services. Authors show areas in which self-governments most often took preventive health care actions and describe legislative changes in the Act on provision of health services.
Objective. The aim of the article is to quantitative and qualitative statement of PPZ prepared in Poland in 2016 and 2017, as well as presenting changing legal situation in the scope of evaluation of these projects.
Materials and methods. Authors use descriptive method, presenting changes of legal status. The article includes data available in the Bulletin of Public Information by The Agency for Health Technology Assessment. 590 programs were analyzed (239 from 2016 and 351 from 2017).
Results. In 2016 – 67% of submitted programs were given a positive opinion and in 2017 – 71%. The most of positively evaluated PPZ submitted by local government units (53% in 2016; 47% in 2017) referred to prevention of infectious diseases by vaccines. On the basis of analyses conducted, significant differences were observed in the implementation of the PPZ in various regions of Poland.
Conclusions. In the recent years a big improvement in the quality of planned self-government health programs is observed. It is suggested that due to the regulation defining the model of the health policy program and the model of the final report, this trend will continue.

Key words: *Health Policy Programmes, local government unit, Poland, Agency for Health Technology Assessment and Tariff System*

STRESZCZENIE

Wprowadzenie. Program polityki zdrowotnej (PPZ) stanowi narzędzie polityki państwa, pozwalające zaangażować jednostki samorządu terytorialnego w mechanizm udzielania świadczeń opieki zdrowotnej. Autorzy wskazują obszary, w których samorządy najczęściej podejmowały działania profilaktyki zdrowotnej oraz opisują zmiany legislacyjne w ustawie o świadczeniach opieki zdrowotnej.
Cel. Celem jest jakościowa i ilościowa analiza PPZ zgłoszonych w Polsce w latach 2016-2017, a także przedstawienie zmieniającej się sytuacji prawnej w zakresie oceny zgłoszonych programów.
Materiał i metody. Autorzy posługują się metodą opisową, prezentując zmiany stanu prawnego. Artykuł uwzględnia dane udostępnione w Biuletynie Informacji Publicznej przez Agencję Oceny Technologii Medycznych. Przeanalizowano 590 programów (239 z roku 2016 i 351 z roku 2017).
Wyniki. W 2016 roku pozytywnie zaopiniowano 67% zgłoszonych Programów, a w 2017 – 71%. Najwięcej PPZ zgłoszonych przez jednostki samorządu terytorialnego (53% w 2016 i 47% w 2017) dotyczyło profilaktyki chorób zakaźnych za pomocą szczepień ochronnych. Na podstawie przeprowadzonych analiz zaobserwowano istotne różnice w realizacji PPZ w różnych regionach Polski.
Wnioski. W ostatnich latach obserwuje się dużą poprawę w jakości planowanych samorządowych programów zdrowotnych. Sugeruje się, że dzięki rozporządzeniu określającemu wzór programu polityki zdrowotnej oraz wzór raportu końcowego trend ten się utrzyma.

Słowa kluczowe: *Programy Polityki Zdrowotnej, jednostki samorządu terytorialnego, Agencja Oceny Technologii Medycznych i Taryfikacji*

Corresponding author: Patrycja Kurowska, Główna Biblioteka Lekarska im. S. Konopki, Centrum Informacji Medycznej, ul. Chocimska 22, 00-791 Warszawa, tel. +48 22 8497851, e-mail: p.kurowska@gbl.waw.pl

INTRODUCTION

Fundamental legal act regulating the functioning of Health Policy Program (in Polish: Program Polityki Zdrowotnej – PPZ) in the health care system is the Act of August 27th, 2004 on healthcare services financed from public funds published in the *Dziennik Ustaw* (Journal of Laws) of 2017 item 1938, with subsequent amendments, hereafter called "u.ś.o.z". According to the Act mentioned (art. 5 point 29a) Health Policy Program is "a set of planned and intended health care activities assessed as effective, safe and justified, enabling the set targets to be achieved within a given timeframe by detecting and meeting specific health needs and improving the health of a given group of beneficiaries, developed, implemented and financed by the minister or a local government unit".

It is worth to note, that discussed Act – since the amendment valid since January 1st, 2015 – differentiates the concept of "health policy program" and "health program". Definition of Health Program (art. 5 point 30), that it is "a set of planned and intended health care activities assessed as effective, safe and justified, enabling the achievement of targets within a given time, consisting in detecting and meeting specific health needs and improving the health of a given group of beneficiaries, developed, implemented and financed by the Fund" [13].

Therefore the difference between health policy program and health program boils down to establishing the entity responsible for the task. The aim of such "cosmetic" change was facilitating the categorization of programs implemented by the National Health Fund from those implemented by ministers or local government units (jednostki samorządu terytorialnego – JST). In this article new nomenclature was used for Programs realized before January 1st, 2015 as well.

On November 30th, 2017 new changes in PPZ regulations were introduced, that corrects legislative deficiencies and specifies the elements that should be included in the draft of the Program [14]. In the earlier version of the Act, there were no legal regulations regarding respecting the opinion issued by the President of the Agency for Health Technology Assessment and Tariff System (Agencja Oceny Technologii Medycznych i Taryfikacji – AOTMiT). It was obligatory to receive it, nonetheless, even in case of negative evaluation, the subject did not have to comply with it. This enabled the implementation even of those tasks that not only did not improve the health of the target group, but were actually harmful – such as a program for slimming pregnant women in the second trimester, where measurement of waist circumference was proposed to monitor the progress of weight loss. Other examples with dubious economic justification, that came to AOTMiT are: apitherapy and supply of mineral waters to children living in the Zagłębie Miedziowe (Copper Basin) with the level of lead in the blood >5μg/dL or a population-based vaccination program against HPV (human papilloma virus) that was to cover the "population" of four girls [1]. The previous, residual legal regulation included in "u.ś.o.z." referred only to the whole of the institution in question (chapter 4, art. 48). There was no clarification regarding the construction, evaluation process and assessment. Now these gaps have been filled and, as part of the making of the statutory authorization included in art. 48a section 16 of the "u.ś.o.z." the Regulation of the Minister of Health of December 22, 2017 on defining the model of the health policy program, the final report on the implementation of the health policy program and the method of preparing the health policy program draft and the final report on the implementation of the health policy program (Dz.U. of 2017 item 2476) was adopted. Unified standards will facilitate both the creation and implementation as well as the assessment of PPZ. Introducing necessity of the final report of implementation and results of PPZ to AOTMiT will enable implementation of good model for the following Programs and, at the same time, public funds for these purposes will be more effectively managed [11,13, 14].

Amendments to the regulations assumed that the implementation of PPZ in the event that the project receives a negative opinion of the President of AOTMiT (or the opinion will not be obtained at all) will involve a violation of the public finance discipline. All activities carried out under the PPZ will have to be presented on the basis of literature indicating scientific evidence or existing recommendations. A PPZ may be discontinued when there are circumstances indicating the unintentionality of further implementations, for example in the case of new scientific reports regarding a given health problem.

Despite directing changes to simplify and clarify the procedures of creating the PPZ, there were media reports full of concern. Even before the vote for amendments to the Act, deputies formed thesis that this update was to prevent the implementation of self-government programs for the refund of infertility treatment using the method of in vitro fertilization [12]. Concerns were compounded by changes in the management of the Agency – on November 8th, 2017 Minister of Health appointed new President of AOTMiT. It should be emphasized, however, that in accordance with the applicable legal structure, in the scope of issuing opinions on health policy programs AOTMiT is independent from Ministry of Health. The Agency in its position indicated that the process of evaluation is modeled on the activities already tested in other healthcare systems. Institutions assessing medical technologies include: PHAC (Public Health Advisory Committee), NICE advisory body (National Institute Health and Care Excellence), SIGN (Scottish Intercollegiate Guidelines Network) or USPSTF (U.S. Preventive Services Task Force) [1].

The aim of the article is to quantitative and qualitative statement of PPZ prepared in Poland in 2016 and 2017, as well as presenting changing legal situation in the scope of evaluation of these projects. The self-government bodies, closest to the local community, can accurately diagnose its needs, hence emphasis was put on Programs submitted by local government units. Only unified activities of politicians, local government units and the health care environment can guarantee success in extending life in health, improving health and related to it quality of life of the population and reducing social inequities in health.

MATERIALS AND METHODS

For presenting changes of legal status, the descriptive method has been used. The article includes data available in the Bulletin of Public Information by The Agency for Health Technology Assessment (*Biuletyn Informacji Publicznej Agencji Oceny Technologii Medycznych i Taryfikacji*). 590 programs were analyzed (239 from 2016 and 351 from 2017). These data were elaborated in analyses, charts and maps.

RESULTS

Since 2010 increase in number of developed health policy programs can be noticed. This is presented on the graph below (Figure 1.)

In 2016 240 PPZ (239 programs were used for analysis, that content was determined based on the data available on AOTMiT Bulletin of Public Information website; the program number 199/2016 was omitted in the analyzes, due to the inability to determine its content) were given to evaluation by AOTMiT, four of which were submitted by Ministry of Health (An outpatient support program for diabetic foot syndrome; Program for comprehensive procreative health care in Poland; Nationwide program of primary prevention and early detection of head and neck cancer; Nationwide Primary Prevention and Early Detection Program for Rheumatoid Arthritis). In 2017 352 programs were evaluated (351 programs were used to analysis, the program number 335/2017 was omitted, due to the inability to determine its content), including eight submitted by Ministry of Health (Nationwide Prevention Program of Brain Disorders; Nationwide educational and prevention program for chronic obstructive pulmonary disease (COPD) – twice; Nationwide educational and prevention program in the field of depression – due to negative opinion it was changed to Program in the field of education and prevention of postpartum depression; Program of Prevention and Treatment of Cardiovascular System Diseases POLKARD for years 2017–2020; Program for the coordination of osteoporotic fracture prevention; ABCDE of birthmarks self-checking-nationwide skin cancer prevention program).

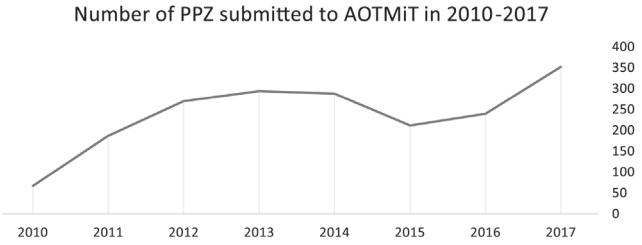

Figure 1. Number of Health Policy Programs submitted to AOTMiT in 2010-2017. Authors on the basis of Agency for Health Technology Assessment and Tariff System Bulletin of Public Information data [2]

In 2016 AOTMiT positively or partially positively valuated on 67% of submitted programs, and in 2017 – 71%, which may seem not very satisfying, however in comparison with percent in 2012 (only 58.5% positively evaluated programs) the progress in this field is noticeable. It is suggested, that it could have been caused, among others, by the opinion of the Law Department of Ministry of Health from March 2013, that released the Agency from the duty of evaluating appointed PPZ types, such as: mental health protection, counteracting alcoholism, nicotine or drug addiction [4]. Coordination and establishment of tasks on this subject is regulated by relevant, separate statutory provisions, which are indicated in the table below (Table 1.) [5].

Table 1. Legal basis regulating the activity of local government units in the given subject

Subject of health problem	Legal basis regulating the activity of local government units in the given subject (or regulation established at the national level)
Prevention and solving alcohol related problems	Act of October 26th, 1982 on education in sobriety and counteracting alcoholism (art. 4^1 section 2)
Drug addiction prevention	Act of July 29th, 2005 on drug addiction prevention (art. 9 section 1 and art. 10 section 1)
Nicotine addiction prevention	Act of November 9th, 1995 on protection of health against the consequences of tobacco use (art. 4 section 1; repealed since January 1st, 2018)
Mental health care	Act of August 19th, 1994 on mental health care (art. 2 section 4. point 1) Annex to Council of Ministers regulation of February 8th, 2017 on National Program of Mental Health Care for years 2017–2022 (item 458) (point 1.3)

A PPZ on this subject implemented in the light of the bills mentioned in the table is obligatory and not optional, as in the case of PPZs carried out on the basis of "u.ś.o.z." Until the opinion from 2013, a significant part of the negative opinion programs (due to non-compliance with the statutory definition of PPZ) were projects related to mental health [4].

Below are the tables showing the issues of PPZ reported by JST and positively (provided that the proposed corrections are taken into account) approved by AOTMiT in 2016 and 2017 (Tables 2 and 3). It should be remembered that in 2016 and until November 30th, 2017, the positive opinion of AOTMiT was not yet a condition necessary for the implementation of the program, the tables are an attempt to transfer the current legal situation to the prevailing conditions.

Table 2. Health Policy Programs submitted by local government units in 2016 and positively evaluated by Agency for Health Technology Assessment and Tariff System by general and detailed topics. Authors on the basis of Agency for Health Technology Assessment and Tariff System data

Group of health policy programs	Number[a] (n = 157)	Specific issues		Number[a]
Infectious diseases	88	Preventive vaccines (83)	Influenza	30
			HPV	27
			Pneumococcal bacteria	23
			Meningococcus	4
			Rotaviruses	1
			Chickenpox	1
		Hepatitis C – detection		3
		HPV infections – detection		1
		Tick-borne diseases		1
Dental prophylaxis	17	Tooth decay		17
Systematic activity	11	Health of the elderly		5
		First aid education		3
		School medicine		2
		Health education		1
Musculoskeletal system diseases and disability	11	Rehabilitation		5
		Postural defects		4
		Osteoporosis		1
		Osteoarthritis		1
Lifestyle diseases	8	Overweight and obesity		4
		Cardiovascular diseases		2
		Diabetes (type 2)		3
Sensory organs and neurological diseases	7	Hearing impairment		5
		Visual impairment		2
		Neurological diseases		1
Reproductive health	8	Infertility, in vitro		5
		Perinatal care + mother and child care		3
Neoplasms	6	Neoplasms (in general)		2
		Prostate		1
		Cervix		1
		Lungs		1
		Skin		1
Cancer patients	1	Psychomotor rehabilitation after mastectomy		1
Urinary system	1	Detection of chronic renal failure		1
Birth defects	1	Congenital craniofacial abnormalities		1

[a] Some programs concerned several different general and/or specific issues, hence the total number of general issues is lower than the total number of specific issues, and the total number of general issues is higher than the total number of programs (positively evaluated by AOTMiT). The subjective division was made by authors for the purposes of analysis

Both in 2016 and 2017 the vast majority were programs for infectious diseases: influenza and human papillomavirus. In 2016 on the third place in terms of the frequency of positively evaluated programs for pneumococcal vaccination were placed, and in the following year their number significantly decreased, which is related to the introduction of changes to the 2017 Program for Preventive Vaccination.

Table 3. Health Policy Program submitted by local government units in 2017 and positively evaluated by Agency for Health Technology Assessment and Tariff System by general and detailed topics. Authors on the basis of Agency for Health Technology Assessment and Tariff System data

Group of health policy programs	Number[a] (n = 244)	Specific issues		Number[a]
Infectious diseases	128	Preventive vaccines (115)	Influenza HPV Pneumococcal bacteria Meningococcus Chickenpox HBV	55 38 9 9 3 1
		Tick-borne diseases Hepatitis C detection		10 3
Lifestyle diseases	30	Overweight and obesity Diabetes Cardiovascular diseases		17 9 6
Dental prophylaxis	23	Tooth decay		23
Musculoskeletal system diseases and disability	18	Rehabilitation Postural defects Movement disorders prophylaxis Spine disease		11 5 1 1
Reproductive health	16	Infertility, *in vitro* Perinatal care + mother and child care and reproductive health education		9 7
Systematic activity	9	Health of the elderly Health education First aid education Life envelope Daily care medical		4 2 1 1 1
Sensory organs and neurological diseases	8	Visual impairment Hearing impairment		5 4
Neoplasms	6	Prostate Breast Women's (in general) Large intestine		2 2 1 1
Lung diseases	4	Tuberculosis Fibrous dust complications prophylaxis Pulmonological rehabilitation		2 1 1
Mental health	3	Autism Neurosis prophylaxis		2 1
Birth defects	2	Birth defects (in general)		2
Cancer patients	2	Edema prophylaxis/ rehabilitation for cancer patients		2

[a] Some programs concerned several different general and/or specific issues, hence the total number of general issues is lower than the total number of specific issues, and the total number of general issues is higher than the total number of programs (positively evaluated by AOTMiT). The subjective division was made by authors for the purposes of analysis

Vaccinations against pneumococcal bacteria have become mandatory not only for children at risk, but for all children from 2 months of age, born after December 31st, 2016. In this example, health policy programs can sometimes be considered as a kind of guidance which can launch the implementation of national programs. The amendment to the Act, however, outlined a separate legal framework for conducting health-related strictly pilot programs financed from the state budget from the part of the minister in charge of health matters.

In 2016, programs designed for children or people over 60 years of age accounted for 41% of all positively evaluated JST programs, while in 2017 – 65%.

In the case of self-government voivodships, in 2016 – 7 of them made efforts to implement a new health policy program in their area. These were voivodships: Opolskie (with 6 proposals), Wielkopolskie and Mazowieckie (4 each), Łódzkie (3), Świętokrzyskie (2), Kujawsko-Pomorskie and Lubelskie voivodeships (1 proposition each). In 2017, at least one voivodship-wide program was reported by all voivodships except Zachodnio-Pomorskie Voivodeship.

The number of PPZs, broken down by voivodships, submitted for opinion by AOTMiT, is presented on the maps below (Figure 2).

Within two years, clearly more PPZ were reported by JST from Mazowieckie and Dolnośląskie voivodships and the Podlaskie Voivodeship was by far the worst.

Another confirmation of regional inequalities in access to the PPZ is the presentation of the territorial distribution of local governments, which in 2016 and 2017 submitted projects to AOTMiT.

On the maps (Figure 3) attention is paid to stratification in the activities of JST. Many of them do not carry out any program, and in opposition to them there are those that submit several programs.

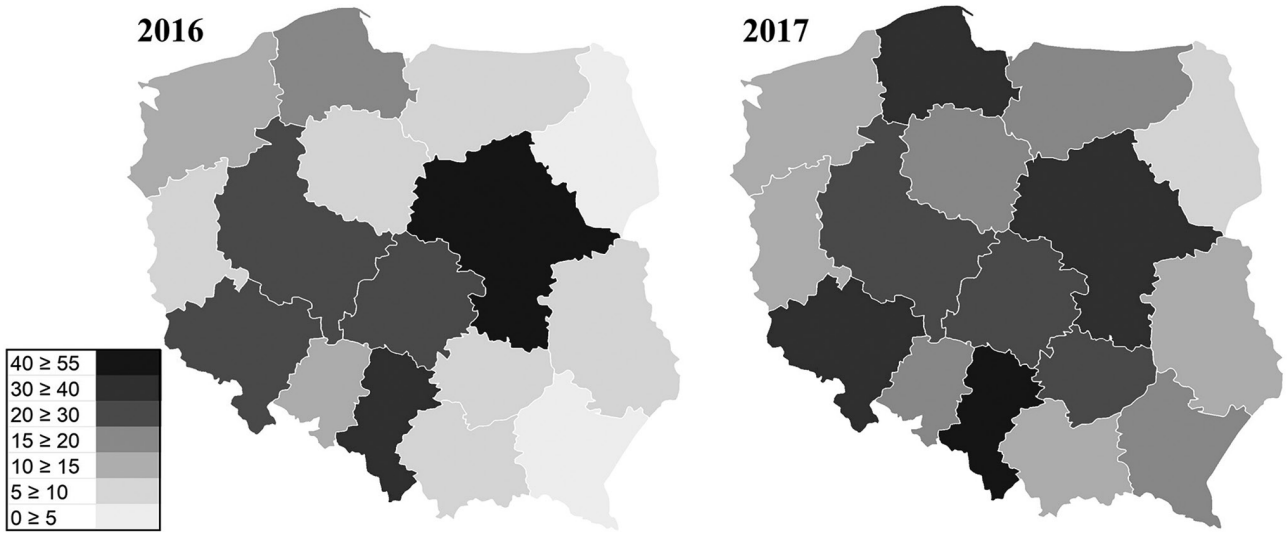

Figure 2. Number of Health Policy Programs submitted for opinion by Agency for Health Technology Assessment and Tariff System in 2016 and 2017, broken down into voivodships. Authors on the basis of Agency for Health Technology Assessment and Tariff System data

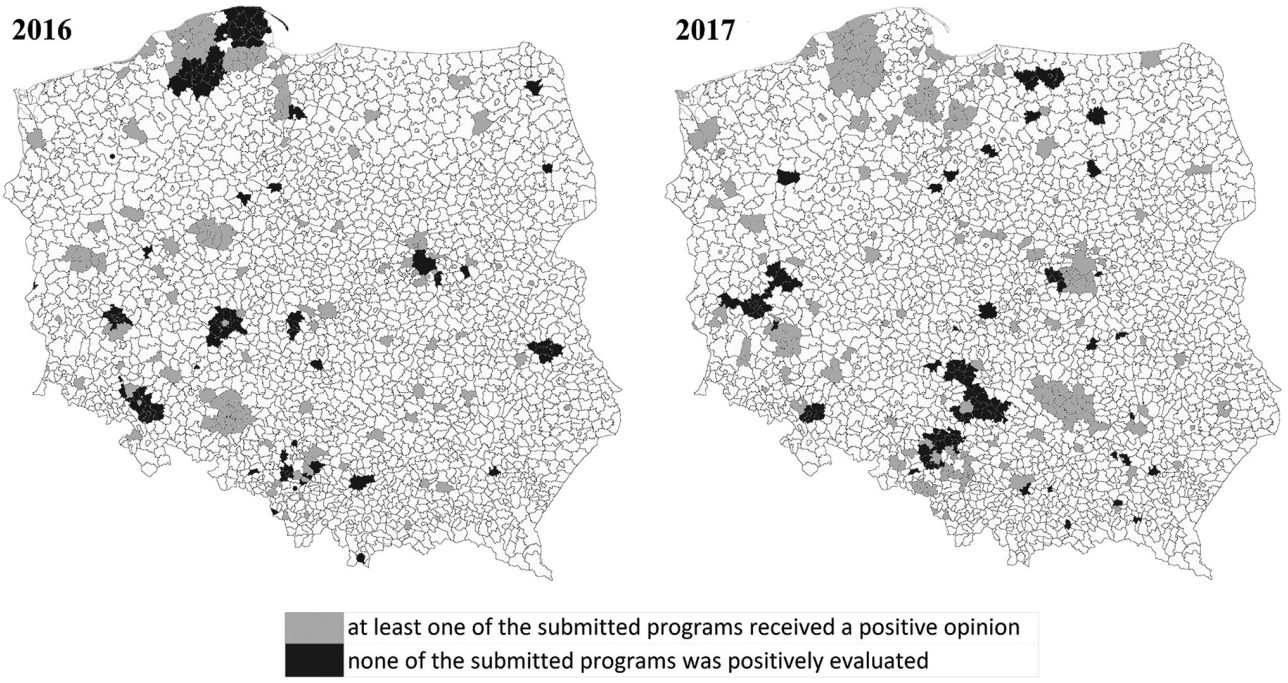

Figure 3. Local Government Units (municipalities, poviats and cities with poviat rights), which in 2016 and 2017 submitted a PPZ for Agency for Health Technology Assessment and Tariff System evaluation. Authors on the basis of Agency for Health Technology Assessment and Tariff System data. Origin of contour map: [https://commons.wikimedia.org/wiki/File:POLSKA_mapa_gminy.png?uselang=en], [Aotearora], license: [CCBY-SA 3.0 Deed] (http://creativecommons.org/licenses/by-sa/3.0/)

DISCUSSION

Decentralization of public authority assumed that the structure responsible for recognizing the local needs (including health needs) of citizens are local government units. Both the number and the quality of PPZ depends mainly on budget resources of the organizer [9]. This could explain discrepancy in implementation PPZ by self-governments. Due to facultative nature of PPZ, activity in this field is show only by those JST, that have at their disposal appropriate resources or take effective actions to obtain funding. Small municipalities below 5,000 residents can get up to 80% funding from the National Health Fund for the implementation of the PPZ, and the remaining - 40%.

However, the problem of responsibility for personal and others health is complex and also depends on a consistent, social strategy in favor of health, its protection and enhancement. All members of a given community have a significant share in this process [6]. A necessary condition for the proper implementation of local government units actions for the rational introducing health policy programs and for satisfying the health needs of residents is the compatibility of legal provisions and initiatives undertaken [10]. In accordance to the relevant constitutional regulations, public tasks of JST include, among others, actions in the field of promotion and health protection. Instruments for the implementation of these tasks are indicated, in particular, in the acts: on health care activities and on health care services financed from public funds, and include, among others, the possibility of financing health policy programs and the purchase of medical equipment.

The amendment to the Act extends only the scope of instruments, based on which local governments will be able to implement their systemic tasks in the field of health protection. The choice of the appropriate instrument in this respect will be, as in the previous legal structure, dependent on JST.

Act of June 10th, 2016 on amendment on medical activities and some other acts provides attributing JST with the possibility of financing of health care services. Referring to the lack of competence and appropriate tools to correctly assess health needs and make decisions about financing benefits, it should be noted that the Act provides that, when making the decision, local government units take into account the regional map of health needs, priorities for regional health policy and the state of access to health care services in the area of the voivoidship.

Local government units are also covered by legal regulations regarding lobbying activities conducted in relation to them, despite the common belief that these regulations cover only public authorities at the central level [15]. Also the draft act on life transparency will concern local self-government units (according to the definition included in art. 2 section 1 point 3 of the draft act, not only the municipality, poviat or voivodship should be understood as a self-government unit relationship). According to art. 2 section 1 point 6 of the draft act, lobbying is every action of entities that are not public authorities or representatives authorized by these bodies, carried out by legally permitted methods, not regulated under statutory proceedings before public authorities, aimed at influencing the decision of a public authority in the certain way [7].

In practice, we encounter the following forms of lobbying: protests of citizens, non-governmental organizations by demonstrations of the commune residents, establishment of a protest camp by the non-governmental organization or strike of hospital staff, appeals and petitions, happenings, gaining media support and cooperation with councilors, founding an association, use of experts knowledge and lawyers skills, and finally direct lobbying in the form of meetings and written correspondence. The essence of lobbying is to influence – within the law – the decisions of public authorities (except for judicial authorities) in the direction desired by specific groups (usually called interest or pressure groups) or individuals, so the phenomenon of lobbying can have a significant impact on the development of local programs health policy.

Supreme Audit Office in the report from 2016 evaluated PPZ implemented by self-governance as actions with limited effectiveness, consolidating inequalities in access to health services. A serious systemic drawback is the limitation of access to PPZ to residents of low-income municipalities. Ministry of Finance and Statistics Poland data, developed by Supreme Audit Office shows that the amounts spent by local self-government are characterized by a large discrepancy depending on the voivodship: average annual expenditure of local governments per PPZ per capita in 2010–2015 ranged from 0.3 PLN (Warmińsko-Mazurskie Voivodeship) to 4.3 PLN (Mazowieckie Voivodeship) [9].

Further concerns relate to the reliability and consistency of the AOTMiT opinion – for example in relation to the Legionowo poviat "Childbirth classes" in 2013 the agency issued a positive opinion, while in 2014 the health campaign with a similar content was given a negative opinion, justifying the decision with its modest financial resources for the implementation [9].

The criterion that the Agency takes into account when assessing the desirability of the implementation of PPZ is the ratio of potential benefits to health risk. When deciding on the distribution of funds for the implementation of health policy programs, it is worth to look systemic at what effects the intervention may bring. Local governments are the most willing to report

vaccination programs. The introduction of population vaccination increases immunity also in unvaccinated groups as part of an indirect effect, i.e. environmental immunity.

System effects can include reducing the number of hospitalizations, reducing the absenteeism of employees caused by sick leave (as a consequence, reducing the employers' and social security institutions costs). Population vaccination programs are characterized by high efficiency and relatively low costs: they can be more cost-effective than the treatment of the disease itself and its complications.

Programs with missing data on health risks should not be funded, or existing data suggest that the risk far exceeds the health implications. An example of how important it is to consider information about the risks and benefits can be programs for the early detection of prostate cancer. The agency often gave negative opinions, indicating an insufficient number of clinical trials confirming the validity of the procedure applied (PSA and prostate ultrasound examinations). Moreover, when performing screening tests, the possibility of false positive results should be taken into account – in numerous projects such circumstances have not been taken into account and there are no ways to minimize patient exposure to unnecessary stress.

Literature indicates factors that may have an adverse effect on the assessment of PPZ: the presence of informal decision-making processes that may lead to non-optimal decisions reflecting the strength of specific interest groups [3]. Difficulties in optimizing decisions taken at the stage of assessing and accepting PPZ may also result from psychological or behavioral problems of decision-making bodies. The new paradigm in the field of behavioral economics, honored with the Nobel Prize in the field of econometrics, is based on the belief that people make decisions rationally to a small extent; not reason, but above all, emotions influence people's decision making [8]. In the management of medical facilities, as well as other subjects of the health sphere or projects in the area of health, efficiency and ability to cooperate in order to achieve a common goal as well as extremely difficult strategic management are crucial, which may be crucial in assessing the long-term effects of the PPZ. In the recent years a big improvement in the quality of planned self-government health programs is observed. As new data is acquired and new solutions are found, local government units optimize their operations. It is suggested that due to the regulation defining the model of the health policy program and the model of the final report, this trend will continue.

Widely adopted tools for the creation and evaluation of health policy will certainly not solve all the problems raised, but will nevertheless contribute to facilitating the preparation and evaluation of PPZ.

CONCLUSIONS

1. Since 2010 increase in number of developed health policy programs can be noticed.
2. In the recent years an increase in the number of positively evaluated self-government health programs is observed. Regulation defining the model of the health policy program and the model of the final report is focused on improving their quality.
3. The most of positively evaluated PPZ submitted by local government units referred to prevention of infectious diseases by vaccines, considered as a highly cost–effective intervention.
4. Significant differences were observed in the implementation of the PPZ in various regions of Poland (regional stratification).

Conflict of interest

The authors declare no conflict of interest.

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Received: 21.02.2018
Accepted: 31.03.2018