



EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection and inclusion policy responses to the COVID-19 crisis

Poland

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European Social Policy Network (ESPN)

**ESPN Thematic Report:
Social protection and inclusion
policy responses to the
COVID-19 crisis**

Poland

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Summary

Between Monday, 3 February 2020 and Sunday, 18 April 2021, the total number of confirmed COVID-19 cases per 100,000 people was 6,740 for the EU-27 as a whole; in Poland, it was 7,290. The total number of deaths per 100,000 people was 151 for the EU-27 versus 173 in Poland.

The COVID-19 lockdown and social distancing in Poland started on 11 March 2020. The measures that were introduced included school closures, the partial lockdown of workplaces (particularly in the service, hospitality and culture sectors), social distancing requirements and travel limitations. This was accompanied by a series of measures called *Tarcza Antykryzysowa* (Anti-Crisis Shield). The Shield is a package of solutions prepared by the government, aimed at protecting the Polish state and citizens from the crisis caused by the COVID-19 pandemic. It is based on five pillars: (i) Protection of workplaces and employee safety, including wage subsidies, exemption from social insurance contributions, lockdown allowances for people working on civil-law contracts and the self-employed; (ii) the financing of entrepreneurs, including support in the form of liquidity and preferential loans, loans for companies operated by the self-employed; (iii) health protection; (iv) strengthening of the financial system; and (v) public investment. The Anti-Crisis Shield was implemented in seven stages. The first four were introduced during the first phase of the pandemic and the remaining three in the second wave.

After the initial strict lockdown, in the summer 2020, the policies were loosened. With the outbreak of the second wave of the pandemic, some of the measures were reintroduced. During the second wave, public support was oriented particularly towards those sectors of the economy that were particularly badly hit by the COVID-19 crisis. Labour market participation and unemployment did not change much during the pandemic. However, wage growth is the lowest since 2012. New measures introduced during the pandemic included care benefit for parents who need to take care of children during school or pre-school closures.

During the pandemic, access to healthcare for COVID-19 treatment was made universal, for all residents. Hospital care was reorganised, as a network of hospitals treating only COVID-19 patients was introduced and then reorganised during the second wave of the pandemic. Much of the regular contact with patients was moved to tele-care. COVID-19 vaccinations began in the last days of December 2020. Access to vaccinations was organised in priority groups, depending on the risk of infection and the risk of death/complications in the event of catching the disease. The pandemic also contributed to an acceleration of digitalisation in the healthcare sector, and an e-patient online portal was launched. One of the problems that became acute during the pandemic was the organisation of long-term care.

New simplified measures to claim social assistance benefits were introduced. Cash benefits were provided to people at risk of social exclusion, who were previously engaged in social employment, as well as to people with disabilities working in rehabilitation centres. Evictions were suspended and new rent subsidies were introduced.

Total expenditure on the Shield measures is put at 312 billion Polish złoty (PLN) (EUR 69.3 billion). Within this expenditure, direct support of wages and social protection benefits introduced in response to the COVID-19 pandemic accounted for almost PLN 34 billion (EUR 7.56 billion), with the bulk being related to exemption from social security contributions, as well as wage support. The new measures introduced during the pandemic, such as lockdown allowances or solidarity benefits, were less costly. Spending on care benefits for parents and on sickness benefits increased sharply in 2020. In general, the social impact of the COVID-19 crisis in Poland is currently limited, which can partly be attributed to the various measures introduced by the government. However, the situation should be closely monitored, as the expiration of many ad-hoc measures

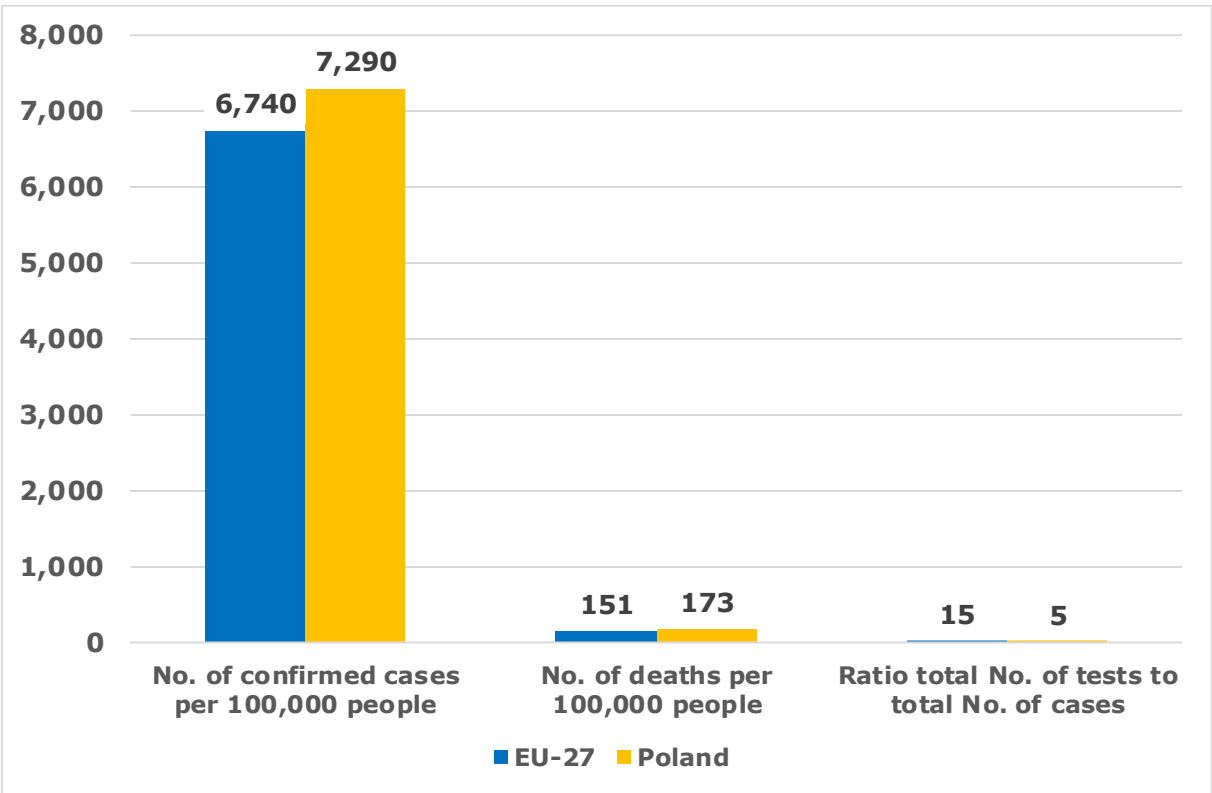
could lead to increased social risks. Once the impact of the anti-crisis measures fades, unemployment is expected to increase in 2021.

1 TRENDS OF THE PANDEMIC AND SOCIAL AND ECONOMIC IMPACT¹

1.1 Epidemiological situation

During the 63 weeks considered for these three indicators (from Monday 3 February 2020 to Sunday 18 April 2021), the total number of confirmed COVID-19 cases per 100,000 people was 6,740 for the EU-27 as a whole; in Poland, it was 7,290. The total number of deaths per 100,000 people was 151 for the EU-27 versus 173 in Poland. The ratio of the total number of COVID-19 tests conducted to the total number of confirmed cases was 15.3 for the EU-27 and 4.8 for Poland.

Figure 1: Total number of COVID-19 cases and deaths per 100,000 people & ratio of total number of COVID-19 tests to total number of cases, 3 February 2020 to 18 April 2021 (EU-27 and Poland)

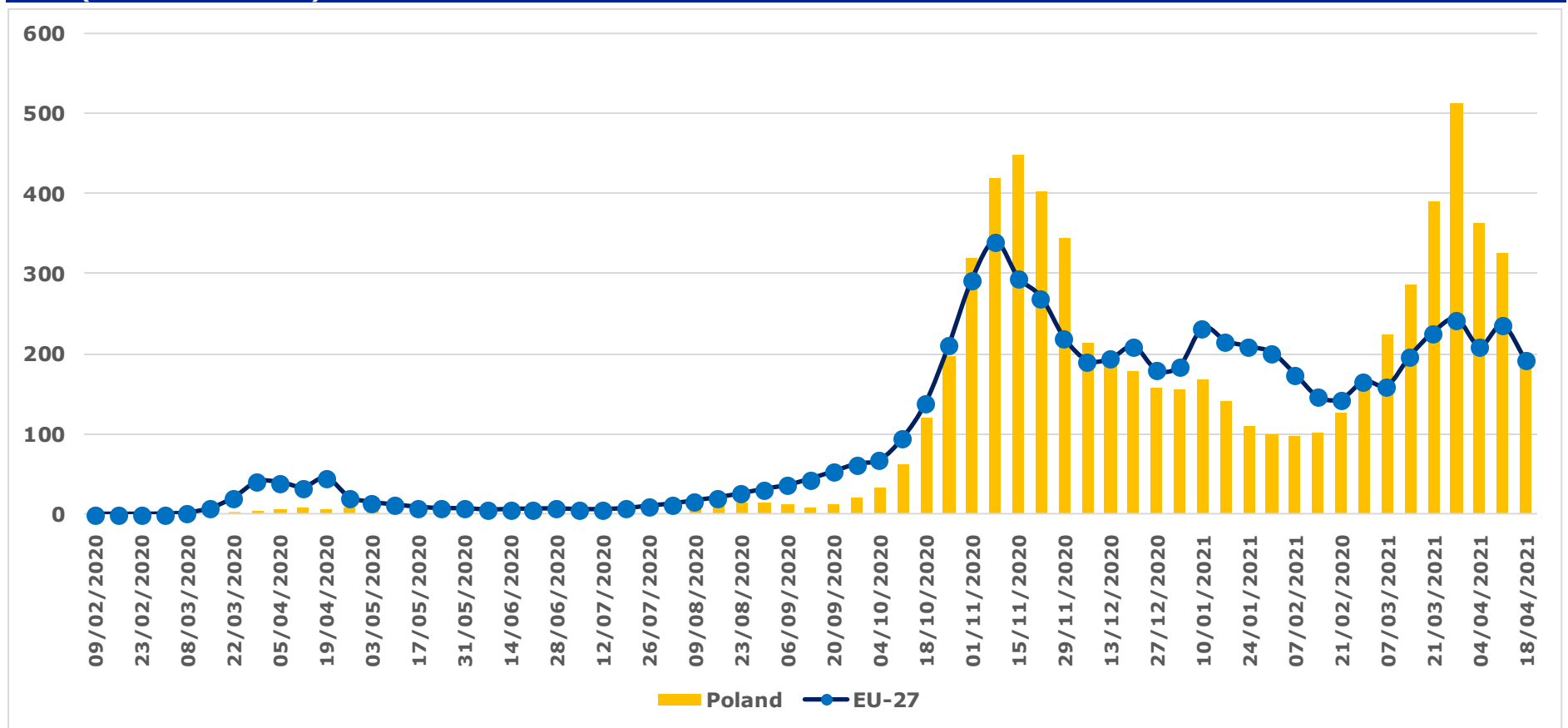


Source: Our World in Data (OWID) online database on COVID-19 - downloaded 26 April 2021

¹ Except if otherwise specified, the indicators presented in Sections 1.1 and 1.2 were calculated by the ESPN Network Core Team on the basis of data coming from two data sources: Our World in Data (OWID: <https://ourworldindata.org/coronavirus-source-data>) and the statistical office of the European Union (Eurostat: <https://ec.europa.eu/eurostat>). These indicators were calculated for all the 35 ESPN countries for which data were available. All of them are presented in Annex B of the following report: Isabel Baptista, Eric Marlier, Slavina Spasova, Ramón Peña-Casas, Boris Fronteddu, Dalila Ghailani, Sebastiano Sabato and Pietro Regazzoni (2021), *Social protection and inclusion policy responses to the COVID-19 crisis. An analysis of policies in 35 countries*, European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union. This report also provides additional explanations on the data sources used and the calculation of the indicators. In addition, Annex B of the report provides the country results related to all ESPN countries included in the two international data sources used (see Tables B1.1, B2.1 and B3.1 for Figure 1, Table B1.2 for Figure 2, Table B2.2 for Figure 3, Table B3.2 for Figure 4, Tables B4.1, B4.2 and B4.3 for Figure 5, Table B5 for Figure 6, Tables B6.1-3 for Figures 7a-c, and Tables B7.1-3 for Figures 8a-c). The full report and its various annexes can be downloaded [here](#).

In the last week of observations (from Monday 12 April 2021 to Sunday 18 April 2021), the number of confirmed COVID-19 cases per 100,000 people reached 191.8 for the EU-27. In Poland, it was 200.2.

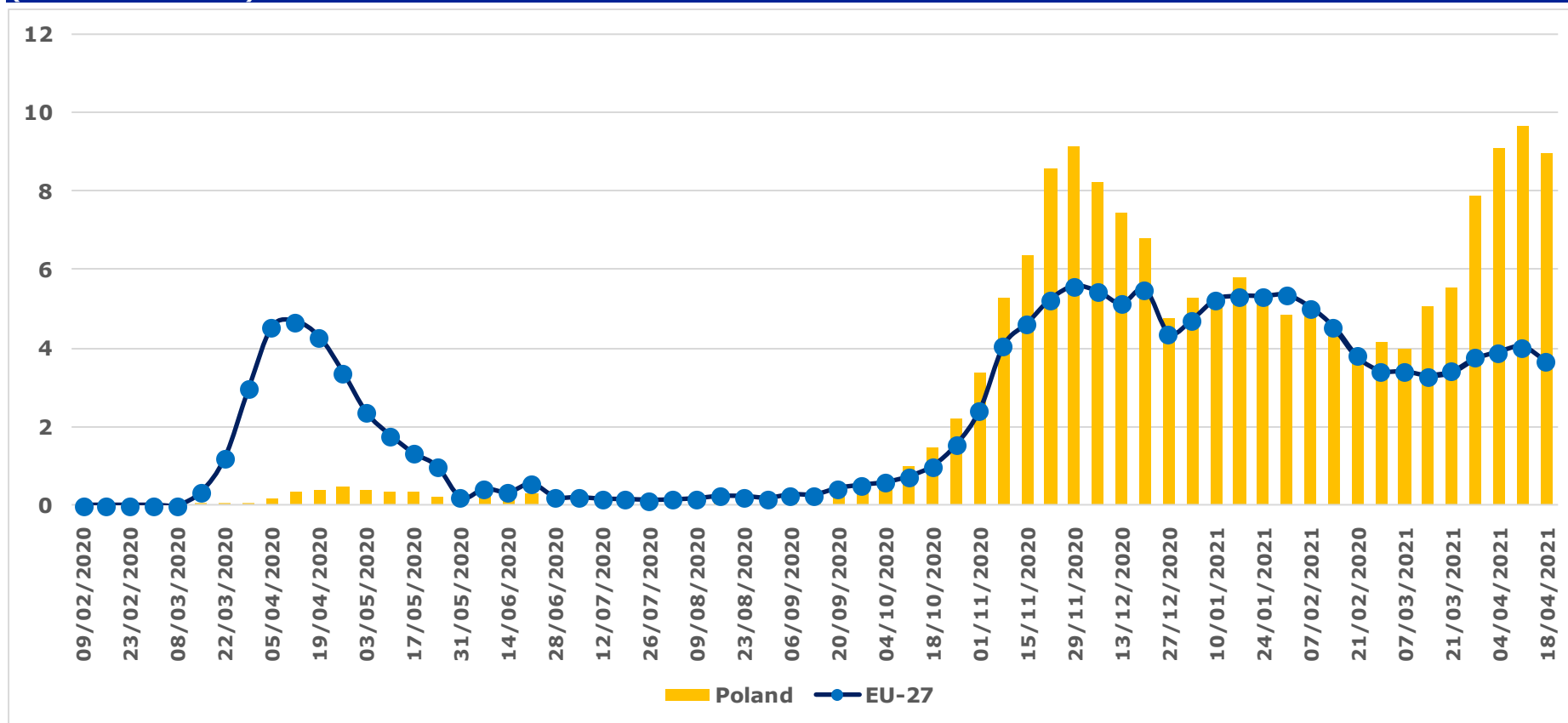
Figure 2: Weekly evolution - Number of confirmed COVID-19 cases per 100,000 people from 3 February 2020 to 18 April 2021 (EU-27 and Poland)



Source: Our World in Data (OWID) online database on COVID-19 - downloaded 26 April 2021.

In the last week of observations (from Monday 12 April 2021 to Sunday 18 April 2021), the number of COVID-19 deaths per 100,000 people reached 3.66 for the EU-27 as a whole. In Poland, it was 8.98.

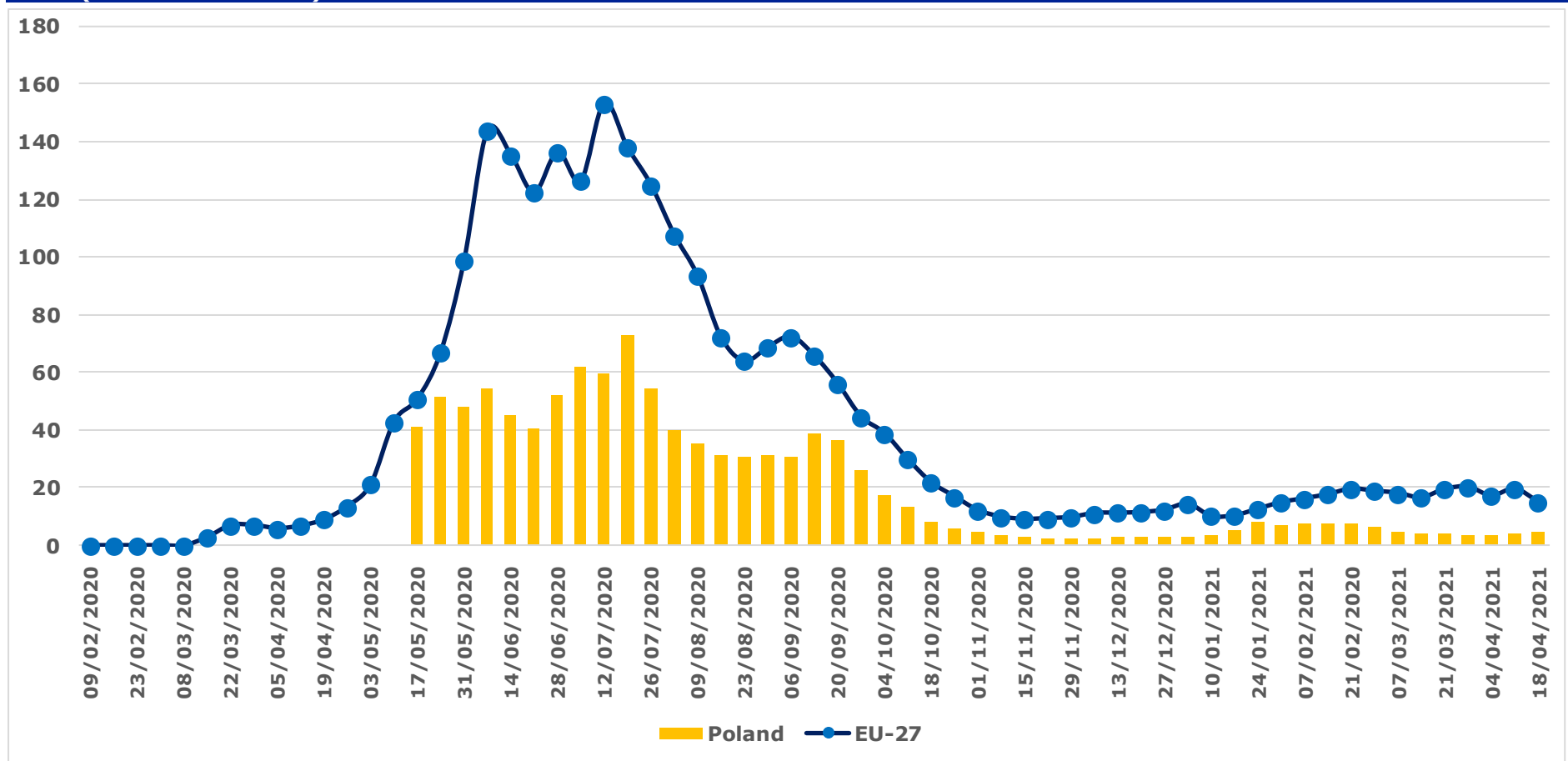
Figure 3: Weekly evolution - Number of COVID-19 deaths per 100,000 people, 3 February 2020 to 18 April 2021 (EU-27 and Poland)



Source: Our World in Data (OWID) online database on COVID-19 - downloaded 26 April 2021.

In the last week of observations (from Monday 12 April 2021 to Sunday 18 April 2021), the number of COVID-19 tests per new confirmed COVID-19 cases was 15.2 for the EU-27. In Poland, it was 4.9.

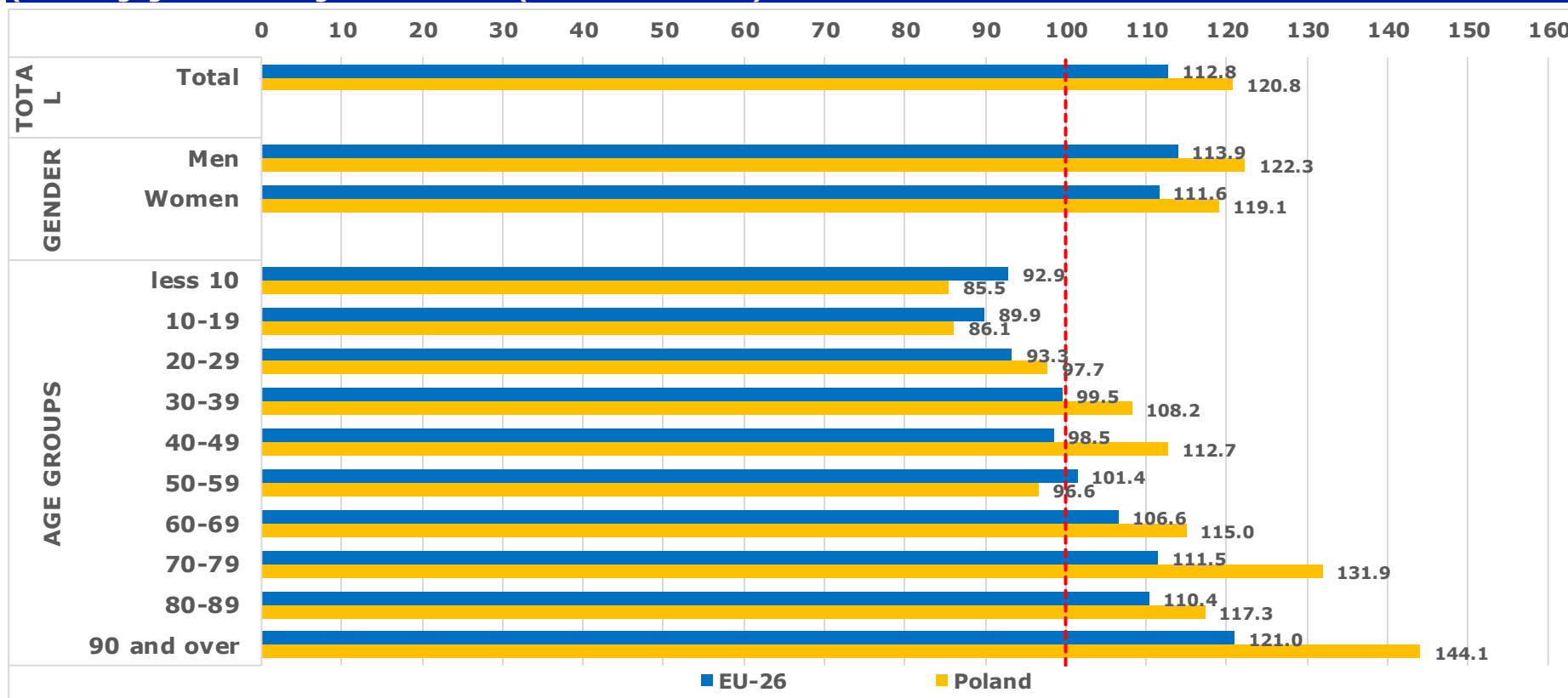
Figure 4: Weekly evolution - Number of COVID-19 tests per new confirmed COVID-19 case, 3 February 2020 to 18 April 2021 (EU-27 and Poland)



Source: Our World in Data (OWID) online database on COVID-19 - downloaded 26 April 2021. Full quote for these testing data: Hasell, J., Mathieu, E., Beltekian, D. et al. (2020). "A cross-country database of COVID-19 testing". *Sci Data* 7, 345 (2020) (<https://www.nature.com/articles/s41597-020-00688-8>).

The excess mortality ratio for 2020 is the total number of deaths (without distinction of causes) in the year 2020 expressed as a percentage of the previous 4-year (2016-2019) annual average of the total number of deaths. For the EU-26 average (no data for Ireland), the ratio of the total population is 112.8% while it is 120.8% in Poland. For the EU-26, it is 113.9% for men and 111.6% for women. In Poland, these gendered ratios are 122.3% and 119.1% respectively. Excess mortality is higher among older age groups. For those aged 90 years and more it reaches 121.0% for EU-26 and 144.1% for Poland.

Figure 5: Excess mortality - Total number of all deaths in 2020 as percentage of the 2016-2019 annual average (including gender and age breakdowns (EU-26 and Poland))

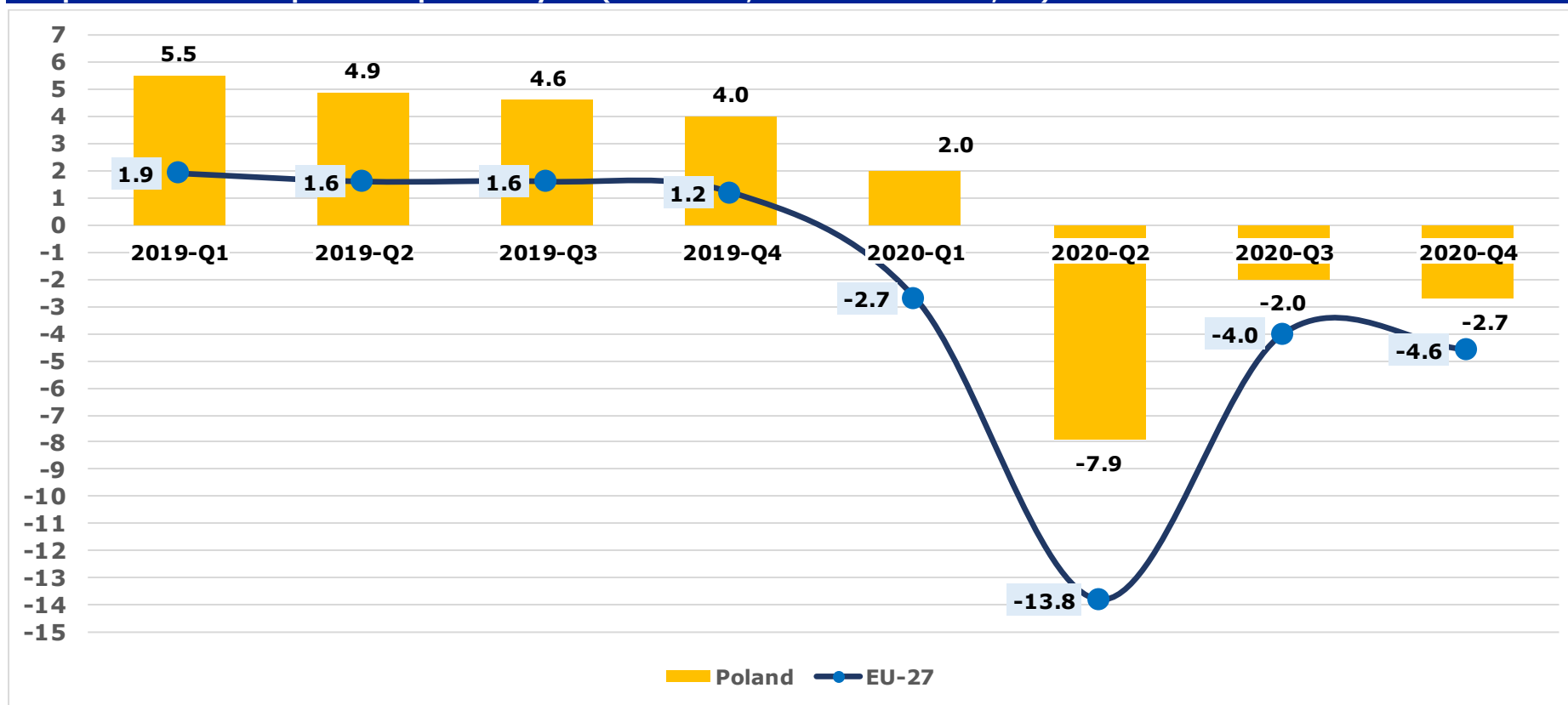


Source: Eurostat - indicator [DEMO_R_MWK_10_custom_560457] Deaths by week, sex and 10-year age groups - downloaded 26 April 2021. For Bosnia and Herzegovina: Agency for statistics of Bosnia and Herzegovina (data received upon request on 19 April 2021).

1.2 Economic and (un)employment situation

In the EU-27, GDP in the fourth quarter (2020-Q4) of 2020 fell by 4.6% compared to the fourth quarter of 2019 (2019-Q4). In Poland, the decrease was 2.7% for the same period.

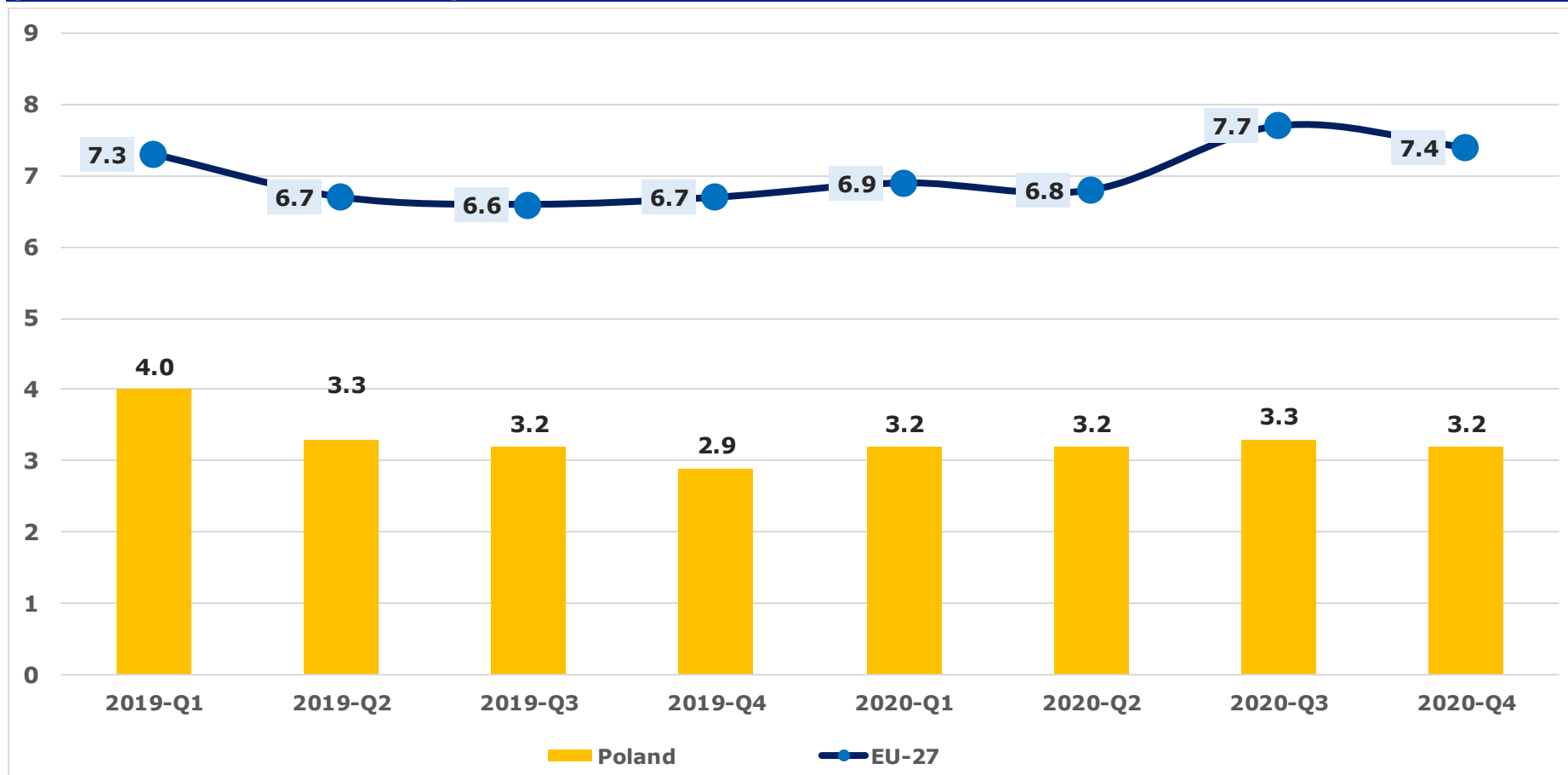
Figure 6: Gross domestic product at market prices, chain-linked volumes prices adjusted, percentage changes in quarter compared with same quarter in previous year (2019-2020, EU-27 and Poland, %)



Source: Eurostat -GDP and main components (output, expenditure and income) - indicator [NAMQ_10_GDP__custom_507806] - downloaded 26 April 2021.

In the fourth quarter of 2020 (2020-Q4), the unemployment rate in the EU-27 for people aged 15-64 years is 7.4%. In Poland, it is 3.2%.

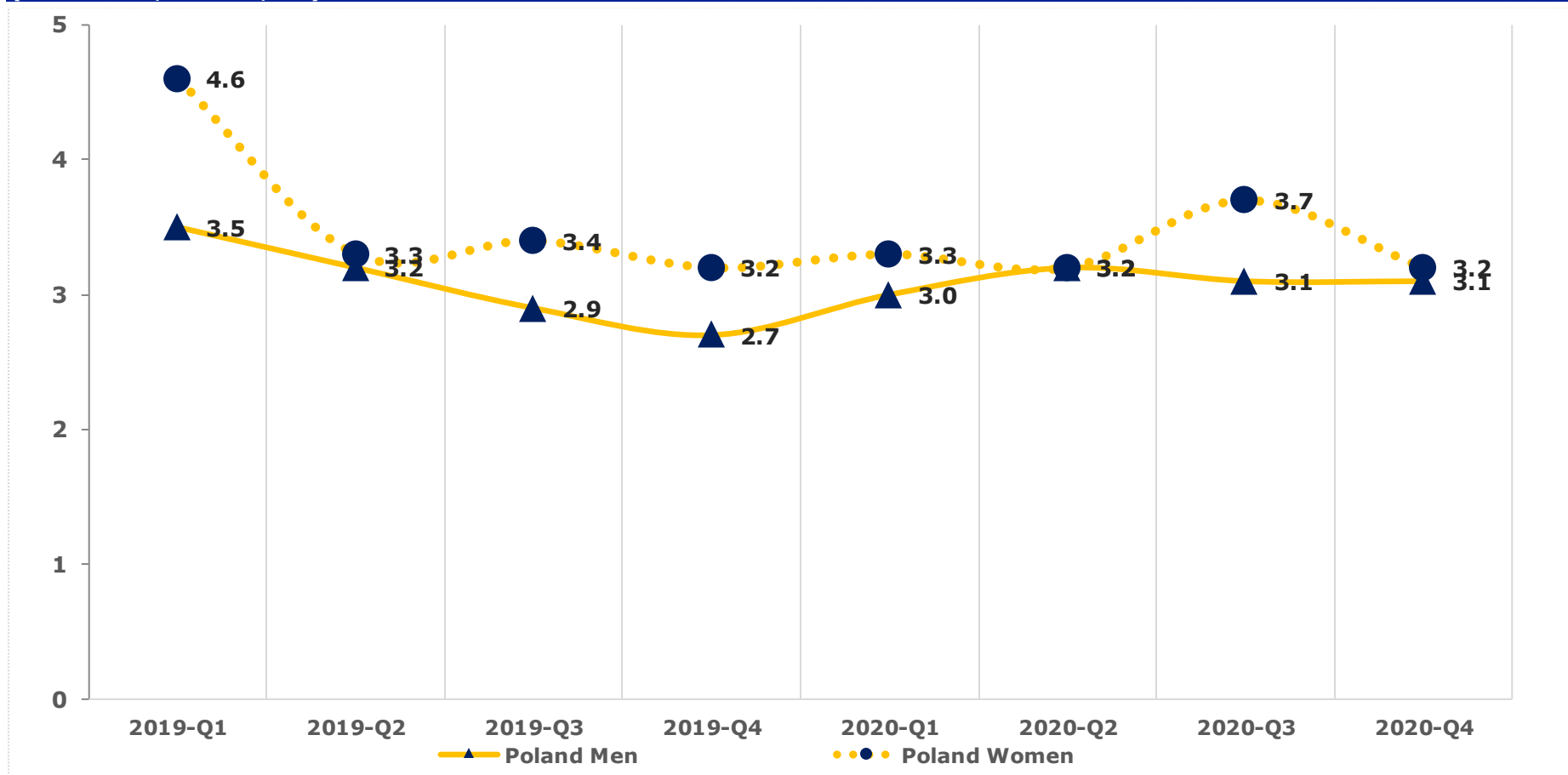
Figure 7a: Seasonally-adjusted unemployment rate, quarterly data, total population aged 15-64 (2019-2020, EU-27 and Poland, %)



Source: Eurostat LFS - indicator [lfsq_organ] - downloaded 26 April 2021.

In the fourth quarter of 2020 (2020-Q4), the unemployment rate in the EU-27 for people aged 15-64 years is 7.1% for men and 7.7% for women. In Poland, these figures are 3.1% and 3.2% respectively.

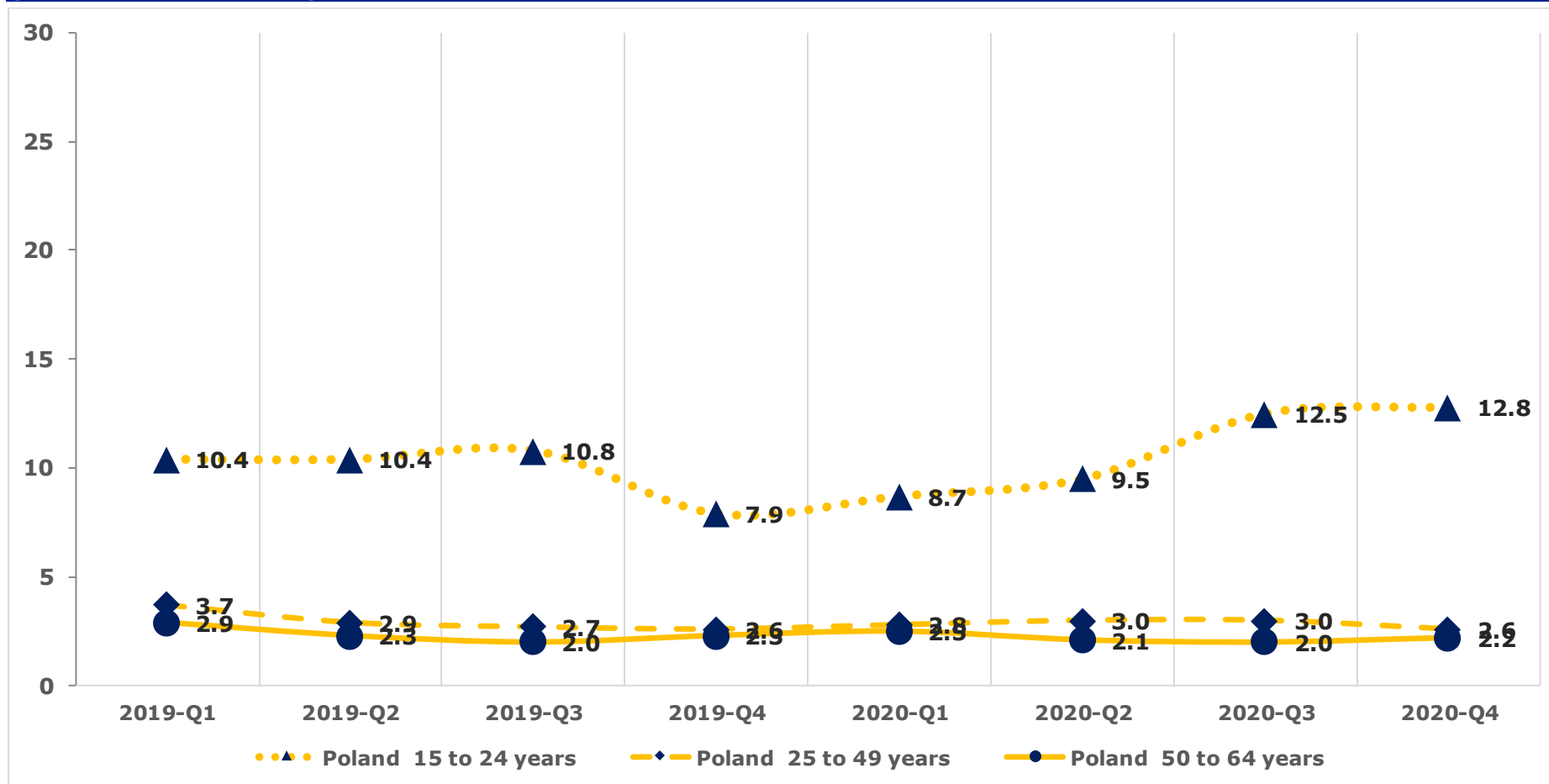
Figure 7b: Seasonally-adjusted unemployment rate, quarterly data, total population aged 15-64 – by gender (2019-2020, Poland, %)



Source: Eurostat LFS - indicator [lfsq_urgan] - downloaded 26 April 2021.

In the fourth quarter of 2020 (2020-Q4), the unemployment rate in the EU-27 is 16.9% for the 15-24 age group. In Poland, it is 12.8%.

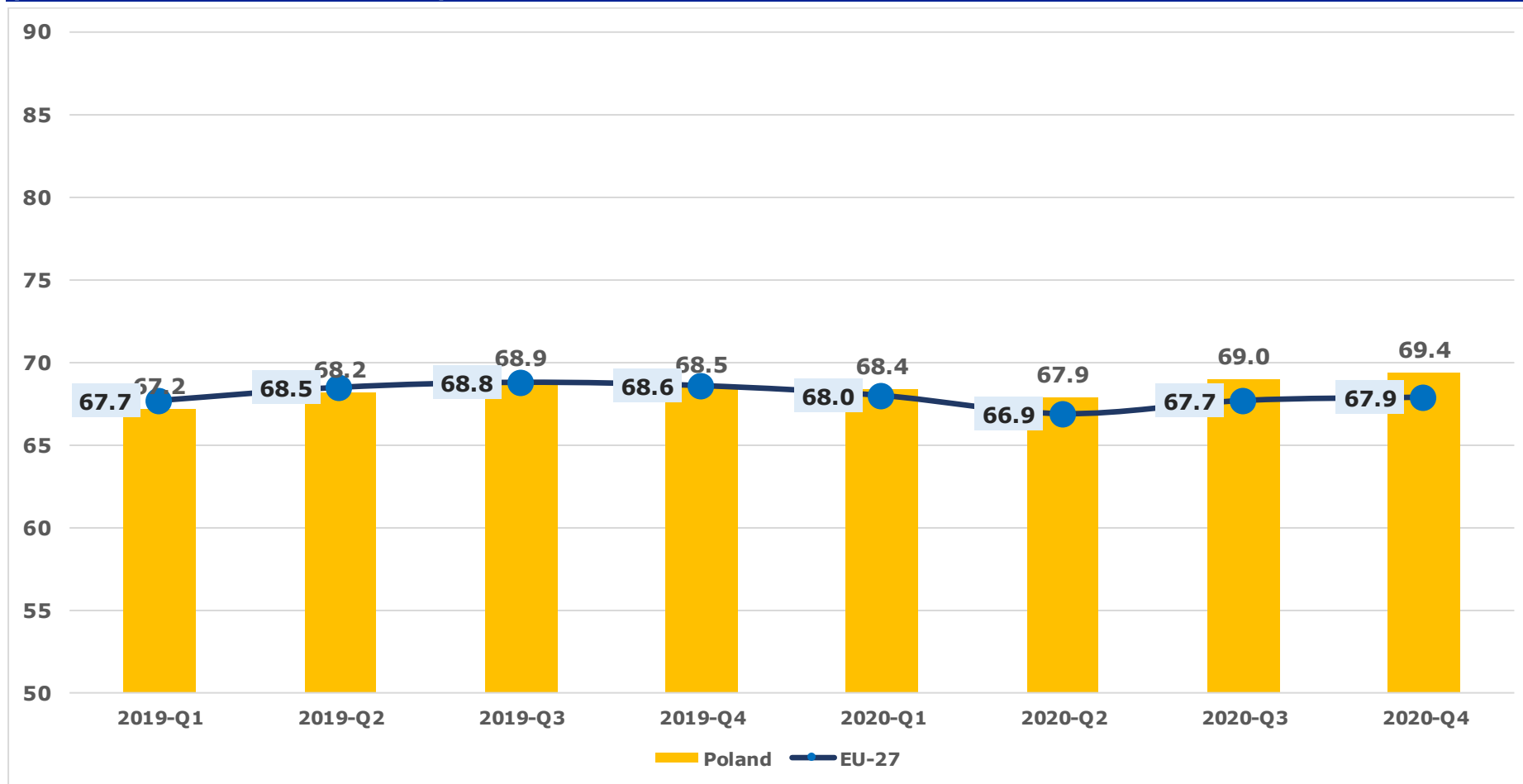
Figure 7c: Seasonally-adjusted unemployment rate, quarterly data, total population aged 15-64 – by age group (2019-2020, Poland, %)



Source: Eurostat LFS - indicator [lfsq_urgan] - downloaded 26 April 2021.

In the fourth quarter of 2020 (2020-Q4), the employment rate for people aged 15-64 in the EU-27 is 67.9%. In Poland, it is 69.4%.

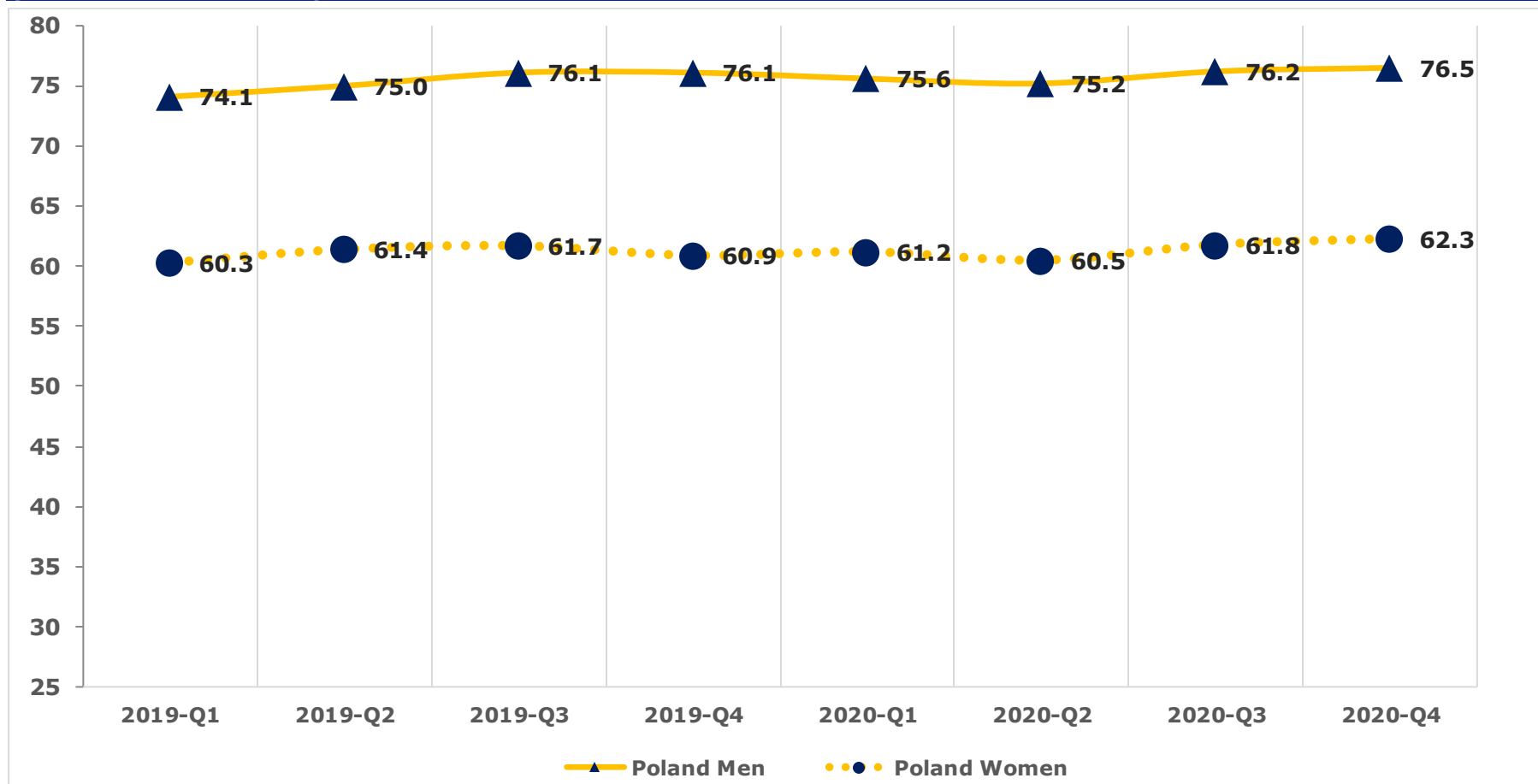
Figure 8a: Seasonally-adjusted employment rate, quarterly data, total population aged 15-64 (2019-2020, EU-27 and Poland, %)



Source: Eurostat LFS - indicator [lfsq_ergan] - downloaded 26 April 2021.

In the fourth quarter of 2020 (2020-Q4), the employment rate in the EU-27 is 73.0% for men and 62.8% for women. In Poland, these figures are 76.5% and 62.3% respectively.

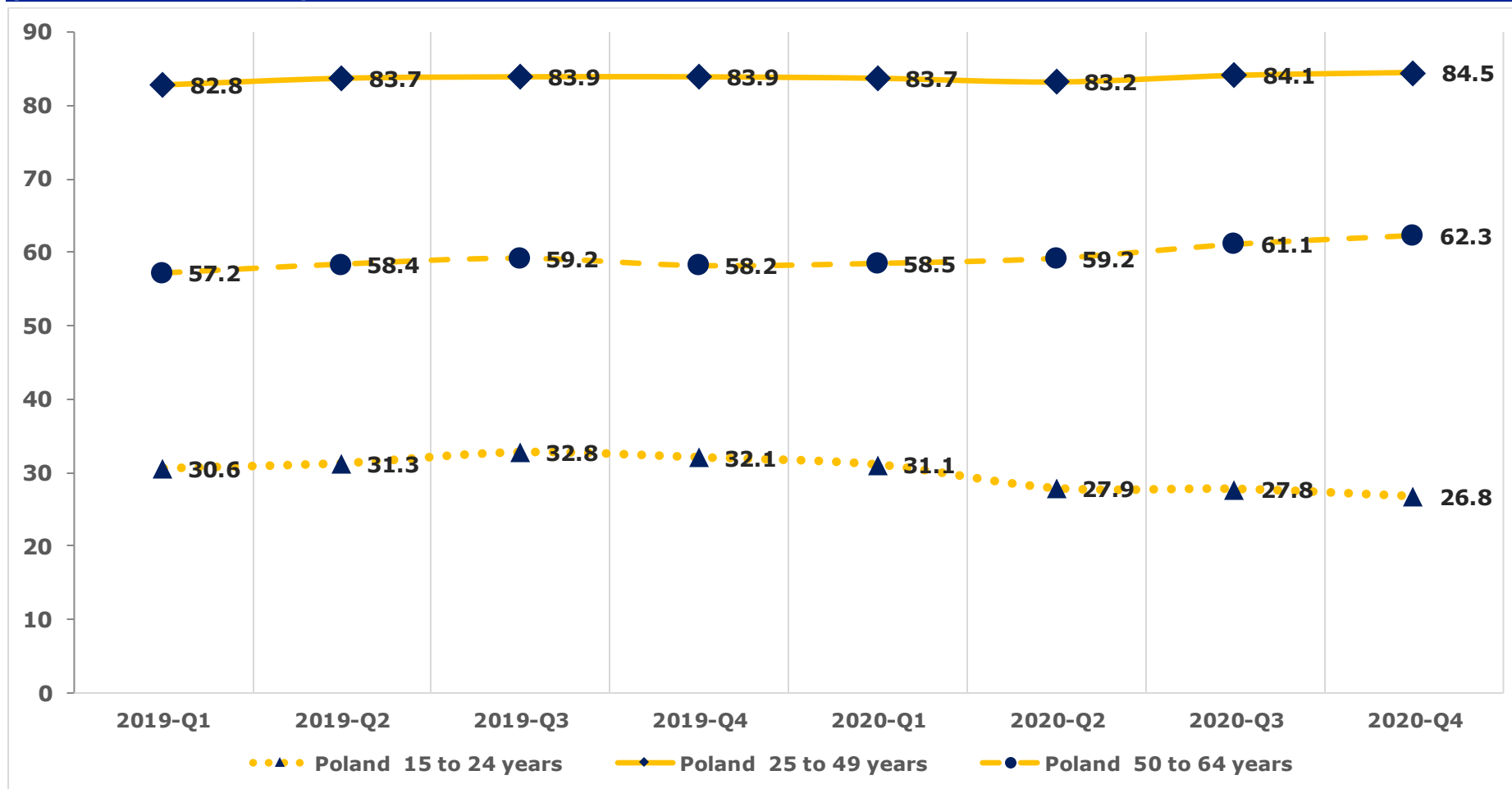
Figure 8b: Seasonally-adjusted employment rate, quarterly data, total population aged 15-64 – by gender (2019-2020, Poland, %)



Source: Eurostat LFS - indicator [lfsq_ergan] - downloaded 26 April 2021.

In the fourth quarter of 2020 (2020-Q4), the employment rate in the EU-27 is 31.1% for the 15-24 age group. In Poland, it is 26.8%.

Figure 8c: Seasonally-adjusted employment rate, quarterly data, total population aged 15-64 – by age group (2019-2020, Poland, %)



Source: Eurostat LFS - indicator [lfsq_ergan] - downloaded 26 April 2021.

1.3 Poverty, inequality and social exclusion situation

The impact of the pandemic on poverty, inequality and social exclusion is difficult to assess. Employment levels have not changed significantly, as employers have protected jobs, using the available support. Average wages and salaries in the enterprise sector have grown in real terms; however, this increase has been the lowest since 2012 (Statistics Poland, 2021). Real pensions have increased at a rate similar to wages, which shows that the income of pensioners has also been protected.

According to studies conducted at the beginning of the COVID-19 pandemic and during the second wave, there was a noticeable anxiety about increased poverty in the country, which barely changed between the two stages of the research (around 86–87% of respondents declared that they were anxious about the increase in poverty in the country), while the percentage of people worried about a deterioration in their own financial situation declined (from 37% to 26%). Moreover, the sense of extreme subjective poverty decreased from 7.0% to 5.5%, but relative subjective poverty increased from 38.0% to 42.3%. The share of respondents who felt that their financial situation would worsen in the next 12 months fell by almost a half (from about 50% to 28%), which confirmed the official statistics (Kalinowski and Wyduba, 2021).

2 Social protection and inclusion measures in response to the pandemic²

The COVID-19 lockdown and social distancing started in Poland on 11 March 2020. To mitigate the effects of the lockdown, this was followed by a number of economic and labour market measures, called the Anti-Crisis Shield. The programme was initially introduced on 31 March 2020, with successive stages gradually added during the period of the pandemic:

- Anti-Crisis Shield 2.0 – 18 April 2020;
- Anti-Crisis Shield 3.0 – 15 May 2020;
- Anti-Crisis Shield 4.0 – 23 June 2020;
- Anti-Crisis Shield 5.0 – 14 October 2020;
- Anti-Crisis Shield 6.0 – 18 December 2020;
- Anti-Crisis Shield 7.0 – 1 February 2021;
- Anti-Crisis Shield 8.0 – 26 February 2021;
- Anti-Crisis Shield 9.0 – 26 April 2021.

Anti-Crisis Shields 5.0–9.0 were targeted at specific sections of the economy (the so-called 'branch' Shields). These were accompanied by the two programmes *Tarcza Finansowa PFR* (Financial Shield PFR) managed by the Polish Development Fund, which aimed at supporting the functioning of companies, including the protection of employees.

The Shield is a package of solutions prepared by the government to protect the Polish state and citizens from the crisis caused by the COVID-19 pandemic. It is based on five pillars:

- Protection of workplaces and employee safety;
- Financing entrepreneurs;
- Health protection;
- Strengthening the financial system; and
- Public investment.

The timing of the Anti-Crisis Shield steps was related to the strictness of the measures introduced during the first and second waves of the pandemic, which is measured by the COVID-19 stringency index.³ The government stringency index in Poland shows that during the first wave of the pandemic (March–June 2020) and the second wave (after November), the policy response was similar to that observed in France and Germany (See Figure A1 in the Annex). Between the waves (June–October 2020), the policies were much less stringent – even compared to, for example, the policies in Sweden. This could partly be attributed to the election campaign and the presidential elections in August. Many politicians, including the prime minister, encouraged people to participate in the elections, amplifying the impact on the pandemic. When the second wave broke, the policies of the government again became stricter. Such 'waves' of government policy had an impact on the timing of the social protection and employment measures.

This section provides a brief overview of the main measures related to social protection and social inclusion that have been put in place to help mitigate the financial and social distress produced by the economic downturn caused by the pandemic. It is based on readily available data and evidence. For each measure, it provides the following:

- a) Short description of the measure.

² The temporary measures mentioned in this report refer to the situation as of 13 July 2021.

³ This is a composite measure based on nine response indicators, including school closures, workplace closures and travel bans, rescaled to a value ranging from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region. The measure was introduced by Hale et al. (2020).

- b) Category: Is it a flat benefit, a conditional benefit, both a flat and a conditional benefit, or neither a flat nor a conditional benefit?
- c) Timing: When did the measure start/end? Has it been extended?
- d) Depending on the category:
 - Amount and duration (for flat measures);
 - Range (minimum-maximum), duration and conditionality (thresholds) (for conditional measures).

If the measure is neither flat nor conditional, this is 'Not applicable'.
- e) Targeted population: What is/are the target(s), i.e. the parts of the population/labour force/sectors targeted by the measure? If data and evidence are readily available, estimated number of people targeted and/or applicants.
- f) Beneficiaries: How many recipients of the measure (if relevant and available)?
- g) Novelty: Was the measure new or an already existing one that was adapted?

2.1 Measures related to unemployment benefits

2.1.1. Zasiłek dla bezrobotnych (Unemployment benefit)

- a) Short description of the measure: Unemployment benefit in Poland is flat rate, though the amount gradually reduces in the event of longer unemployment. The basic amount of unemployment benefit was raised from 1 June 2020, as planned. In response to the increased risk of unemployment and the difficulty of finding job during the pandemic, unemployment benefit was further raised from 1 September 2020. Between June and August 2020, those who became unemployed could apply for the solidarity supplement (see Section 2.1.2). During the pandemic, registering with the labour office was simplified, including the possibility of online registration.
- b) Category: Flat benefit.
- c) Timing: from June 2020 and from September 2020.
- d) Amount and duration: From June 2020: the basic amount rose from PLN 847.80 (EUR 188.40) to PLN 861.40 (EUR 191.42). From September 2020: the basic amount increased to PLN 1,200 (EUR 266.67).
- e) Targeted population: Unemployed people, formerly employed and self-employed.
- f) Beneficiaries: The number of people with the right to unemployment benefit in 2020 is presented in Table 1. Since April 2020, the total number of registered unemployed has increased, including those with the right to benefit.
- g) Novelty: Changes made to simplify access to unemployment benefits, as well as to increase the poverty protection by increasing benefits.

Table 1: Number of unemployed people, including those with a right to unemployment benefit

	Registered unemployed		Newly registered unemployed	
	Total	With the right to benefit	Total	With the right to benefit
	at the end of reporting period		in the reporting period	
2020				
March	909,442	147,109	98,562	20,600
April	965,798	167,587	99,908	32,675
May	1,011,689	180,970	105,383	32,339
June	1,026,471	185,058	106,423	28,351
July	1,029,507	180,778	111,424	26,602
August	1,027,955	174,665	99,150	20,852
September	1,023,746	169,928	131,373	32,484
October	1,018,377	165,234	115,108	25,147
November	1,025,723	164,632	97,095	23,310
December	1,046,432	167,769	105,405	23,379
2021				
January	1,090,365	174,832	115,116	30,394
February	1,099,538	168,341	101,574	27,715
March	1,078,443	156,953	102,638	26,800

Source: Ministry of Development, Labour and Technology.

2.1.2. **Dodatek solidarnościowy (Solidarity supplement)**

- a) Short description of the measure: The solidarity supplement was a new benefit that could be claimed in the summer holiday period. The benefit could be received by unemployed people registered with a labour office, including new and already registered unemployed. In the latter case the regular benefit was suspended. The benefit amount was PLN 1,400 (EUR 311). At the earliest, the benefit could be received from the month in which the claim was filed with the Social Insurance Institution.
- b) Category: Flat benefit.
- c) Timing: 1 June–31 August 2020.
- d) Amount and duration: The benefit amount was PLN 1,400 (EUR 311).
- e) Targeted population: Those unemployed and those who became unemployed after 15 March 2020, who were covered by social insurance due to employment for at least 60 days in 2020.
- f) Beneficiaries: 106,000 people.
- g) Novelty: A new benefit introduced only for a limited period during the COVID-19 pandemic.

2.2 Measures of job protection provided through support to the employers, employees and the self-employed

2.2.1. Świadczenie postojowe (Lockdown allowance)

- a) Short description of the measure: People working on a non-standard (civil-law) contract⁴ or self-employed people who have not wound up their companies can claim a special lockdown allowance that was introduced as part of the Anti-Crisis Shield programme. The lockdown allowance was paid initially from 15 April 2020. Continuation of the payment of the 12 different types of lockdown allowance was continued in subsequent Shields (see Table A1 in the Annex). All benefits can be claimed up to 3 months after the official end of the pandemic. The benefits are administered by the Social Insurance Institution. Lockdown allowances received by the self-employed are exempt from personal income tax. As of April 2021, self-employed people can claim the lockdown allowance up to five times, if they operate in a sector of the economy that is suffering from the COVID-19 crisis and lockdown measures.
- b) Category: Flat benefit.
- c) Timing: April 2020 until 3 months after the pandemic is over.
- d) Amount and duration: PLN 2,080 (EUR 462) (for VAT payers) and PLN 1,300 (EUR 289) for self-employed people exempt from VAT payment.
- e) Targeted population: Self-employed, non-standard workers (people on a civil-law contract who have lost their source of income due to the pandemic or their employers). Around 2 million people.
- f) Beneficiaries: see Table 2.
- g) Novelty: A new type of benefit, introduced temporarily during the COVID-19 pandemic.

Table 2: Lockdown allowances – claims and benefits

Type of allowance	Number of beneficiaries (thousand)
Lockdown allowance for the self-employed (RSP-D)	1,196.4
Lockdown allowance for civil-law contracts for employers (RSP-C)	285.1
Lockdown allowance for civil-law contracts for contractors (non-standard workers) (RSP-CZ)	10.7
Lockdown allowance – continuation for self-employed (RSP-DK)	1,295.0
Lockdown allowance for civil-law contract – continuation (RSP –CK)	338.9
Lockdown allowance (sectors) RSP-DB, RSP-DD	16.3

Source: ZUS (2021b).

2.2.2. Exemption from social insurance contributions

- a) Short description of the measure: From July 2020, employers and the self-employed could claim an exemption from social insurance contributions. As with the lockdown

⁴ Civil-law contracts include commission contracts (*umowa-zlecenie*) and contracts for a specific task (*umowa o dzieło*). For details, see Chłoń-Domińczak, Sowa and Topińska (2017).

allowance, the exemption was extended gradually in successive steps of the Shield programme, as is shown in Table A2 in the Annex.

- b) Category: Conditional benefit.
- c) Timing: July 2020–August 2020, December 2020–January 2021, 1 January 2021–30 April 2021 (depending on the type of measure and section of the economy).
- d) Range, duration and conditionality:
 - Contributions due for March–May 2020 from the self-employed and entrepreneurs. In the case of the self-employed, monthly revenue had to be below PLN 15,681 (EUR 3,484);
 - Contributions due for July–August 2020 (companies from selected sectors affected by the lockdown measures);
 - Contributions due for December 2020–January 2021 (companies from selected sectors affected by the lockdown measures);
 - Contributions due for January 2021 (companies in retail sales affected by the lockdown measures);
 - Contributions due on civil-law contracts in January–April 2021 in selected sectors.
- e) Targeted population: Employers and the self-employed. Around 630,000 self-employed paying for themselves and other people; 1.132 million self-employed paying for themselves; and 329,000 legal entities.
- f) Beneficiaries: By the end of 2020, 2.16 million self-employed or legal persons had claimed exemptions from social insurance contributions.
- g) Novelty: New measure introduced during the pandemic; previously, there was no possibility of exempting employers from social insurance contributions.

2.2.3. Relief on social security contributions payment

- a) Short description of the measure: Support for employers and the self-employed in the form of a reduction in social security obligations, including postponement of the payment of contributions. Contribution payers who are in arrears with the payment of their contributions because of COVID-19 may benefit from the relief on their payment. This includes deferring the payment deadline or spreading the contribution payment over several instalments without having to pay a prolongation fee. Relief applies to contributions for the entrepreneur and the employees. The size of the enterprise does not matter. A list of the forms of such support is presented in Table A3 in the Annex.
- b) Category: Conditional benefit.
- c) Timing: This support applies to contributions for the period from January 2020.
- d) Range, duration and conditionality: Waiver of prolongation fees and other regular dues of eligible enterprises.
- e) Targeted population: Employers and the self-employed: 2.09 million active contribution payers.
- f) Beneficiaries: The total number of claims for the relief was 122,100; of these, 103,600 contribution payers applied to defer payments and 42,800 to spread them over several instalments. The number of reliefs granted was 26,300 (19,000 and 9,500, respectively) (ZUS 2021b).
- g) Novelty: The relief on social security contribution payments existed before. In the COVID-19 pandemic, access to this instrument was made easier; there is a further novelty in the waiver of the prolongation fee.

2.2.4. Partial co-financing of part of salaries and the social insurance contributions due on those salaries

- a) Short description of the measure: This measure permits support to partially finance the cost of labour during the pandemic for standard and part-time workers employed according to Labour Code rules. The amount of support received depends on the fall in turnover. Co-financing is paid monthly. An entrepreneur cannot receive the partial subsidy if the same business running costs have been (or will be) financed from other public funds. Among other conditions, the entrepreneur must not have been in arrears with the payment of taxes and social security contributions or health insurance, and with payments to the Guaranteed Employee Benefits Fund, the Labour Fund or the Solidarity Fund at the end of the third quarter of 2019. The benefit is administered by the labour offices.
- b) Category: Conditional benefit.
- c) Timing: From March 2020, open-ended.
- d) Range, duration and conditionality: The amount depends on certain factors (drop in turnover, number of employees and wage levels). In the event of a fall in turnover of:
- at least 30% – co-financing may be granted up to an amount not exceeding 50% of the salaries of individual employees covered by the application for co-financing, together with the social security contributions due on these salaries, but not more than 50% of the minimum wage, plus social security contributions from the employer for each employee (standard workers and part-time workers);
 - at least 50% – co-financing may be granted up to an amount not exceeding 70% of the salaries of individual employees covered by the application for co-financing, together with the social security contributions due on those salaries, but not more than 70% of the minimum wage, plus social security contributions from the employer for each employee;
 - at least 80% – co-financing may be granted up to an amount not exceeding 90% of the salaries of individual employees covered by the application for co-financing, together with the social security contributions due on these salaries, but not more than 90% of the minimum wage, plus social security contributions from the employer for each employee.
- e) Targeted population: 307,430 micro, small and medium-sized companies.
- f) Beneficiaries: By mid July 2021, 50 790 employers received support to finance salaries due to reduced turnover covering 1.75 million employees at the regional level. At the poviats level 185,768 employees received support for 1,48 million employees. Additionally 3,953 NGOs received co-financing of salaries for 2,445 workers, ...
- g) Novelty: a new measure introduced during the COVID-19 pandemic.

2.2.5. A 3-month co-financing of the salaries of employees in the event of economic downtime or reduced working time, and payment of social security contributions

- a) Short description of the measure: Entrepreneurs can receive a subsidy for part of the costs of running a business, in the event of a fall in turnover because of the COVID-19 pandemic. The subsidy applies to the salaries of employees (standard and part-time workers employed according to Labour Code rules) subject to economic downtime or reduced working hours by agreement between the entrepreneur and trade unions or employee representatives.
- b) Category: Conditional benefit.
- c) Timing: From March 2020 (the measure is applicable according to the terms specified in successive stages of the Anti-Crisis Shield, including the conditionality on the sections of the economy).

- d) Range, duration and conditionality: The amount received depends on the conditions of co-financing, the number of employees and wage levels. In the event of economic downtime, it is possible to obtain a subsidy on the employee's wages equivalent to 50% of the minimum wage; in the event of a reduction in working time, it is possible to obtain a subsidy on the employee's wages of up to half of the salary, but not more than 40% of the average monthly wage, according to the Statistics Poland index. Co-financing is paid monthly. Support may be granted for a period not exceeding 3 months. This benefit is administered by the labour offices.
- e) Targeted population: Enterprises, non-governmental organisations and legal entities that have recorded a decline in economic turnover, do not meet the conditions for a declaration of bankruptcy and were not in arrears with their public and legal liabilities at the end of the third quarter of 2019. Some 330,900 companies (contribution payers), to cover the salaries of their employees (non-standard workers are not covered by this measure).
- f) Beneficiaries: of beneficiaries. .By mid July 2021, 11 738 employers received support due to the economic downtime and 28 017 employers due to the reduced working time (for 1.375 million workers).
- g) Novelty: A new measure introduced during the COVID-19 pandemic.

2.2.6. Increased subsidy for the salaries of employees with disabilities

- a) Short description of the measure: Subsidies for the employers of people with disabilities have been increased during the pandemic.
- b) Category: Flat benefit.
- c) Timing: From April 2020, open-ended.
- d) Amount and duration:
- Employers of a person with a severe disability can receive a monthly subsidy to help with that person's wage of PLN 1,950 (EUR 433).
 - Employers of a person with a certified moderate degree of disability can receive a monthly subsidy to help with that person's wage of PLN 1,200 (EUR 367).
 - Employers of a person with a certified mild disability can receive a monthly subsidy to help with that person's wage of PLN 450 (EUR 100).

If employees with disabilities suffer from mental illness, mental retardation, pervasive developmental disorders or epilepsy, or are blind, the subsidies are increased by:

- PLN 1,200 (EUR 267) for people with severe disability;
 - PLN 900 (EUR 200) for people with a moderate degree of disability;
 - PLN 600 (EUR 150) for people with mild disability.
- e) Targeted population: Around 28,000 companies that employ people with disabilities who are registered with the State Fund for the Rehabilitation of Disabled People. Non-standard workers are not included in this measure.
- f) Beneficiaries: There is no information on the number of companies that have received this type of support or on the amount of such support.
- g) Novelty: The measure increases the subsidy level, compared to the pre-pandemic level.

2.2.7. Loans for the self-employed and micro companies

- a) Short description of the measure: This measure offers the opportunity to receive a loan of up to PLN 5,000 (EUR 1,111). The loan is paid out once, when the contract is signed. The repayment period may not exceed 12 months, and the loan should be repaid after a 3-month grace period. The loans are administered by the labour offices.

- b) Category: Flat benefit.
- c) Timing: From May 2020, open-ended.
- d) Amount and duration: A loan of up to PLN 5,000 (EUR 1,111).
- e) Targeted population: Around 2 million self-employed and micro companies.
- f) Beneficiaries: By 13 July, 2021, almost 1.9 million self-employed received a loan.
- g) Novelty: People registered with labour offices could receive support in the form of a loan; the measure introduces simplified conditions and lower cost of repayment.

2.3 Measures related to sickness benefits and sick pay

2.3.1. **Zasilek chorobowy i wynagrodzenie chorobowe podczas kwarantanny (Sickness benefits and sick pay during quarantine)**

- a) Short description of the measure: Under regulations issued by the Ministry of Health, any insured person who has to go into self-isolation (quarantine) following their return from abroad or contact with someone who has COVID-19, as well as anyone who has contracted the illness, is eligible for sick pay and sickness benefit. The amount of sick pay and sickness benefit remains unchanged at 80% of pay for most of the population entitled to it. The changes relating to COVID-19 apply primarily to medical staff, who are now eligible for pay and benefits equal to 100% of their monthly salary while they are in quarantine. Other professional groups (e.g. residential care workers, social workers, teachers) that are at high risk of infection demanded an increase in the amount of sick pay due to them if they are affected by COVID-19. The government decided to increase sick pay to 100% of salary for workers in full-time residential care facilities who are quarantined due to COVID-19. They may also carry out their duties while in quarantine and on full pay: this is to prevent an outflow of staff in the event of a COVID-19 outbreak in the facility. Any decision about the need for someone to quarantine (and ultimately about that person's sick benefit) rests with the Sanitary Inspectorate in the event of illness or contact with an infected person. If someone returns from abroad or is informed of the need to quarantine by a body other than the Sanitary Inspectorate (e.g. police), an individual declaration must be submitted to the Social Security Institution to apply for the benefit. Since October 2020, the Social Insurance Institution (ZUS – *Zakład Ubezpieczeń Społecznych*) has been obliged to collect all information regarding individuals in quarantine automatically, via the Social Service Platform (*Platforma Usług Społecznych*) operated by ZUS. The information is provided by the e-Health system (*e-Zdrowie*), which covers individual patient data, including information on COVID-19 diagnosis and quarantine.
- b) Category: Conditional benefit.
- c) Timing: Regulations regarding sick pay and sickness benefits for the population generally and for medical staff in isolation and quarantine were introduced in March 2020. The latter set of regulations was expanded in December 2020 to cover social workers in full-time residential facilities.
- d) Range, duration and conditionality: Sickness benefit and sick pay equal to 80% of salary (100% for medical and care personnel), covered by social insurance.
- e) Targeted population: All those with social security insurance (employees and the self-employed). Non-standard employees not covered by social security insurance (on civil-law specific-task contracts (*umowa o dzieło*)) are excluded from this measure.
- f) Beneficiaries: The overall number of applications for benefit to cover maternity, sickness, care, rehabilitation or attending a funeral increased between 2019 and 2020 by 40% (ZUS 2021b). The number of medical decisions related to COVID-19 (including quarantine) amounted to 753,400. The number of days of absence from

work due to (own) illness increased between 2019 and 2020 by 4.4% (ZUS 2021a). In 2020, the main reasons for absence from work were pregnancy and birth (17.5% of the total number of days of absence from work due to sickness), diseases of the bone and joint system, muscles and soft tissue (16.1%), diseases of the respiratory system (13.7%), injuries and other external causes (11.8%) and psychiatric disorders (10.8%). Compared to 2019, this represented a decline in absences due to pregnancy and injuries (from 19.4% and 14%, respectively) and a rise in absences caused by diseases of the respiratory system and psychiatric problems (from 12.3% and 8.3% respectively). The increase in absences due to diseases of the respiratory system cannot be attributed solely to COVID-19 (Table 4): a similar level of such absences has been observed in the past (e.g. 13.5% in 2018).

Overall, in 2020, some 6,022,200 days of work were missed due to COVID-19 illness or isolation. That constituted about 2.05% of the overall number of days lost (the total number of workdays lost in 2020 was 296.9 million). It should be noted that absence indirectly related to COVID-19 could be hidden in other categories: childcare (not covered by the additional care allowance), absence due to other reasons, including psychiatric disorders or people claiming to be sick if there was a risk of unemployment.⁵

- g) Novelty: Regulations governing access to sickness benefits during quarantine were introduced to prevent the spread of infection. For medical personnel, the changes were aimed at rewarding effort and because of the risk of infection (particularly since medical personnel shortages meant they were overworked during the pandemic). The financial measures, as well as the regulations enabling people in long-term care residential facilities to carry on working during quarantine, were a response to staff shortages and were designed to avoid workers ceasing to perform their duties in the event of an outbreak of infection.

⁵ According to an interview with Prof. Gertruda Uścińska, president of the Social Security Institution (ZUS).

Table 4: Work absence in the period March–December 2020 due to selected causes related to COVID-19

Item		The number of days of work absence due to sickness		The number of medical decisions issued	
		In thousands			
		Total	Including: covered by social security insurance (ZUS)	Total	Including: covered by social security insurance (ZUS)
Total		6,066.2	5,737.7	753.4	721.2
COVID-19 sickness		5,068.6	4,835.2	642.3	617.9
General medical examination of persons without symptoms and without medical diagnosis	Isolation (quarantine)	22.7	20.6	3.7	3.5
		670.3	618.6	77.9	73.3
		304.6	263.3	29.5	26.5
Contact and exposure to infectious diseases					
Need for other preventive measures (including isolation)					

Source: ZUS (2021a), unpublished document entitled 'Sickness absence in 2020'.

2.4 Measures related to health insurance

2.4.1. Rozszerzenie prawa do leczenia COVID-19 na całą populację (Extension of coverage of treatment for COVID-19 to the whole population)

- a) Short description of the measure: In line with the Polish Constitution of 1997, the public authorities are obliged to combat and prevent the spread of infectious disease and the adverse health consequences of environmental degradation and to ensure access to care for all citizens. Since the introduction of compulsory health insurance in 1999, the insured population has been eligible for public health services, financed by the National Health Fund (*Narodowy Fundusz Zdrowia*). The eligibility criteria are broad, covering employed people, the self-employed, family members of the insured, the unemployed, the retired and people on social assistance. The statutory coverage is almost universal, and since 2017 access to primary care has been total, without any need to confirm insurance status (Sowada, Sagan and Kowalska-Bobko 2019). Groups that are not covered by health insurance – and in particular that have no access to secondary or tertiary care – include workers on civil-law specific-task contracts (*umowa o dzieło*)⁶ and unregistered migrants. In response to the COVID-19 outbreak, the government has extended the eligibility criteria for access to COVID-19 related services and treatment to all residents. All residents of the country, regardless

⁶ A civil-law contract for a specific task is a type of short-term contract where both parties agree on the product (result), not the process of its preparation, and where remuneration is paid only upon its completion.

of their insurance status, should have access to COVID-19 testing, treatment, medicine and vaccinations. This includes uninsured people and migrants. The coverage has been extended only to COVID-19, and does not include other types of medical services.

- b) Category: Neither flat nor conditional benefit.
- c) Timing: Since March 2020, open-ended.
- d) Amount and duration/Range, duration and conditionality: Not applicable.
- e) Targeted population: Those with no national health insurance, including migrants.
- f) Beneficiaries: The National Health Fund does not differentiate between COVID-19 patients with respect to their insurance status.
- g) Novelty: Extension of eligibility criteria.

2.4.2. Diagnoza w kierunku COVID-19 (COVID-19 diagnosis)

- a) Short description of the measure: In the first months of the pandemic, hospitals were responsible for COVID-19 testing. Since September 2020, the management model has changed, shifting responsibility onto primary-care doctors (MZ 2020). The medical criterion for the administration of a COVID-19 test is that four symptoms should be present simultaneously: cough, fever, dyspnoea and loss of smell/taste. This list was formulated on the basis of increased knowledge of the infection's symptoms, although the great variety of symptoms may mean that some patients have not been tested using public funds if not all the symptoms are present. Diagnosis units (medical units, drive-through units) were set up.
- b) Category: Neither flat nor conditional benefit.
- c) Timing: since March 2020, open-ended.
- d) Amount and duration/Range, duration and conditionality: Not applicable.
- e) Targeted population: The whole population, including those uninsured.
- f) Beneficiaries: Information on the number of tests and people diagnosed with COVID-19 is presented in Section 1. It should be noted that the number of tests performed per 100,000 population is among the lowest in the EU. At the same time, as a proportion of all tests carried out, the figure for tests that prove positive remains relatively high. The number of infected persons is disputed and is often perceived to be underreported. The main reasons for this include restricted access to public-funded diagnostic tests (a result of the strict criterion that four symptoms should be simultaneously present), the inconvenience caused by the isolation procedures and the monitoring of infected persons, and the potential loss of income, due to the need to move onto sickness benefits during quarantine and isolation.
- g) Novelty: Enabling access to COVID-19 testing and diagnosis

2.4.3. Domowa opieka medyczna – DOM (Medical home care)

- a) Short description of the measure: The government has introduced a system to monitor patients infected with COVID-19 who are being treated at home. All COVID-19 patients aged 55 or over receive a free fingertip pulse oximeter to monitor oxygen saturation. Patients below the age of 55 may request a pulse oximeter. Monitoring results are sent via a smartphone app to the call centre and are checked. If the readings show a low oxygen saturation level, telephone medical advice is provided and – if necessary – the emergency services are called.
- b) Category: Neither flat nor conditional benefit.
- c) Timing: Since November 2020, open-ended.

- d) Amount and duration/Range, duration and conditionality: Not applicable.
- e) Targeted population: COVID-19 patients (including those uninsured), particularly aged 55 or over.
- f) Beneficiaries: Between November 2020 and January 2021, the medical home care system covered 145,000 COVID-19 patients aged 55 or over and 13,000 patients aged below 55.⁷ For about 800 users of the service, emergency care or hospital intervention was needed. Overall, so far the system has cost about PLN 1.8 million (EUR 0.4 million). Reaction within the medical profession has been mixed: some doctors have praised the system's simplicity and the rapid provision of pulse oximeters; others have complained about the short time allowed to inform patients about the programme and to explain it, and about delays in the provision of pulse oximeters to patients.
- g) Novelty: Introduction of remote monitoring of COVID-19 treatment, enabling early intervention.

2.4.4. Indywidualne konto pacjenta (Individual patient account)

- a) Short description of the measure: The pandemic has contributed to an acceleration in the digitalisation of the healthcare sector. Access to online, individual medical records containing information on an individual's insurance status, history of treatment, prescriptions, medical appointments and vaccinations has improved with the launch of an e-patient online portal with individual patient accounts (*indywidualne konto pacjenta*). The portal allows the monitoring of treatment, includes information on COVID-19 diagnosis, and contains information on isolation or quarantine.
- b) Category: Neither flat nor conditional benefit.
- c) Timing: Individual patient accounts were launched in December 2020.
- d) Amount and duration/Range, duration and conditionality: Not applicable.
- e) Targeted population: The whole population; all citizens are covered, regardless of insurance status: that is, around 38 million people.
- f) Beneficiaries: No data are available on the actual number of accounts created.
- g) Novelty: Introduction of a medical care management system that covers all patients.

2.5 Measures related to minimum income schemes and other forms of social assistance

2.5.1. Remote administrative procedure in social assistance

- a) Short description of the measure: For an individual to become entitled to cash social assistance benefits, a social worker must conduct a social interview (*rodzinny wywiad środowiskowy*) with the family of the applicant, in their home. During the pandemic, this procedure has been changed, so that social workers can now conduct telephone interviews. In addition, applicants can submit documents (or copies) in electronic format, and the obligation to conduct a review interview (usually every 6 months) has been suspended. This measure applies to all those who claim social assistance benefits and services that require an administrative decision.
- b) Category: Neither flat nor conditional benefit.

⁷ <https://zdrowie.gazeta.pl/Zdrowie/7,173954,26769338,600-alertow-dziennie-800-hospitalizacji-wydane-ok-dwa-miliony.html#s=BoxOpMT>

- c) Timing: It was introduced by a law that came into force on 31 March 2020 and is open-ended.
- d) Amount and duration/Range, duration and conditionality: Not applicable.
- e) Targeted population: All claimants of social assistance.
- f) Beneficiaries: There are no data.
- g) Novelty: New; previously there was no possibility of remotely conducting the administrative procedure related to determining the right to social assistance.

2.5.2. Cash assistance for participants in rehabilitation centres for people with disabilities

- a) Short description of the measure: As all rehabilitation centres for people with disabilities were closed during the first period of the epidemic, cash benefits were provided to participants. Support was implemented under Module III of the programme 'Assistance for disabled persons affected by natural disasters or crisis situations resulting from infectious diseases', funded by the State Fund for the Rehabilitation of Disabled People (PFRON – *Państwowy Fundusz Rehabilitacji Osób Niepełnosprawnych*).
- b) Category: Flat benefit.
- c) Timing: Applications for the benefit could be submitted between 9 March and 16 November 2020.
- d) Amount and duration: Financial assistance within Module III of the programme amounted to PLN 500 (EUR 111) per month per person. The benefit could not be granted for more than 5 months.
- e) Targeted population: Persons with disabilities who had lost the chance to receive care provided in a rehabilitation facility for at least 5 consecutive working days from 9 March 2020. The benefit was only available for those months in which it was not possible to receive treatment in a centre. It applied to participants in such institutions as occupational therapy workshops (*warsztaty terapii zajęciowej*), community self-help homes (*środowiskowe domy samopomocy*) and day-care homes (*dzienne domy pomocy społecznej*). In 2020, some 27,200 people with a certified disability participated in 720 occupational therapy workshops (*warsztaty terapii zajęciowej*) and 31,100 in 830 community self-help centres (*środowiskowe domy samopomocy*).
- f) Beneficiaries: There are no data.
- g) Novelty: New; there was no such benefit before.

2.5.3. Payment of integration benefits during the suspension of training courses in social employment institutions

- a) Short description of the measure: One of the main instruments of active integration in Poland is social employment (*zatrudnienie socjalne*). These are mainly training courses at social integration centres and clubs. During these classes, which last for 6 months, participants receive an integration benefit equal to the unemployment benefit. In the initial period of the pandemic, courses in integration centres and clubs were suspended. During this time – and in the event of absence due to quarantine restrictions – participants continued to receive their integration benefits. Since January 2021, anyone obliged to quarantine or self-isolate at home is paid an integration benefit for those days on which they cannot attend the centre.
- b) Category: Flat benefit.

- c) Timing: From the date the courses were suspended due to COVID-19, starting from March 2020. From January 2021, payment of integration benefits for people obliged to quarantine and unable to attend courses.
- d) Amount and duration: Benefit equal to the basic unemployment benefit – PLN 1,200 (EUR 267).
- e) Targeted population: All participants in training courses in social employment centres are covered by this measure: 11,100 participants in 186 integration centres.
- f) Beneficiaries: There are no data.
- g) Novelty: New; there was no such measure before.

2.6. Measures related to housing support

2.6.1. Temporary suspension of evictions

- a) Short description of the measure: In Poland, several thousand enforced evictions occur every year. One of the first measures introduced in the wake of the epidemic threat was the suspension of enforced evictions. Initially, the measure extended to all persons subject to this procedure; later one exception was made – for perpetrators of domestic violence.
- b) Category: Neither flat nor conditional benefit.
- c) Timing: Effective from 31 March 2020, open-ended.
- d) Amount and duration/Range, duration and conditionality: Not applicable.
- e) Targeted population: Anyone who is the subject of a court eviction order, with the exception of perpetrators of domestic violence. There are no precise data, but an estimate can be made on the basis of previous years: in 2018, 6,700 enforcement orders were made to vacate residential premises; of these, 2,000 were enforcement orders under which the evicted person was not granted the right to social or replacement premises.
- f) Beneficiaries: There are no data.
- g) Novelty: New temporary measure.

2.6.2. Dopłata do czynszu (Rent subsidy)

- a) Short description of the measure: The basic form of financial support for rental costs in Poland is a housing allowance (*dodatek mieszkaniowy*). One of the solutions adopted during the epidemic has been the establishment of a temporary rent subsidy, which aims to reduce the cost of rental housing for people whose income has fallen during the pandemic.
- b) Category: Conditional benefit.
- c) Timing: The measure applied from January to March 2021.
- d) Range, duration and conditionality: The subsidy amounted to 75% of the rent, minus the amount of the housing allowance, but no more than PLN 1,500 (EUR 333) per month.
- e) Targeted population: All households that were entitled to housing allowance and whose income had fallen by at least 25% compared to 2019. Some 15% of tenants were entitled (a total of 147,200 tenants).
- f) Beneficiaries: There are no data.
- g) Novelty: New temporary measure.

2.6.3. Additional call for tenders for organisations helping the homeless

- a) Short description of the measure: Every year, the Ministry of Family and Social Policy issues a call for tenders for non-governmental organisations that support homeless people. The call for 2020 was announced in January of that year. A second – additional – call was issued with reference to the epidemic situation.
- b) Category: Neither flat nor conditional benefit.
- c) Timing: The additional call was issued in September 2020, and its results were announced on 6 November 2020.
- d) Targeted population: The programme addressed non-governmental organisations supporting the homeless.
- e) Beneficiaries: 32 NGOs (11% are local divisions of the St Brother Albert's Aid Society providing support for the homeless and 20% are diocesan Caritas).
- f) Novelty: This measure is not new; however, funding has been increased by 100%.

2.7. Leave for parents whose children are unable to attend school or a pre-school service by reason of COVID-19

2.7.1. *Dodatkowy zasiłek opiekuńczy* (Additional care allowance)

- a) Short description of the measure: The additional care allowance for parents was introduced from 12 March 2020, following the closure of the schools. The period during which the allowance was paid was extended until 28 June 2020 (end of the school year). Due to the closure of educational establishments from 9 November 2020, parents were again entitled to an additional care allowance. The benefit period was extended to 14 February 2021, but it is expected to be further extended during the period of school closures.

The parents of children aged up to 8 years were entitled to an additional care allowance equal to 80% of their salary, if the parent took personal care of the child in the event of:

- the COVID-19 related closure of a nursery, children's club, pre-school, school or other facility attended by the child;
- the facilities being unable to provide care, even if they were open, due to their limited functioning during the pandemic; or
- the inability of a nanny or a day caregiver to provide care, due to COVID-19.

Additional care allowance was also granted to the insured parents of children aged:

- up to 16 years, if they had a disability certificate;
- up to 18 years, if they had a severe or moderate disability certificate;
- up to 24 years, if they had a special education needs certificate.

This also applied to any parents or guardians of disabled adults who had to stop work in order to provide care when a facility attended by the adult disabled person had to close because of COVID-19 (i.e. a school, rehabilitation and educational centre, support centre, occupational therapy workshop or other day-care facility of a similar nature). Additional care allowance for people caring for an adult with disability was also payable if the facility was open, but could not provide care (e.g. due to a limit being imposed on the number of its charges).

- b) Category: Conditional benefit.
- c) Timing: From May 2020, during the closure of schools and pre-schools (until 23 May 2021).
- d) Range, duration and conditionality: 80% of individual salary, subject to social insurance contributions (or social insurance basis for the self-employed).

- e) Targeted population: The parents of children aged up to 8 years working in either the public or the private sector, including part-time workers, non-standard workers and the self-employed; or of disabled children aged up to 16, 18 or 24 years (depending on disability); and carers of adults with a disability.
- f) Beneficiaries: Between 9 March and 10 December 2020, there were 1.4 million claims for benefits, and the total amount of benefits paid out was PLN 949 million (EUR 210.89 million). According to estimates by the Social Insurance Institution, total spending on care benefits in 2020 increased by 270% compared to 2019. In money terms, the increase amounted to PLN 3.99 billion (EUR 886.67 million), of which PLN 3 billion (EUR 666.67 million) was related to COVID-19.
- g) Novelty: The care benefit existed previously, and could be used by parents whenever a child was sick; the novelty lay in the extension of the measure for the period of the school closure, and in the maximum number of days a year during which the care benefit could be received being waived.

2.8. Other important temporary social protection/inclusion measures adopted in the context of the pandemic, which do not fall in any of the categories listed in the previous sections

2.8.1. *Polski bon turystyczny* (Polish Tourist Voucher)

- a) Short description of the measure: The Polish Tourist Voucher is a form of support for Polish families and the tourism industry in connection with the difficult economic situation caused by the COVID-19 epidemic. Families with children aged up to 18 (or older, in the case of children with disabilities) can use the voucher to pay for hotel services or tourist events in Poland.
- b) Category: Flat benefit.
- c) Timing: September 2020–March 2022
- d) Amount and duration: PLN 500 (EUR 111) per child up to age 18; a child with disabilities is entitled to an additional voucher worth PLN 500 (EUR 111).
- e) Targeted population: Families eligible for the 500+ childcare allowance (universal child benefit paid to families with children aged up to 18 (or older in the case of children with disabilities)): in total, 6.5 million children.
- f) Beneficiaries: From 1 August 2020 until 31 December 2020, families activated more than 1.1 million vouchers (that is around a sixth of those eligible). By the end of 2020, 364,600 payments had been made.
- g) Novelty: A new measure introduced during the COVID-19 pandemic.

3 Social protection and inclusion responses to the crisis: overall assessment and possible gaps

This third section briefly considers three aspects: the expected cost of the social protection and inclusion measures put in place by the country (Section 3.1), the impact of these measures on the social protection system and on social inclusion policies (Section 3.2), and the possible remaining gaps in the social protection system and in social inclusion policies (Section 3.3). It concludes with a section (3.4) on debates and recommendations.

3.1 Expected cost of social protection and inclusion measures

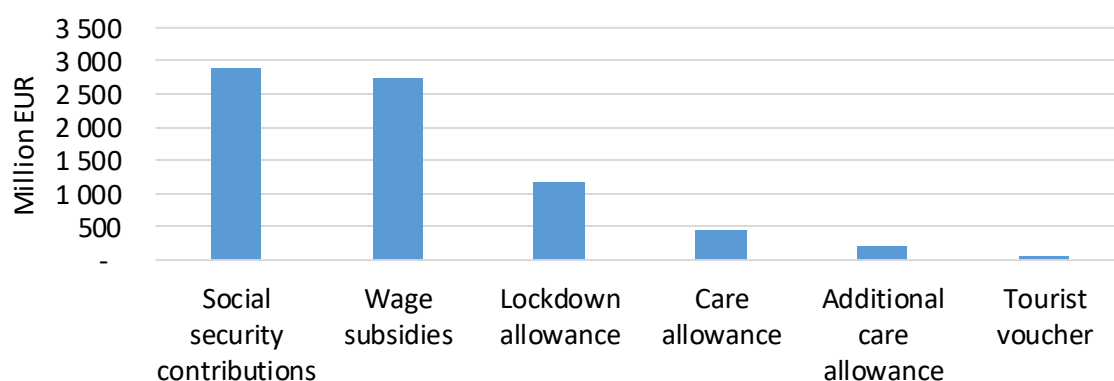
Total expenditure related to the Shield measures was initially estimated at PLN 312 billion (EUR 69.3 billion), which is equivalent to 13.7% of Poland's 2019 GDP. That includes the cost of the measures related to those relief programmes to protect jobs and companies that were introduced in response to the COVID-19 pandemic, which is put at PLN 212 billion (EUR 47.11 billion), or 9.3% of 2019 GDP. Out of this funding, PLN 30 billion (EUR 6.67 billion), or 1.3% of 2019 GDP, was devoted to support provided for employees, and PLN 74.2 billion (EUR 16.49 billion), or 3.3% of 2019 GDP, to financial support for companies. An additional PLN 100 billion (EUR 22.22 billion), or around 4.4% of 2019 GDP, was provided under the Financial Shield instruments.

The total support in the form of direct support for wages and the social protection benefits introduced in response to the COVID-19 pandemic was almost PLN 34 billion (EUR 7.54 billion), equivalent to 1.5% of 2019 GDP, with the bulk related to the exemption from social security contributions and the wage support (Figure 9).

In addition, the total amount of funding to help the homeless was PLN 5 million (EUR 1.1 million). The Ministry of Family and Social Policy has announced two additional calls for tenders under this programme: the first was for an additional amount of PLN 1.5 million (EUR 333.3 thousand) and the second was for PLN 5 million (EUR 1.1 million). Thirty-two organisations were selected to provide support, with funding of slightly over PLN 3 million (EUR 666,600).

At the same time, there have been additional increases in the social protection expenditure on regular benefits – increases that can be implicitly linked with the COVID-19 pandemic. Spending by the Labour Fund on unemployment benefits was estimated at PLN 1.5 billion (EUR 333.33 million) in 2020 (which is similar to 2019 expenditure), but this is expected to increase to PLN 3.6 billion (EUR 800 million) in 2021, due both to the expected increase in the number of unemployed once the existing Shield measures have run their course and to the increased amount of the unemployment benefit from September 2020.

Figure 9: Total support received in social protection and social inclusion measures related to COVID-19 instruments by end of 2020



Source: own estimates.

Detailed information on the expenditure on selected benefits is listed in Tables 5–8.

Table 5: Lockdown allowances – claims and benefits

Type of allowance	Number of benefits (thousand)	Total amount of benefits paid out (PLN/EUR)
Lockdown allowance for the self-employed (RSP-D)	1,196.4	PLN 1,847.18 million/EUR 410.48 million
Lockdown allowance for civil-law contracts for employers (RSP-C)	285.1	PLN 394.69 million/EUR 87.71 million
Lockdown allowance for civil-law contracts for contractors (RSP-CZ)	10.7	PLN 12.61 million/EUR 2.80 million
Lockdown allowance – continuation for self-employed (RSP-DK)	1,295.0	PLN 2,462.02 million/EUR 547.12 million
Lockdown allowance for civil-law contracts – continuation (RSP-CK)	338.9	PLN 545.12 million/EUR 121.14 million
Lockdown allowance (sectors) RSP-DB, RSP-DD	16.3	PLN 19.69 million/EUR 4.37 million

Source: ZUS (2021b)

Table 6: Exemption from social insurance contributions – claims and benefits

Type of exemption	Number of benefits (thousand)	Total amount of paid benefits (PLN/EUR)
Exemption from social security contributions (RDZ)	2,143.5	PLN 13,037.01 million/EUR 2,897.11 million
Exemption from social security contributions in selected sectors (RDZ-B)	13.7	PLN 77.87 million/EUR 17.30 million

Source: ZUS (2021b).

Table 7: Co-financing of wages and social insurance contributions by regional public employment services

Instrument from the Shield	Granted relief (PLN/EUR)	Number of companies	Number of employees
Reduction of working time	PLN 5,885.71 million/EUR 1,307.94 million	28,017	1,375,290
Co-financing of the wages of employees not subject to downtime	PLN 7,279.15 million/EUR 1,617.59 million	50,790	1,747,161
Co-financing of the wages of employees in selected economic sectors	PLN 1,448.79 million / EUR 321.95 million	41,625	303,432
Total	PLN 13,165.13 million/EUR 2,925.58 million	120,432	3,425,883

Source: Ministry of Development, Labour and Technology (accessed 13 July 2021)

Table 8: Co-financing of salaries and loans for self-employed granted by poviats public employment services

Instrument from the Shield	Granted relief (PLN/EUR)	Number of companies	Number of employees
Loans for self-employed	PLN 9,421.37 million/EUR 2,093.64	1,893,291	1,893,291
Co-financing of salaries from	PLN 4,887.30 million/EUR 1,086.07 million	185,768	1,479,685
Co-financing of self-employment activities	PLN 1,992.88 million/EUR 442.86 million	374,268	374,268
Co-financing salaries of employees in the NGOs	PLN 123.92 million/EUR 27.52 million	28,445	123,822,616
Total	PLN 19,212.00 million/EUR 4,269.33 million	563,989	1,882,398

Source: Ministry of Development, Labour and Technology (accessed 13 July 2021)

Apart from the expenditure on COVID-19 related measures, 'regular' spending also increased. This is visible in the case of spending on sickness by the Social Insurance Fund. Spending on sickness has been increasing in recent years, due mainly to the expansion of the entitlement to benefits, the increase in benefits following wage increases and the number of benefits paid. In 2016–2019, sickness-related benefits constituted about 50–51% of total sickness fund expenditure, while maternity benefits accounted for 37–39%. At the same time, the sickness fund contribution rate has been stable; thus, the growth in revenue has been smaller than the growth in expenditure. As a consequence of these tendencies, the sickness fund has been in deficit, as the contributory income covers about 60–68% of expenditure. In 2020, the deficit increased, and the contributory income covered only about 50% of expenditure. The main reason was the high uptake of benefits related to the COVID-19: sickness benefits and care benefits for parents (see Section 2.7). Estimated total sickness fund expenditure on cash benefits equalled PLN 28.17 billion (EUR 6.55 billion) in 2020 – an increase of 23.5% over 2019. Expenditure on sickness-related benefits grew by 15.2% between 2019 and 2020, amounting to PLN 13.26 billion (EUR 3.08 billion) (ZUS 2021a). Sickness benefits related to COVID-19 constituted 13.6% of this.

Finally, by the end of 2020 expenditure on the Polish Tourist Voucher had reached PLN 239 million (EUR 53.11 million).

3.2 Impact on the social protection system and on social inclusion policies

Most of the instruments introduced during the COVID-19 pandemic have been temporary in character. However, the take-up of certain benefits – in particular, the lockdown allowance – has revealed a gap in the social protection instruments for the self-employed and people employed on civil-law contracts, who cannot claim regular unemployment benefit. Therefore, it is likely that some kind of social protection measure for this group will remain even after the pandemic is over. However, there has been no such announcement or debate on this issue yet.

A permanent change that will remain is the increased unemployment benefit, with a substantial rise from September 2020.

3.3 Remaining gaps in the social protection system and social inclusion policies

The initial support provided during the COVID-19 pandemic covered mainly companies and their employees who could not undertake their jobs due to the lockdown measures or due to the financial difficulties faced by their employers or care obligations. Some support was also provided to people who became unemployed. However, the increased measures to support this group were introduced only in July 2020. The support provided to non-standard workers and the self-employed was smaller than that provided to standard workers. The lockdown allowance could be claimed up to five times, while regular workers were covered by both the co-financing of wages and social insurance contributions; they could also claim unemployment benefit. Yet, it should be noted that the lockdown allowance was a novelty, as civil-law contract workers did not have access to any social benefits (if they were not covered by social insurance).

The measures in response to the pandemic were introduced ad hoc, as the various stages of the Anti-Crisis Shield programme took effect. This concerns particularly measures taken during the second wave of the pandemic and targeted at selected sectors of the economy. Many companies have complained that although their businesses had suffered during the pandemic, they were not covered by the support, as it was restricted to selected sectors of the economy.

Above all, the pandemic exposed the weaknesses of the long-term care system – particularly in residential care, where staff shortages, the employment of nurses and carers in several different facilities and a lack of procedure contributed to the spread of infections in the first months of the pandemic. Less attention has been given to home care and support for the carers of people with dependencies and disabilities. In the event of isolation, quarantine or hospitalisation of the carer, dependent or disabled people often lacked organised support measures. They had to rely on family (or social assistance, if it became aware of the situation). Respite care programmes or programmes to stimulate increase in access to care services have been launched only in recent years, and it is still the case that many local communities have not developed this form of care.

Overall, the pandemic crisis revealed that the public administration was not ready to deal with the consequences of a crisis. Successive stages of the Anti-Crisis Shields were introduced hastily, in response to the emerging issues (e.g. following protests by entrepreneurs in specific sectors of industry affected by the COVID-19 pandemic, who were not covered by the Anti-Crisis Shield), and amended to paper over the cracks identified. This is another lesson for the future: such anti-crisis scenarios should form part of regular government policy.

3.4 Debates and recommendations

Those government policies introduced during the COVID-19 crisis are subject to monitoring by the social partners. The Lewiatan Confederation (member of Business Europe) presented a report – ‘Impulse for Poland 2020–2022’ (Lewiatan, 2020) – in which it set out over 50 recommendations aiming at combating the crisis and increasing economic growth. In October 2020, it also presented a list of 10 recommendations to alleviate the adverse consequences of the COVID-19 pandemic.⁸

It underlined the fact that the escalation of the COVID-19 pandemic necessitated change in the crisis management system: it needed to look for extraordinary solutions, making use of all the available resources, cooperating with local governments, tapping into expert knowledge available on the market and building a consensus on the solutions to be adopted and their effectiveness. Social trust, effective and reliable communication, and a clear conviction that the government is in control of the situation and has plotted

⁸ http://konfederacjalewiatan.pl/aktualnosci/2020/1/_files/2020_10/10_rekomendacji_Lewiatana_03.pdf

appropriate scenarios depending on subsequent events – all that is key to the success of the actions taken. Decisions limiting the functioning of companies should be made on the basis of verified data and considering all the health, social and economic effects.

According to the report's assessment, most companies are well prepared for the second wave of the pandemic. It has been in their own interests for them to learn to protect employees and customers, and economic activity is only extremely rarely a source of pandemic outbreaks. The report's authors underlined the fact that overcoming threats requires the mobilisation and cooperation of all stakeholders, and above all, rational and coordinated actions, as well as the effective use of tools and means to solve the most important problems. They call for:

- an improvement in employment conditions and employer–employee relations in the special conditions caused by the COVID-19 pandemic;
- an improvement in the functioning of the sanitary services;
- an increase in the capacity of the healthcare system;
- an improvement in the effectiveness of infection prevention; and
- more testing and greater use of coronavirus testing.

The trade unions have also voiced their opinions on the successive Anti-Crisis Shields, criticising a few of the measures adopted in 2020.⁹ These included the role of employers and employees in the process of reducing wages during the downtime. The anti-crisis regulations allowed an employee's remuneration to be unilaterally (by the employer) cut to 50% of its normal amount. The employer can introduce downtime suddenly and is not obliged to obtain the employee's consent: an agreement concluded with the workforce representatives is sufficient – and that may be a fiction in many micro and medium-sized enterprises. The priority was to support employers, and only minimal conditions were imposed on them before they could receive a financial subsidy. Assistance for the unemployed was initially low and the reaction in this area was delayed (increased support was provided only from June). The conditions limiting the availability of unemployment benefit and social assistance for the unemployed did not change. This means that the availability of social protection measures targeted at the unemployed was limited in the COVID-19 situation (Ilnicki 2020).

Another area of concern is healthcare. In principle, the healthcare services cover only those people with health insurance; those who do not are treated only if their lives are at risk. In the case of COVID-19, this issue was addressed by extending coverage to the entire population, regardless of their health insurance contribution history. Finally, a permanent extension of coverage to the whole population should be considered for all types of care. That would address the problem of the increased flexibility of employment, where health insurance contributions are not paid for selected types of contracts. The first step toward covering all types of contracts with insurance has been taken by the Social Security Institution, which since 1 January 2021 has placed an obligation on employers to register all civil-law specific-task contracts (*umowa o dzieło*).

In summary, the policies introduced did help to some extent in reducing the social impact of the measures to deal with COVID-19 in Poland. However, the full social consequences of the lockdown and of social distancing are only expected to emerge once the new and temporary support provided under the Anti-Crisis Shield measures expires.

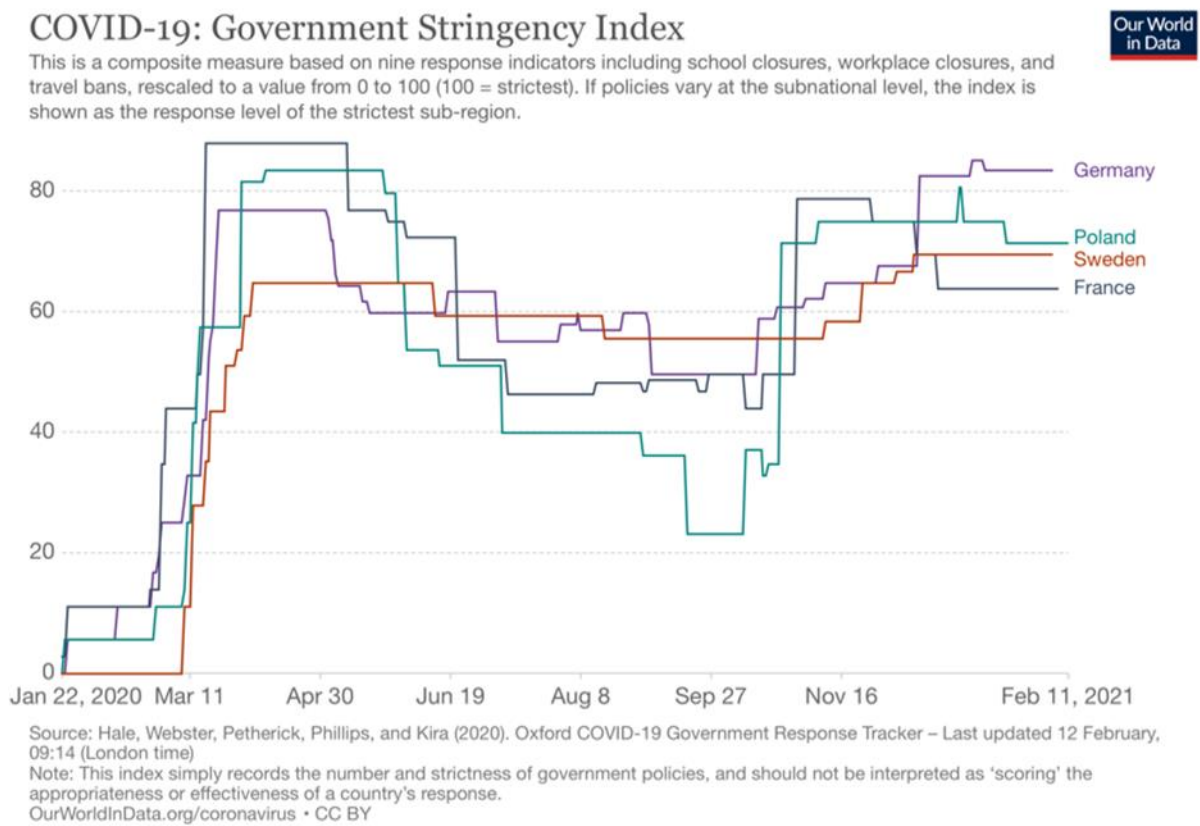
⁹ *Tarcza Antykryzysowa 4.0. to kolejny zbiór antypracowniczych rozwiązań*, <https://www.opzz.org.pl/aktualnosci/kraj/tarcza-antykryzysowa-4-0-to-kolejny-zbior-antypracowniczych-rozwiazan>

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Annex A

Figure A1: Government Stringency Index in Poland, compared to Germany, Sweden and France



Source: Our World in Data.

Table A1: Lockdown allowances

Type of allowance	Beneficiaries	Conditions	Number of possible claims	Value of the benefit
Lockdown allowance	Self-employed	There was a break in activity due to COVID-19, the contract was signed before 1 April 2020, the revenue in the month before the benefit claim was lower than 300% of the average wage, there is no other claim on social insurance.	1	PLN 2,080 (EUR 462) (for VAT payers) PLN 1,300 (EUR 289) for self-employed exempt from VAT payment
Lockdown allowance (continuation) – RSP DK From 7 May 2020	Self-employed	Beneficiaries claimed the regular lockdown allowance, their financial situation did not improve, the benefit can also be received in the month following the month in which the first benefit was received.	2	PLN 2,080 (EUR 462) or PLN 1,300 (EUR 289) (the same as the first benefit)
Lockdown allowance (regular) – RSP C or RSP CZ From 1 April 2020 and renewed from 25 July	People working on a civil-law contract or people who have hired a civil-law contract worker.	There was a break of activity due to COVID-19, the contract was signed before 1 April 2020, the revenue in the month before the benefit claim was lower than 300% of the average wage, there is no other claim on social insurance.	1	PLN 2,080 (EUR 462) or total sum of income from the contracts (if the income was up to PLN 1,299.99 (EUR 289))
Lockdown allowance (continuation) – RSP CK From 7 May 2020	People working on a civil-law contract.	Beneficiaries claimed the regular lockdown allowance, their financial situation did not improve, the benefit can also be received in the month following the month in which the first benefit was received.	2	The same as the first benefit
Lockdown allowance (sectors) – RSP DB From 15 October 2020	Self-employed working as guides or trip pilots	Activity started before 1 April 2020, there was a break in activity due to COVID-19, there is no other claim for social insurance coverage.	1	PLN 2,080 (EUR 462)
Lockdown allowance (sectors) 0 RSP DB	Self-employed working as tourist agents	There was a break in activity due to COVID-19, there is no other claim for social insurance coverage, the activity was suspended after 31 August 2019, the activity is seasonal and was performed for up to 9 months in 2019.	1	PLN 2,080 (EUR 462)
Lockdown allowance (sectors – continuation) RSP DK	Self-employed working as guides, trip pilots or tourist agents	The financial situation did not improve since claiming the initial benefit, the benefit can also be received in the month following the month in which the first benefit was received.	2	PLN 2,080 (EUR 462)
Additional lockdown allowance (sectors) – RSP DD	Self-employed working in passenger transport, as tourist agents, artists and performers, recreational activity, hotels, sport facilities, tourist organisers	The revenue from the activity in the previous month is at least 75% lower than in the same month of 2019, previously the regular lockdown allowance was claimed.	1	PLN 2,080 (EUR 462) or PLN 1,300 (EUR 289) (the same as the first benefit)

Type of allowance	Beneficiaries	Conditions	Number of possible claims	Value of the benefit
Additional lockdown allowance (sector – continuation) – RSP DD	Self-employed working in passenger transport, as tourist agents, artists and performers, recreational activity, hotels, sport facilities, tourist organisers	The financial situation did not improve since claiming the initial benefit.	2	PLN 2,080 (EUR 462) or PLN 1,300 (EUR 289) (the same as the first benefit)
One time lockdown allowance for self-employed – RSP DD6	Self-employed working in selected sectors, including: retail sales of clothes, shoes, food, drinks and tobacco products on market stalls, passenger transport, restaurants and gastronomic activity, film production and distribution, renting sports equipment, photographers, organisation of fairs, exhibitions and concerts, sports activities, physiotherapists and paramedics, artistic education, driving lessons, foreign language teaching, spa activities, amusement parks, dry cleaning	As of 30 September 2020, the main activity belonged to the selected branches, the revenue from the activity in October or November 2020 was at least 40% lower than in the same month of 2019, there was a slowdown in economic activity due to COVID-19, the regular lockdown allowance was claimed before.	1	PLN 2,080 (EUR 462) or PLN 1,300 (EUR 289) (the same as the first benefit)
One-time lockdown allowance for civil-law contracts – RSP DD6	People working on a civil-law contract	There was revenue from a civil-law contract signed before 15 December 2020 due to conducting artist activity, technical activity supporting audio-visual production or artistic events, architectural activities, including interior design and landscaping, services for museums. The revenue in the month before the benefit claim was less than 300% of the average wage, there is no other claim for social insurance.	1	PLN 2,080 (EUR 462) or if the total revenue was below PLN 1,300 (EUR 289) the benefit is equal to the total revenue
Repeated lockdown allowance – one-time benefit – RSP DD7	Self-employed working in selected sectors, including: retail sales of clothes, shoes, food, drinks and tobacco products on market stalls	There is a slowdown in the activity due to the COVID-19, there was a 40% decline in the revenue in 1 of the 2 months preceding the benefit claim compared to the same month in 2019, there is no other claim for social insurance coverage, the regular lockdown allowance was claimed before.	1	PLN 2,080 (EUR 462) or PLN 1,300 (EUR 289) (the same as the first benefit)
Repeated lockdown allowance – maximum two times benefit – RSP DD7	Self-employed working in selected sectors, including clothes and shoe sales	There is a slowdown in the activity due to the COVID-19, there was a 40% decline in revenue in 1 of the 2 months preceding the benefit claim, compared to the same month in 2019, there is no other claim for social insurance coverage, the	2	PLN 2,080 (EUR 462) or PLN 1,300 (EUR 289) (the same as the first benefit)

Type of allowance	Beneficiaries	Conditions	Number of possible claims	Value of the benefit
		regular lockdown allowance was claimed before.		
Repeated lockdown allowance – maximum four times benefit – RSP DD7	Self-employed working in sectors related to the activity of museums	There is a slowdown in activity due to the COVID-19, there was a 40% decline in revenue in 1 of the 2 months preceding the benefit claim, compared to the same month in 2019, there is no other claim for social insurance coverage, the regular lockdown allowance was claimed before.	4	PLN 2,080 (EUR 462) or PLN 1,300 (EUR 289) (the same as the first benefit)
Repeated lockdown allowance – maximum five times benefit – RSP DD7	Self-employed working in selected sectors, including: passenger transport, hotels, restaurants and gastronomic activity, film production and distribution, renting sports equipment, photographers, organisation of fairs, exhibitions and concerts, sports activities, physiotherapists and paramedics, artistic education, driving lessons, foreign language teaching, spa activities, amusement parks, dry cleaning.	There is a slowdown in activity due to COVID-19, there was a 40% decline in revenue in 1 of the 2 months preceding the benefit claim, compared to the same month in 2019, there is no other claim for social insurance coverage, the regular lockdown allowance was claimed before.	5	PLN 2,080 (EUR 462) or PLN 1,300 (EUR 289) (the same as the first benefit)

Source: own elaboration based on Social Insurance Institution information.

Table A2: Exemption from social insurance contributions

Type of support	Beneficiaries	Conditions	Number of possible claims	Value of the support
Exemption from social insurance contributions in July–September 2020 – RDZ B	Contribution payers (employers) who conducted their activity in the following sectors: film production and distribution, music production, architecture, organisation of tourism, artistic and cultural activity, sports activity	Contribution payers registered before 30 June 2020, the revenue from the conducted activity was at least 75% lower than the revenue in the same month of 2019, all social insurance declarations were submitted before 31 October 2020, the exemption is claimed before 15 March 2021.	1 – for July 2020 1 – for August 2020 1 – for September 2020	Due contributions for social insurance, health insurance, Labour Fund, Employee Benefit Guarantee Fund, Solidarity Fund and Bridging Pensions Fund for July–August 2020; in the case of self-employed – the minimum required contribution
Exemption from social insurance contributions in July–September 2020 – RDZ M	Contribution payers who provide services to museums or run a museum, which is not a public cultural institution, with the process of organising the museum completed and the museum entered into the museum register	Contribution payers who were registered before 30 June 2020, the revenue from the conducted activity was at least 75% lower than the revenue in the same month of 2019, all social insurance declarations were submitted before 31 October 2020, the exemption is claimed before 15 March 2021.	1 – for July 2020 1 – for August 2020 1 – for September 2020	Due contributions for social insurance, health insurance, Labour Fund, Employee Benefit Guarantee Fund, Solidarity Fund and Bridging Pensions Fund for July–August 2020; in the case of self-employed – the minimum required contribution
Exemption from social insurance contributions in January 2021 – RDZ-B7	Contribution payers who on 30 November 2020 conducted activities in selected sectors, including: retail sales of clothes, shoes, food, drinks and tobacco products on market stalls	Contribution payers who were registered before 30 November 2020, the revenue from the conducted activity was at least 40% lower than the revenue in the same month of 2019, all social insurance declarations were submitted before 28 February 2021, the exemption is claimed before 31 March 2021.	1 – for January 2021	Due contributions for social insurance, health insurance, Labour Fund, Employee Benefit Guarantee Fund, Solidarity Fund and Bridging Pensions Fund for January 2021; in the case of self-employed – the minimum required contribution
Exemption from social insurance contributions in December 2020 and January 2021 – RDZ-B7	Contribution payers who on 30 November 2020 conducted activities in selected sectors, including: taxi drivers and other passenger transport, services supporting aviation transport, hotels and inns, camping fields, restaurants and gastronomic activity, film production and distribution, renting sports equipment, photographers,	Contribution payers who were registered before 30 November 2020, the revenue from the conducted activity was at least 40% lower than the revenue in the same month of 2019, all social insurance declarations were submitted before 28 February 2021, the exemption is claimed before 31 March 2021.	1 – for December 2020 1 – for January 2021	Due contributions for social insurance, health insurance, Labour Fund, Employee Benefit Guarantee Fund, Solidarity Fund and Bridging Pensions Fund for December 2020 and January 2021; in the case of self-employed – the minimum required

Type of support	Beneficiaries	Conditions	Number of possible claims	Value of the support
	organisation of fairs, exhibitions and concerts, sports activities, physiotherapists and paramedics, artistic education, driving lessons, foreign language teaching, spa activities, amusement parks, dry cleaning			contribution
Exemption from paying contributions for people hired on a civil-law contract - RZN	People working on a civil-law contract in the period 1 January 2021 to 31 March 2021	The contract was signed between January and March 2021, the area of the contract includes: artistic activity, technical activity supporting artistic production, services in the area of architecture, interior design and landscaping, services for museums. Total revenue from the contract does not exceed 100% of the average wage in the 4th quarter of 2020, the person is not covered by any other claim on social insurance.	For all civil-law service contracts	Exemption from contributions due between 1 January 2021 and 30 April 2021 for all civil-law contracts up to 100% of average wage

Source: own elaboration based on Social Insurance Institution information.

Table A3: Relief on social insurance contributions payment

Type of support	Beneficiaries	Conditions	Number of possible claims	Value of the support
Application for a deferral or to spread the contributions over instalments without the prolongation fee – RDU	All contribution payers	Contribution payers Contributions due from January 2020	Depending on the situation	No limit
Application for waiver of interest on arrears	Depending on the situation	Contribution payers Contributions due from January 2020	Depending on the situation	No limit
Application for reimbursement of contribution paid unnecessarily	Upon receipt of the information about the cancellation of contributions for a given settlement period	For those who have no arrears, but there is has been overpayment	Depending on the situation	Amount decided based on the account status on the day of reimbursement

Source: own elaboration based on Social Insurance Institution information.

Annex B: Additional policy measures

Annex B1: Reorganisation of medical care

Short description of the measure: Coverage and access to regular medical services not related to COVID-19 did not change in law, but medical care was reorganised due to the provision of COVID-19 treatment and the introduction of social distancing. Primary care largely shifted to remote care. Only services that could not be provided via telephone were provided face to face. In March–April 2020, during the first lockdown, most secondary care services were postponed. Furthermore, either telecare was introduced, or services were provided under a strict sanitary regime (masks, gloves, etc.). A dedicated network of hospitals treating only COVID-19 patients was established. The network comprised infectious-disease hospitals and other selected hospitals, to ensure adequate geographical coverage in access to COVID-19 treatment. In summer 2020, when the daily number of infections was moderate, some of these hospitals began to provide regular medical services, unrelated to COVID-19, though this was reversed when the number of daily infections began to increase sharply in October 2020. In the autumn, a network of hospitals was redesigned: nine hospitals were dedicated to the treatment of COVID-19 patients who were severely ill and had multi-morbidity. COVID-19 hospital departments were introduced in regular hospitals. Additionally, several temporary hospitals were organised in large cities. In early 2021, most hospital services were being provided on a regular basis, though long waiting times – which were a weakness of the Polish healthcare system even before the pandemic – are reported.

- Targeted population: the whole population: uninsured in case of COVID-19 treatment and insured in case of other types of treatment.
- Timing: since March 2020, further reorganisation of hospital care in September–November 2020.
- Novelty: increasing access to intensive care for COVID-19 patients, while aiming at sustaining care in other medical services.

Number of recipients: The number of recipients of medical services is not published, but it is perceived as decreasing. Although the system of telecare consultations was introduced back in March 2020, the lockdown and partial or temporary suspension of medical activities in primary and specialist care units, the reorganisation of hospital care and fear of coronavirus infection have all contributed to the postponement or abandonment of medical services, particularly in the first months of the pandemic. Problems involving a fall in the utilisation of primary and specialist care were reported by the media and monitored by the Ministry of Health. Decreased access to publicly provided specialist care has contributed to the exodus of patients to private healthcare. One example of the limitations in care provision is to be found in oncology. Access to preliminary oncological diagnosis for a DiLO (oncological diagnostic and treatment) card is reported to have fallen by 31% between March and May 2020; access to extended diagnostic procedures – by 25%; and oncological treatment by 19% compared to the same period of 2019 (Maluchnik, Podwójcic and Więckowska 2020). A decline in oncological diagnosis was observed mostly in primary and secondary care, rather than in hospitals. Within the network of hospitals, some 10,000 hospital beds were given over to COVID-19 treatment. At the same time, average waiting times monitored by the National Health Fund decreased for most types of treatment in 2020 (except for oncology and rehabilitation).

The death rate and excess mortality was particularly high, with a peak in October–November 2020. The number of deaths increased from 418,100 in 2019 to 485,200 in 2020. Excess mortality – defined as mortality beyond what is expected due to demographic trends – is put at 62,000 (MZ 2021). Excess mortality was observed predominantly (94%) in the older population: those aged 61–80 and 80+. In October and December 2020, the number of deaths in those two age groups rose by 50%, and in

November it doubled compared to 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 of 2019. Almost half (43%) of the excess mortality involved deaths directly attributable to COVID-19, while 27% were people who died with the virus diagnosed, but from some other cause. And 30% of excess mortality was reported among people without a COVID-19 diagnosis.

Annex B2: COVID-19 vaccinations

Short description of the measure: Access to COVID-19 vaccinations was organised in priority groups, depending on the risk of infection and the risk of death/complications in the event of contracting the disease. Vaccinations were made accessible first and foremost for medical and care personnel, medical students and academic teachers in medical faculties, the parents of infants born prematurely and pharmacists (so-called 'group 0'). Following those, vaccinations were offered to elderly people (70+) and older residents of welfare homes and nursing facilities (60+), people with certain long-term chronic conditions, teachers, kindergarten assistants and nursery carers, academic teachers and the uniformed services (police and armed forces) (so-called 'group 1').⁴ Other residents, not in above groups, may state their readiness to receive the vaccine and will be contacted by medical units when the vaccinations are available for general use.

- Targeted population: Eventually the whole population. Priority groups: medical and care staff, older people, teachers.
- Timing: Since December 2020
- Novelty: Nation-wide provision of vaccinations, introduction of quick online and telephone registration system.
- Estimated number of eligible people: The entire population of around 38 million.
- Number of recipients: See Section 1.

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