

Poland: Challenges in addressing excess mortality caused by the COVID-19 pandemic

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Despite reorganisation of the healthcare system during the COVID-19 pandemic, and efforts to efficiently address the healthcare needs of the population, a tremendous increase in mortality was observed in 2020. The government has introduced a health prevention programme for the adult population and proposed an increase in healthcare expenditure.



Description

The COVID-19 pandemic has put enormous pressure on the Polish healthcare system, which, even before, faced shortages in financial and human resources and long waiting times (Sowa-Kofta 2018). The healthcare system was reorganised to provide treatment to patients with COVID-19.

In the first months of the pandemic, a network of infectious disease hospitals was broadened to provide country-wide coverage of highly intensive treatment in hospital units for patients infected with COVID-19. Further, as the number of infections rose, COVID-19 departments were introduced in regular hospitals to ensure quick access to treatment of severely ill COVID-19 patients and those with multi-morbidity, and to re-establish access to other types of treatment. Additionally, temporary COVID-19 hospitals were organised in large cities. Within the hospital network, about 10,000 hospital beds were set aside for COVID-19 treatment by the end of 2020. In early 2021 most hospital services were provided again on a regular basis. Specialist services were provided either via telephone consultations or under a special health regime (face masks, gloves). Primary care largely shifted to telecare, though the Ministry of Health recommended that services for children and particular at-risk groups should be provided face-to-face.

Despite efforts to provide regular care, the number of recipients of medical services has decreased. Although the system of telecare consultations was already introduced in March 2020,

lockdown and partial or temporary suspension of medical activity in primary and specialist care units, reorganisation of hospital care and fear of coronavirus infection contributed to postponement or cancellation of medical visits and planned medical procedures. In a Eurofound survey, carried out in three rounds between April 2020 and March 2021, 74.6% of the adults interviewed declared that medical treatment was not available due to the pandemic (Eurofound 2021). Problems with access to medical services were reported by the Patients' Ombudsman (Rzecznik Praw Pacjenta 2020). Access to preliminary cancer diagnosis is reported to have decreased by 31% between March and May 2020, access to extended diagnostic procedures by 25%, and access to cancer treatment (oncological consilium) by 19%, compared to the same period in 2019 (Maluchnik, Podwójcic & Więckowska 2020). Decline in cancer diagnosis was observed mostly in primary and secondary care rather than in hospitals. For types of treatment other than oncology and rehabilitation, average waiting times decreased in 2020 as reported by the National Health Fund.

The mortality rate in 2020 was particularly high, with a peak in October-December when the number of infections and mortality due to COVID-19 rapidly increased. The overall number of deaths increased from 418,100 in 2019 to 485,200 in 2020. Excess mortality, defined as mortality beyond what would be expected due to demographic trends, was estimated as 62,000 at the end of 2020 (Ministry of Health 2021). Excess mortality was observed predominantly in the population aged 61+. In October and December 2020, the number of deaths in the older population rose by half, and

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in November it doubled compared to the same period in 2019. Mortality below the age of 60 increased by about a quarter in October and December 2020 and by half in November 2020 compared to the same period in 2019. Almost half (43%) of excess mortality was directly related to COVID-19, 27% were deaths of people diagnosed with the infection, but whose deaths were attributable to other causes. 30% of excess mortality was reported among people without a COVID-19 diagnosis. Overall, it is estimated that COVID-19 was a direct cause of 9% of all deaths in Poland in 2020 (GUS 2021).

The pandemic may stimulate investments in healthcare and health prevention in the future. The government and the ruling party (Law and Justice) proposed an increase in health insurance contributions, by withdrawing the tax deduction of 7.75 percentage points of the health insurance contributions (9%) and introducing health insurance contributions for the self-employed set at 9% of income in place of a flat rate. This would contribute to an increase in Poland's public healthcare expenditure, currently among the lowest in the EU (4.5% compared to 7.8% of GDP in 2018 – Eurostat 2021). In July 2021 the government introduced a pilot programme to monitor the health status of the adult population: "Prevention 40 Plus" (Promocja 40 Plus). All persons aged 40+ can register for diagnostic medical tests financed by the National Health Insurance. Separate diagnostic packages are available for men and women, including screening for cardiovascular

diseases and some cancers. Medical tests include blood pressure measurement, assessment of heart rate, cholesterol profile, glucose tests, urine examination, and prostate specific antigen tests (for men). The programme is planned to run until the end of 2021.



Outlook and commentary

The COVID-19 pandemic, despite intensive use of medical staff and the reorganisation of the healthcare infrastructure, resulted in excess mortality and a reduction in the longevity of the Polish population. Efforts were made to provide medical services to the population in need, but the measures introduced (telecare particularly) were insufficient. Postponement of medical treatment may result in further health deterioration and excess mortality of the population in the coming years, due to postponed diagnosis and treatment. This will put additional pressure on the healthcare system, which is already fully stretched responding to the pandemic and trying to provide regular medical treatment.

It is expected that the prevention programme and increase in healthcare expenditure will respond to the forecast increase in morbidity and prevent a potential decline in health resulting from the pandemic. Increased public health expenditure – if it goes ahead – will at least partly respond to the expectations of the medical professionals (physicians and nurses) expressed in recent years.

Further reading

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