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Inwestycje w ochronie zdrowia z wykorzystaniem funduszy unijnych

Investments in health care with the use of EU funds

Streszczenie

Wstęp. Istotnym elementem zwiększenia bezpieczeństwa zdrowotnego obywateli jest poprawa infrastruktury ochrony zdrowia, standardu wyposażenia w sprzęt medyczny oraz skuteczności działań w stanach zagrożenia zdrowotnego. Dużym wsparcie dla systemu ochrony zdrowia okazały się środki finansowe pochodzące z funduszy Unii Europejskiej. Szczególnie ważnym programem o zasięgu ogólnokrajowym był Program Operacyjny Infrastruktura i Środowisko w ramach którego jeden z priorytetów był bezpośrednio skierowany na wzmocnienie bezpieczeństwa zdrowotnego i poprawę efektywności systemu ochrony zdrowia w obszarze inwestycji w zakłady opieki zdrowotnej o znaczeniu ponadregionalnym, jak również dla szeroko pojętego ratownictwa medycznego.

Cel. Celem pracy była identyfikacja i analiza wsparcia inwestycji w ochronie zdrowia oraz ich zobrazowanie na terenie kraju, uzyskanych dzięki dofinansowaniu z funduszy unijnych pochodzących z Programu Operacyjnego Infrastruktura i Środowisko, priorytetu XII pn. ,,Bezpieczeństwo zdrowotne i poprawa efektywności systemu ochrony zdrowia''.

Materiał i metody. Materiał badawczy stanowiły dane pochodzące z Krajowego Systemu Informatycznego Ministerstwa Rozwoju Regionalnego, sprawozdania z realizacji Programu Operacyjnego Infrastruktura i Środowisko, dane Ministerstwa Zdrowia, dostępne raporty, analizy i badania ewaluacyjne oraz literatura przedmiotu.

Wyniki. W ramach rozwoju ratownictwa medycznego zakupiono 346 ambulansów, utworzono bądź przebudowo 52 Szpitalne Oddziały Ratunkowe oraz 66 lądowisk dla śmigłowców ratunkowych. Dla leczenia ciężkich obrażeń poszkodowanych utworzono 13 centrów urazowych dla dorosłych. Ponadto zakupiono 13 170 szt. sprzętu i aparatury medycznej oraz rozbudowano bądź wyremontowano 56 obiektów podmiotów leczniczych o znaczeniu ponadregionalnym.

Wnioski. Fundusze unijne przyczyniły się do wzrostu bezpieczeństwa pacjenta wymagającego udzielenia pomocy w stanie nagłego zagrożenia życia oraz zapewniły możliwość podniesienia jakości opieki nad pacjentem wymagającym specjalistycznego sprzętu i aparatury medycznej, a także zwiększyły dostępności do wysokospecjalistycznych procedur medycznych.

Słowa kluczowe: fundusze unijne, ratownictwo medyczne, infrastruktura ochrony zdrowia.

Abstract

Introduction. An important element in increasing citizens' health security is to improve the health infrastructure, the standard of medical equipment and the effectiveness in health emergency. Financial resources from the EU funds turned out to be great support for the health care system. Especially important was the nationwide program Operational Programme Infrastructure and Environment in which one of the priorities directly aimed at strengthening health security and improving the efficiency of the healthcare system in the area of investment in the health care of supraregional importance, as well as for the broadly understood medical emergency services.

Aim. The aim of this study was to identify and analyze the support for investment in health care and their representation of in the country, resulting from the co-financing from the EU funds from the Operational Programme Infrastructure and Environment (OPIE), Priority 12 called "Health safety and improving the efficiency of the health care system"

Material and methods. Research material consisted of data from the National Information System of the Ministry of Regional Development, a report on the implementation of the Operational Programme Infrastructure and Environment the data of Ministry of Health, available reports, analyses and evaluation studies, and subject literature.

Results. As part of the development of emergency medical services 346 ambulances were purchased, 52 hospital emergency wards and 66 landing sites for rescue helicopters were created or rebuilt. For the treatment of victims with severe injuries, 13 trauma centers for adults were created. In addition, there were purchased 13 170 pieces of equipment and medical apparatus, and 56 treatment facilities of supraregional importance were expanded or renovated.

Conclusions. EU funds contributed to the improvement of services for patients requiring the assistance in sudden life-threatening conditions and provided the possibility of improving the quality of patient care requiring specialized equipment and medical apparatus, as well as increased the access to highly specialized medical procedures.

Keywords: EU funds, emergency medical services, health care infrastructure.

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INTRODUCTION

The foundation of the health care system is to reduce morbidity and premature mortality of society through actions aimed at equality in access to health services, stimulating the development of this sector and prophylactic and preventive measures [1]. The support of efforts aimed at protection of public health is undertaking them on the level of the European Union (EU), which would complement the activities of the Member States, while respecting their expertise in the organization and delivery of health care services. European health strategy aims to ensure patient safety and high quality care, and protection against workplace hazards, accidents at work and occupational diseases [2]. The implementation of this objective falls within responsibilities of EU member states It is possible thanks to the support of EU funds, which are intended to help reduce such disparities, among others, in health care system between the EU countries. EU funds are instruments of EU structural policy, and their task is to support the restructuring and modernization of the economies of the EU [3].

AIM

One of the key areas in which the allocation of EU funds is made is health care. EU funding for the health sector is a non-refundable aid aimed at solving the problems of health care infrastructure, training of health care personnel, and improving the standards and quality of treatment. This support is aimed at beneficiaries, such as public and private health care facilities. Projects are selected for funding on an individual, competitive and system basis. The value of subsidies from the EU funds reaches 85% of the investment value; the remaining part is supplemented by national contribution, which is covered from own funds of the entity applying for a grant. A special program supporting investments in health care nationwide is Operational Programme Infrastructure and Environment (OPIE). The purpose of this program is to improve the investment attractiveness of Poland and its regions through the development of technical infrastructure while protecting and improving the environment, health, cultural identity and developing territorial cohesion [4]. The total amount of funds involved in the OPIE for 2007-2013 is 28.34 billion EUR [5]. Distribution of EU funds available under the OPIE between various sectors is presented in Figure 1.

MATERIAL AND METHODS

Within OPIE there are implemented 15 Priorities, including priority 12 devoted to health care „Health safety and improving the efficiency of the healthcare system", to which the further part of the discussion will be devoted. Under Priority 12, the funding from the European Regional Development Fund (ERDF) amounts to 396 million EUR, which represents 7% of the ERDF allocation under the program, and 1% of the total allocation of Community funds in the OPIE [6]. It should be emphasized here that the final amount of funds for the implementation of this priority may be higher, due to the transfer of unused funds from other priorities, and 5% of the reserve provided for this priority. The main objective of the Priority 12 is to support good health condition of working population. As part of this funding support is focused on projects contributing to ensure the provision of health services at a high level, based on the standards in force in the EU. Implementation of this priority aims to reduce the mortality rate and the effects of complications arising from accidents and other emergency health risks and increase the availability and quality of specialized and highly specialized medical services. Priority 12 has been divided into two measures: 12.1 called The development of the EMS system; 12.2 called Investments in health care infrastructure of supra regional importance. [7] Distribution of funds for the measure 12.1 is 58% of the allocation within the Priority 12, and 42% for the measure 12.2, respectively. The distribution of funds between these measures is shown in Figure 2. Implementation of projects for these measures will affect the extension of the so-called "healthy years of life", and will contribute to increase in the quality of health services provided both in the field of emergency medical services, as well as highly specialized medical services, including the diagnosis and early detection of diseases, ensuring equal access to health care services and reducing health inequalities. All of this will allow the health care system to adapt to current demographic, epidemiological trends, and the pro-

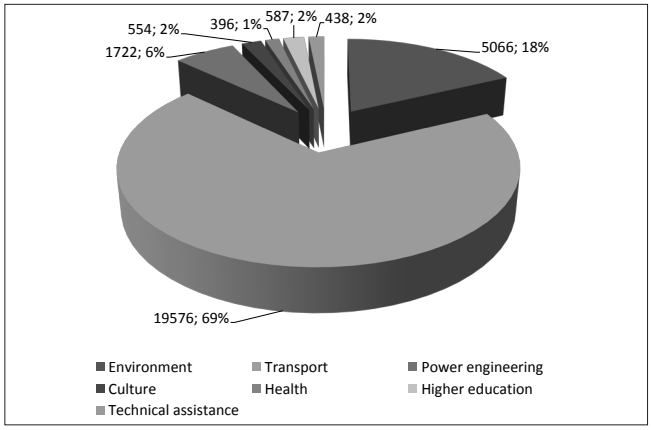

FIGURE 1. Allocations for Infrastructure and Environment Programme (figures in millions of EUR).

Source: Priority 12. Health safety and improvement of the efficiency of the healthcare system. Ministry of Health, Department of European Funds. Warsaw; 2009. p.2.

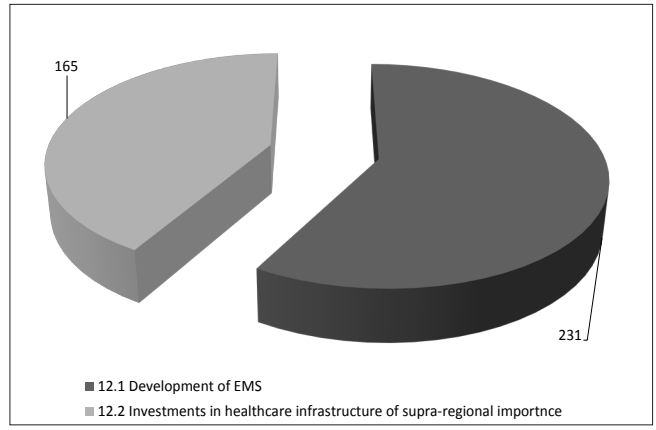

FIGURE 2. Allocation distribution covered by Priority 12 – (figures in millions of EUR).

Source: Annual Report on the implementation of the Operational Programme Infrastructure and Environment 2011, www.mrr.gov.pl.

cesses of globalization, while at the same time to use innovative solutions and technologies.

The considerations in this paper will focus on discussing the support received by health care entities which have signed contracts for implementation of projects (the analysis includes the projects which are completed and in progress) throughout the country and will cover the largest possible population of people. They are aligned with the strategic documents and current EU priorities, as of the date 30.06.2012.

RESULTS

Measure 12.1 called: Development of the EMS system aims to build an integrated system of emergency medical services, which is to include all those emergency system entities, having a common communications network, emergency procedures and medical equipment in order to maintain the "golden hour" principle and dislocation of medical rescue teams. All of this is planned in order to ensure a person in life threatening situation opportunities of immediate arrival at the scene of the appropriate emergency service. At the end of 2011 [8] in the framework of this measure 12.1 there were purchased 346 health specialist transport ambulances within 140 contracts signed by 128 units of the system, most from the provinces of Silesia, Wielkopolska, Lublin and Lower Silesia in the total amount of 124 291 934.00 PLN. A detailed list of ambulances purchased by voivodeships is included in Table 1.

TABLE 1. The ambulances purchased in individual provinces.

No.	Province	Number of signed contracts for funding	The number of purchased ambulances
1	Dolnośląskie	7	31
2	Kujawsko-pomorskie	14	26
3	Lubelskie	9	33
4	Lubuskie	5	8
5	Łódzkie	10	18
6	Małopolskie	10	19
7	Mazowieckie	7	28
8	Opolskie	6	15
9	Podkarpackie	7	10
10	Podlaskie	3	11
11	Pomorskie	13	24
12	Śląskie	12	43
13	Świętokrzyskie	4	18
14	Warmińsko-mazurskie	10	13
15	Wielkopolskie	20	34
16	Zachodniopomorskie	3	15
	Total	140	346

Source: "Analysis of the effects of support in Priority 12 OPIE and diagnosis of investment needs in the health sector" CASE – Advisors LLc. Warsaw, as of 28.12.2011. p.68.

These ambulances are equipped with specialized equipment and medical apparatus to effectively use them to perform medical rescue operations. At the same time such an increased number of ambulances resulted in the greater efficiency of Medical Emergency Teams (EMT). It influenced shortening of the time of reaching the scene by the EMT units in an urban area of more than 10 thousand residents by about 36 seconds and outside the city – by about 55 seconds as compared to 2007-2009 [9]. However, to ensure the efficient and effective rescue operations immediately after transporting the victim, it is necessary to take immediate diagnostic actions and treatment in the hospital emergency department (HED). The hospital emergency department constitutes the base of all health care systems. The actions taken there, contribute to the reduction of prehospital mortality rate. Therefore, as a measure of the action, there were created or rebuilt 52 emergency departments, including many in the province of Lower Silesia, Lublin and Podlasie, Wielkopolska. Location of hospital emergency departments, broken down by provinces is shown in Figure 3. All of this has contributed to improving the quality and accessibility of the EMS system in Poland.

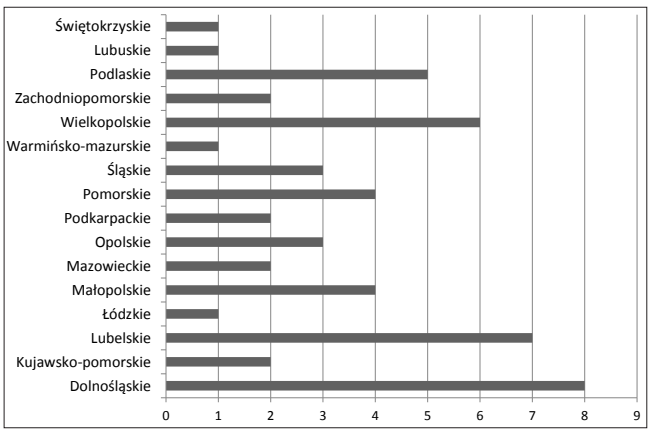

FIGURE 3. Number of new or rebuilt Hospital Emergency Departments in the provinces.

Source: own study based on data from the Ministry of Regional Development of the National Information System as of 30.06.2012.

Increasing cases of victims with severe injuries clearly highlighted the need for further development of the State Emergency Medicine (SEM). The idea was primarily to ensure the continuity of the optimal and competent diagnostic and therapeutic procedures, including immediate highly specialized aid, to those with multiple organ injuries in one accredited center. The result was the establishment in 2009 of trauma centers [10], which are co-operating with the SEM system. With the support of EU funds, there were created 13 trauma centers in Lubuskie, Warmia and Mazury, Lodz, Podkarpackie Kujawsko-Pomorskie, Podlaskie, Pomerania, Silesia, Masovia, Małopolska, Lublin, Wielkopolska, Silesia [11]. Trauma centers provide the health services to population of not less than 1 million inhabitants, living in an area that allows for reaching the scene from the center within 1.5 hours [12]. At the same time for strengthening the SME system throughout the country, the Ministry of Internal Affairs has been implementing a project for the construction and equipping of Regional Emergency Communication Centers (RECC) for a total value of 72 619 141.00 PLN, which is to be completed by 31.12.2013. RECC is a unit coordinating all the units in the province conducting rescue operations. The idea of RECC is to create a structure, providing the increase in organizational effectiveness of the system units and implementation of the procedures for circulation of information on events and procedures, coordination of emer-

gency medical services. In order to implement emergency notification system tasks RECCs have a base knowledge of the rescue services in the region, including their resources, training and operational readiness to participate in the performance of rescue operations. It also supports emergency calls routed to the emergency number 112 from across the region, in particular the Emergency Communication Centers (ECC) and ensures the exchange of information in real time between the medical coordinator of emergency medical dispatchers of State Fire Service (SFS) and ECC [13]. In support of SME system, the important task was to increase the effectiveness of hospital emergency wards and the trauma centers. Here, first step was to build or modernize helidecks of Air Medical Rescue Teams (AMRT). Support of EU funds allowed for the creation of 66 landing sites [10], which are located in the immediate vicinity of the hospital emergency department and provide the round-the-clock availability. The largest number of landing sites for AMRT helicopters was created or modernized in the provinces of Lodz, Malopolska and Wielkopolska. Distribution of landing sites in each province is presented in Figure 4. Currently, there are works carried out across the country on the implementation of the project covering further organization of AMRT (construction, reconstruction and retrofitting of specialized equipment and medical apparatus), which received a total amount of 78 665 368.37 PLN [11].

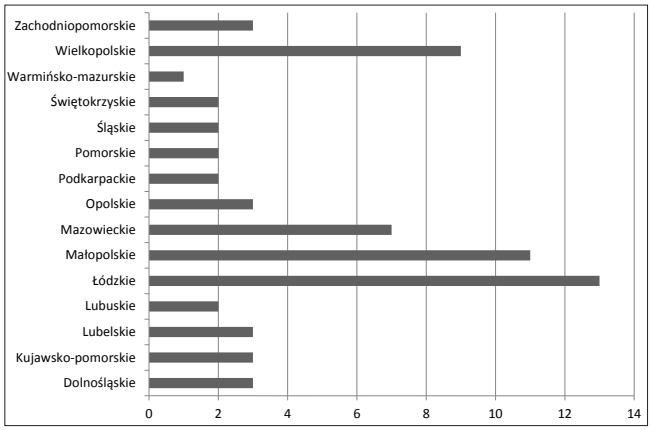

FIGURE 4. Distribution of created or modernized landing sites for helicopters of Air Medical Rescue Teams.

Source: own study based on data from the Ministry of Regional Development of the National Information System as of 30.06.2012.

TABLE 2. The impact of the implemented projects on the mortality rate in the opinion of recipients included in measure 12.1.

	Number N=171 recipients				Percentage			
	Very high	Medium	No influence/ don't know	Lack	Very high	Medium	No influence/ don't know	Lack
Reduction in mortality of working age population	84	59	28	–	49.12%	34.50%	16.37%	–
Total	171				100.00%			

Source: Final report of the evaluation "The influence of the financial intervention under Priority 12 OPIE to achieve the specific objectives of the Priority". Katowice: Gomulka Group, 20.12.2010, p.117

As a result, investment in infrastructure of SME system helped to reduce the mortality rate of working age population. This was confirmed by the examination of 171 recipients included in support under the measure 12.1., where 84 of them, i.e. 49.12% indicated a very high impact of projects aimed to reduce the mortality rate of people of working age, and 59, i.e. 34.5% of the beneficiaries declared partial effect. Twenty eight beneficiaries representing 16.37% of the study group were not able to identify the direct impact of projects aimed to reduce the mortality rate. The results in this area are shown in Figure 4.

Measure 12.2. called "Investments in health care infrastructure of supra regional importance" is aimed at improving the health security of working population and improving the efficiency of the health care system. This includes the improvement of health care infrastructure of leading treatment centers, which in turn, will increase the availability of services and provide high quality of highly specialized health care services. As of the 30.06.2012, as part of measure 12.2., there were contracted 56 projects for funding, for a total value of 714 192 510.84 PLN [11]. The most common type of investments are investments in equipment and medical apparatus, in particular the purchase of medical devices for the diagnosis (including imaging equipment) and therapy. Available statistics show a total of the amount of purchased equipment, and medical apparatus for the measures 12.1 and 12.2. Here there were purchased 13 170 pieces of equipment and medical apparatus and other medical devices for 146 treatment entities. Most medical equipment and apparatus were purchased in Mazowieckie (2239 pcs), Malopolska (1873 pcs), Wielkopolska (1407 pcs), Kujawsko-Pomorskie (1210 pcs) [8]. However, the minimum amount of equipment and medical apparatus was purchased in świętokrzyskie (46 pcs), Subcarpathian (150 pcs) and Opole (170 pcs). Detailed information is presented in Figure 5.

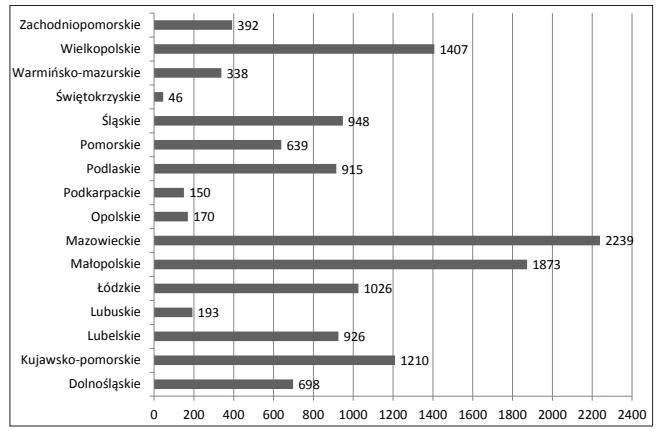

FIGURE 5. The number of purchased equipment, and medical apparatus, broken down by region (in pcs).

Source: own study on the basis of report "Analysis of the effects of support in Priority 12 OPIE and diagnosis of investment needs in the health sector". CASE – Advisors Sp. Warsaw, as of 28.12.2011

It is worth at this point to mention the structure of the purchased equipment and medical apparatus, which, in view of the large the amount of different types of equipment has been divided into categories resulting from their use. The percentage of each category of equipment and medical apparatus in the total number of purchased equipment is as follows: surgical 7.0%, diagnostic imaging 2.5%, auxiliary equip-

ment (such as a treatment lamp, anti-bedsore mattresses, etc.) 12.7%; anesthetic 12.0%, rehabilitation 3.1%, monitoring 10.1%, therapeutic 23.9%, laboratory 1.1%; diagnostic – other (e.g., ECG equipment, laryngoscopes, etc.) 4.3%; beds surgical equipment and trucks 14.2%, sanitary equipment 2.0%, equipment for suction 4.0%, heating equipment 2.3%, IT and communications equipment 0.6%, gypsum equipment 0.2% [8]. The greatest demand can be seen in the field of therapeutic equipment, where there were purchased 3,151 pieces of the equipment. Further purchases of medical equipment and apparatus were of less than 2000 pieces, but not less than 1000 pieces, in category: appliances, beds for patients and surgical equipment, trucks (1870 pcs), auxiliary equipment (1674 pcs); anesthetic apparatus (1583 pcs) monitoring equipment (1332 pcs). The equipment for gypsum room (32 pcs) and communication equipment (73) were in the least number. A detailed presentation of the amount of medical equipment purchased is shown in Figure 6.

The largest amount of medical equipment and apparatus in each category was purchased for medical entities from the following voivodeships:

- therapeutic apparatus – Mazowieckie (672 pcs), Malopolska (567 pcs), Wielkopolska (467 pcs), Kujawsko-Pomorskie (337 pcs), Silesia (282 pcs);
- beds, treatment facilities, trolleys – Mazowieckie (369 pcs), Małopolskie (249 pcs), Kujawsko-Pomorskie (188 pcs), Lublin (154 pcs), Wielkopolska (125 pcs);
- beds, treatment facilities, trolleys – Mazowieckie (319 pcs), Małopolskie (211 pcs), Kujawsko-Pomorskie (205 pcs), Lublin (155 pcs), Wielkopolska (129 pcs);

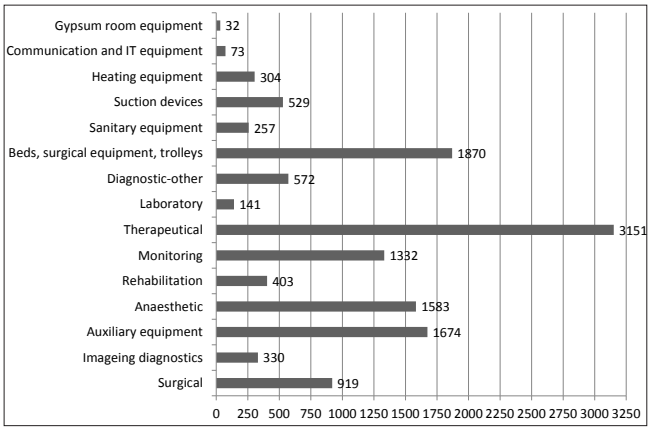

FIGURE 6. The structure of the equipment purchased by category (in pcs).

Source: own study on the basis of report "Analysis of the effects of support in Priority 12 OPIE and diagnosis of investment needs in the health sector"'. CASE – Advisors LLc. Warsaw, as of 28.12.2011

- anesthetic equipment – Wielkopolskie (207 pcs), Małopolskie (184 pcs), Mazowieckie (176 pcs), Łódzkie (156 pcs), Lubelskie (146 pcs);
- monitoring equipment – Mazowieckie (226 pcs), Małopolskie (212 pcs), Lodz (165 pcs), Wielkopolskie (131 pcs), Lublin and Kujawsko-Pomorskie (each 94 pcs) [6,8,11]

Detailed data of the numbers of purchased equpment and medical apparatus by category and province are presented in Table 3.

At the same time as part of measure 12.2. EU funds allowed for the extension, remodeling and renovation of 56

TABLE 3. The number of purchased equipment and medical apparatus broken down by category and provinces.

Name of equipment by category	Total number of equipment	Provinces															
		Dolnośląskie	Kujawsko-pomorskie	Lubelskie	Lubuskie	Łódzkie	Małopolskie	Mazowieckie	Opolskie	Podkarpackie	Podlaskie	Pomorskie	Śląskie	Świętokrzyskie	Warmińsko-mazurskie	Wielkopolskie	Zachodnio-pomorskie
surgical	919	58	59	72	11	49	62	109	4	4	248	40	86	6	22	50	39
imaging diagnostics	330	23	18	40	10	20	26	57	11	4	23	18	25	5	12	23	15
auxiliary equipment	1674	115	205	118	11	155	319	211	8	29	66	129	93	0	76	88	51
anesthetic	1583	109	126	146	29	156	184	176	15	18	91	70	130	13	31	207	82
rehabilitation	403	1	59	0	0	15	5	166	36	0	0	0	0	0	17	104	0
monitoring	1332	69	94	94	30	165	212	226	12	19	72	46	66	4	57	131	35
therapeutic	3151	114	337	100	15	165	567	672	21	10	177	160	282	2	23	467	39
laborastory	141	11	3	13	1	5	22	43	2	3	6	5	11	0	2	10	4
diagnostic – other	572	46	56	68	17	54	65	83	8	11	41	14	31	1	12	59	6
beds, surgical equipment and trolleys	1870	81	188	154	44	102	249	369	36	34	109	104	111	9	54	125	101
sanitary equipment	257	16	10	40	0	24	17	51	2	0	5	23	35	0	0	33	1
suction devices	529	21	30	45	14	74	89	30	10	6	43	17	39	6	16	76	13
heating appliances	304	23	20	19	10	36	47	15	3	8	32	13	36	0	8	28	6
communication and IT equipment	73	2	3	13	1	6	4	30	2	0	2	0	1	0	8	1	0
equipment for gypsum surgery	32	9	2	4	0	0	5	1	0	4	0	0	2	0	0	5	0
Total	13170	698	1210	926	193	1026	1873	2239	170	150	915	639	948	46	338	1407	392
		13170															

Source: Source: "Analysis of the effects of support in Priority 12 OPIE and diagnosis of investment needs in the health sector." CASE – Advisors Sp. Warsaw, as of 28.12.2011. p.74

healthcare infrastructure facilities of supraregional importance. Investments in this area made it possible to adjust the technical infrastructure of buildings of therapeutic entities to the requirements of applicable law. The amount of investment made in this area in medical entities located in the provinces is as follows: Mazowieckie 16; Łódzkie 7; Śląskie 7; Lubelskie 5; Małopolskie 4; Zachodniopomorskie 4; Podlaskie 3; Wielkopolskie 3; Dolnośląskie 2; Kujawsko-pomorskie 2; Opolskie 1; Pomorskie 1; Warmińsko-mazurskie 1 [8,11]. Only 7 investments consisted solely in expanding, rebuilding and refurbishment of health care infrastructure. While the remaining 49 investments in technical infrastructure of the buildings of therapeutic entities were connected with the retrofitting of equipment and medical apparatus as described above.

CONCLUSIONS

According to the data from end of 2011, the value of the contracted funds for Priority 12, OPIE, was 428.7 million EUR, including 326.4 million financed by the ERDF, which uses available for this priority allocation in 82%. By the end of 2012, the use of about 90% of the granted allocation for the priority is planned. Finally, 10% of the allocation will be spent in 2013 [6]. Analysing the support process in various provinces the leaders in the field of EU funding and contractual arrangements for funding are the following provinces: Mazowieckie – 58 million EUR, Małopolskie – 32 million EUR, Lubelskie – 29 million EUR (the value of EU funding under all the agreements signed in the framework of the priority 12). However, the lowest value was recorded in the contracted allocation in Świętokrzyskie – 4 million EUR, Lubuskie – 5 million EUR and Opolskie – 7 million EUR Detailed data on the absorption of funds in the individual provinces are presented in Figure 7.

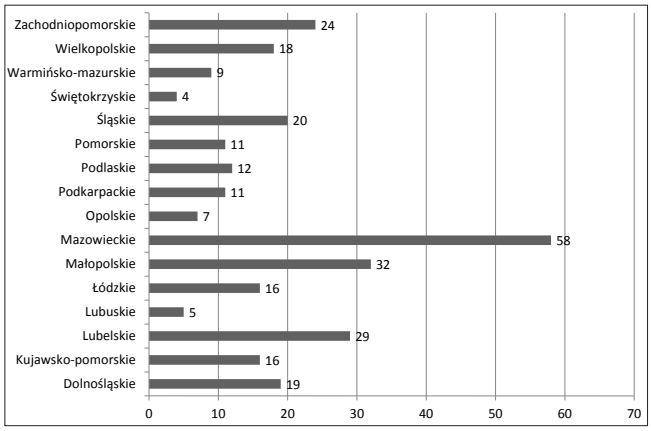

FIGURE 7. The value of grants awarded to beneficiaries of the Priority 12, OPIE with the funds of ERDF by voivodeships (figures in million Euros).

Source: own study based on data from the "Annual report on the implementation of the Operational Programme Infrastructure and Environment 2011".

The implementation of activities of the Priority 12, OPIE, provided an increase in the potential of the health care system in the form of innovative medical equipment and apparatus and improvement in the availability and quality of medical services, which directly contributes to lowering of the mortality rate. In particular, thanks to this support, it was possible to fill in the place on the map of the availability of medical services in the emergency medical services, improving quality and allowing for equaling the opportunities in access to medical assistance as quickly as possible provided to all citizens. These actions helped to ensure adequate dislocation of Emergency Teams, allowing them quick access to a person in in a state of emergency, thanks to the medical transport. Here, it was very important to create a network of hospital emergency departments throughout the country and other emergency medical system entities that provide health services at a high level based on the standards of the EU. The development of the EMS system is a priority in actions, because it is one of the key factors in reducing mortality rate and disability, especially resulting from road accidents, construction accidents, fires, natural disasters, as well as cardiovascular diseases. Thanks to the EU funds it was possible to create an integrated system of emergency medical services, which will ensure reduction of complications caused by sudden events and will contribute to the support a good health condition to working-age population, or their quicker return to active professional life.

At the same time investments in technical infrastructure of buildings of treatment entities of supra-regional importance allowed for strengthening of citizens' health security These investments contributed to improving accessibility, particularly for people with disabilities and quality of highly specialized health services and expanded diagnostic and therapeutic capabilities. Among the most important benefits resulting from completed projects under Priority 12 OPIE, we should mention improving patient safety requiring the assistance in emergency life-threatening condition and improving the quality of patient care requiring specialized equipment and medical apparatus, as well as increasing access to highly specialized medical procedures. With funding from EU it was possible to improve the effectiveness of functioning of the system of health care and adapt health services to the dynamics of long-term demographic trends.

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