For introduction

REGIONALIZATION OF HEALTH CARE IN POLAND AND OTHER EUROPEAN COUNTRIES – WHO, AND WHAT REALLY BENEFITS FROM IT?

(conceptualization of a scientific project)

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For at least several years, both, the problem of effectiveness and efficiency in economic policy of health care is, to a larger extent, connected with its changing territorial and regional character. The process continues in practically all European Union countries, but to a different extent and in different ways. Such is the case, even despite healthcare being the most autonomic of public policies, and one, in which most member countries reserved the highest autonomy. Thus, in spite of the fact that health care is not a directing/coordinating area/matter of union institutions, at least not on its regional level, as compared with agricultural or industrial policy, the process is in fact spontaneous, mainly due to the withdrawal of central authorities from their social liabilities, and transferring them onto local authorities. Here, I do not consider whether, and to what extent, it results from the decreasing importance of welfare state in Europe, and to what extent, is taken in order taken to best adapt health care to the needs of local communities and improve its effectiveness, also in terms of best use of financial resources.

All this gives rise to an equally crucial matter of whether, and to what extent (in what way, and in what perspective) the advancing regionalization of health care contributes to the reinforcement of European integration, and the idea of free movement of capital, goods, services and persons. One can, thus, question to what extent, and in what way should this health care regionalization be carried out in order to best facilitate integration.

We, therefore, seek two complementary answers: what is the way in which regionalization should proceed in order to best serve the effective and efficient health care for local communities and – simultaneously – facilitate the process of European integration. The question arises if, and to what degree, these two functions of regionalization can complement and support each other? How should it proceed to play this double role?

Search for the answers establishes a framework for the research issues undertaken two years ago by a group of researchers from Medical University of Lodz and Warsaw School of Economics, whose members have been labeled as Expert Group for Regionalization of Health Care in Lodz Voivodeship (state).

The following issues were agreed to be discussed within the group:

1. What tasks in terms of (a) common health care and (b) public health are passed on the regions on:
   – obligatory
   – voluntary or facultative basis?
2. What regional authorities/institutions are the addressees/partners of the competencies and liabilities transferred by central authorities in terms of health care?

3. What kind of resources (and how are they obtained) are at the disposal of local authorities to meet the goals of health care?
4. What infrastructure is in the hands of local authorities and institutions to meet the goals of health care?
5. What is the executive and medical staff available to the local authorities and institutions to meet the goals of health care?
6. Whether and what (in what way are they formulated and given their formal status) strategic plans in health care are accepted by local authorities and institutions?
7. What formal-legislative guarantees to realize the healthcare strategic plans are at the disposal of regional authorities and institutions?
8. What are the crucial conditions in the hands of local authorities and institutions to realize strategic plans?
9. What are the main obstacles on the way to successful meeting objectives presented in regional strategic plans in health care?
10. Whether, and in what way, meeting objectives and fulfilling tasks presented in regional strategic plans in health care is monitored and evaluated, in particular regarding the following:
    – range of health care
    – accuracy of health services to meet the need of local citizens
    – quality of health services
    – accessibility of health services
    – costs and prices of health services
    – effectiveness of health care organization.
11. Whether there are any, and if yes, what are the similarities and differences in terms of health care in Polish regions and similar regions in other EU countries?
12. What solutions used in various regions of EU countries in terms of health care should be spread as part of common regional healthcare policy in the European Union?
13. What solutions designed and used in regional healthcare EU strategic plans may best serve (how, to what extent and in what way) the convergence and harmonizing of health care in the European Union?
14. What recommendations for common European healthcare policy regarding directing, coordinating and supporting the realization of regional healthcare plans emerge from the comparative studies conducted?

It was assumed that, for the purpose of the research in the designed shape, there will be a broader, interdisciplinary and international consortium established, which – after critical analysis of the initial results proposed by Polish team – is going to establish a final plan of the entire assignment.

Within the initial, introductory stage of the work, theoretical and methodological assumptions were designed, followed by verification of analysis methodology of regional healthcare strategy and health policy, exemplified by a region typical of Poland, which is the voivodeship of Lodz.

Findings resulting from the analyses were, regardless of their possible use in the sphere of designing and monitoring local health care policy, supposed to provide data for future benchmarking comparative studies of the Lodz region and other chosen regions in European countries.

In accordance with the general idea and a fourteen-point range of research, the following detailed issues were analyzed as part of the first, introductory stage:

- Regionalization in the field of healthcare management
- Conditions and trends presented in the changing process of health care in Lodz region
- Citizens' needs and expectations in terms of health care
- Health care infrastructure in Lodz region
- Supplying healthcare services in Lodz region
- Supplying medicines and other medical agents in Lodz region
- Quality of healthcare services in Lodz region
- Accessibility of healthcare services in Lodz region
- Financing health care in Lodz region
- Computerization for the purpose of regional healthcare strategy and health policy (on the example of Lodz region)
- Benchmarking as a method of structuring regional healthcare strategy and health policy
- Managing health care in Lodz region.

This XIII, as well as the following, XIV volume of *Journal of Health Policy, Insurance and Management* includes the Experts' chosen works discussing the most significant of the key issues on territorial and regional processes within health policy in the region of Lodz, researched by our team.

As I have already mentioned, the most fundamental assumption that forms the basis for the conceptualization of our research, is understanding the concept of region and regionalization as such.

The terms "region" and "regionalization" carry multiple meanings, but generally speaking, refer to a certain territory separated on the basis of a particular criterion (or several criteria altogether): geographical, ethnic, political, administrative, economic, historical, cultural and linguistic…[1] Thus, when considering a set of features that characterize groups of countries one can discuss the Balkan Region, Scandinavian Region, East European Region. For the same reason huge areas with no clearly set borders get the name of regions – such as the Mediterranean Region or the Red Sea Region, as well as Silesia, Lombardy, Baden-Württemberg, Rhône-Alpes, Poland-B, but also metropolitan areas, such as Tricity (Gdansk-Sopot-Gdynia), Berlin, Bremen, Hamburg, Paris, London, Stockholm. Any attempts to classify and define the exemplified regions are not facilitated by terms, such as macro region, micro region or sub-region. Their adjectival description is more contributive: for instance junctional, zonal, rural, industrial, metropolitan…

[1] Compare e.g. C. Engel, Allemagne, [w:] Charpenfier J., Engel C., Les régions de l'espace communautaire, Press Universitiaires de Nancy, Nancy 1992, p. 17.; and: Z. Chojnicki, T. Czyż, Region-Regionalizacja-Regionalizm, Ruch Prawniczy, Ekonomiczny i Socjologiczny, Rok LIV, issue 2, Poznań 1992, p. 7-8.

However, it is not the lack of unified nomenclature or definition problems that hinder the idea of "Regional Europe", or "Europe with Regions". The differences in the way individual European countries perceive and treat common European regional policy appear to be much more serious. That kind of policy may serve completely different purposes in Italy, Great Britain and the Netherlands as compared to Germany or Austria. It is not the only and separate division, though. Regional policy is perceived differently in federal countries (e.g. Germany, Austria, Belgium) and in regional countries (Spain, Italy).

What influences the above mentioned idea of "Regional Europe" are also the controversies, increasing since the 80s of the 20th century, surrounding the role, that regionalization plays for the European Union, whether it fosters its integration or quite the contrary. These controversies are reinforced, and certainly enhanced, by the more visible nationalistic movements, which account for a negative legitimization of the idea of nationalistic country, already devalued in Europe. From their perspective regionalization is a reverse process in relation to the "country' s nationalistic policy", whose primary objective is sustaining social homogeneity of all citizens, as a nation, where regionalization may endanger it, as it "divides the nation". The tendencies are further differently perceived by advocates of the concept of "Europe of Nations" and by the supporters of euro-federalism. It is also common that regionalization is the only solution that facilitates maintaining an even fragile unity of a nation, the price one pays for avoiding its disintegration. One can quote examples of "successful regionalization" in the Basque Country and Catalonia in Spain or Corsica and Alsace in France, but also the following "failures": Tibet, Kosovo, Timor or Kurdistan (Turkish, Syrian, Iraqi).

Territorialization and regionalization have multiple forms, dimensions and levels but are generally based on creating politically-administrative, managerial and economic structures in the mega-regional aspect (OECD countries, Balkan Region, Scandinavian Region and Baltic Region, etc.), regional aspect (regions covering many voivodeships or specific voivodeships), sub-regional aspect (Mazuria or Kuyavia Region), or even microregional aspect (Sandomierz region).

Separate division is also established by differentiated attitude of individual EU countries to particular community policies – agricultural, energetic, monetary, industrial, ecological, research and fiscal… The policies have been, since 1973, i.e. the moment when the EU Parliament established Regional and Transport Commission, or certainly since 1975 when European Fund of Regional Development was established, areas of very lively actions involving regional directions and coordination of regional policies in member countries, as well as subsidizing particular regions for the purpose.[2] For the already mentioned reasons their effects turn out to be varied, which gave rise to questioning the idea as an unambiguous concept, that realization may well serve the objective, in all circumstances, at any time and in any area.

[2] Genesis of European regional policy is seen in the establishment Conference of Local Authorities within the Council of Europe in 1952, and publishing in the 60s of the 20th century the first series of reports indicating the need to perceive regional policy not as an individual problem of member countries, but of the whole Community. As a result, in 1968, Directorate-General for Regional Policy. However until the establishment of European Social Fund the Community's regional policy did not have an interventional character.

We do not attempt to evaluate any rights or legitimacy of the attitudes, but assume that territorialization and regionalization are a result of the advancing democratization of socio-political and economic life in EU countries as well as the withdrawal of the country (its central authorities) from some of the liabilities owed to citizens, which it cannot handle any more. Not judging which of the reasons is more important we only claim that the process of territorialization and regionalization is a permanent, and more common, multifaceted process of transferring competences and liabilities to the local authorities from central ones. [3]

Delegating those regarding public policy makes sense and does occur in those territorially separated entities in a country's structure – which due to its geographical size, population and socio-economic potential – are able to take over the responsibilities and execute them.

Those criteria are largely fulfilled by regions, whose separation – apart from the already discussed criterion of scale – results from many other: socio-cultural, historical, linguistic, developmental, etc. Bearing this point of view in mind, in Poland division into regions is similar to the administrative, which divides the country into 16 voivodeships (states). Most of the administrative territorial areas that are just below central level are, in most European countries, regarded as regions.[4]

The researched area of Lodz voivodeship fulfills all criteria of a typical region, which, due to its parameters – size, area, population, economic potential, degree of urbanization transporting network, should be able to carry out effective and efficient, autonomous health policy. At the same time, it has a zonal character (i.e., one comprising smaller areas displaying similar features), as well as junctional (concentrated around a large metropolitan centre).[5] It is therefore a proper subject matter of comparative analysis for analogical (at least the above mentioned reasons) European regions. One may hope that our findings presented in Volume XIII and XIV of *the Journal of Health Policy, Insurance and Management*, regardless of the possibilities to use them in local strategies of health care and running current health policy, will serve as a basis for more comprehensive research programme, and result in recommendations for common European healthcare policy, thus better meeting health demands of citizens, as well as contribute to the cohesion of the entire European Union.

[3] Regionalization is a procedure aiming at establishing or testing territorial divisions for the purposes of practical action, i.e. the formation of the territorial organization of the State'. Regionalization generally refers to a process of decentralizing authority specifically to regional units at an intermediate level between the national and the local. This process takes the form of government activity from above, such as studying proposals, debating their merits, legislating reform and implanting reform. Regionalization requires that certain internal and external conditions be taken into account (Z. Chojnacki, T. Czyż, Region, Regionalization, Regionalism, in Gorzelak G., Kukliński A. (eds.), Dilemmas of Regional Policies in Eastern and Central Europe, University of Warsaw, European Institute for Regional and Local Studies, Warsaw 1992, p. 428).

[4] I. Pietrzyk, Polityka regionalna Unii Europejskiej i regiony w państwach członkowskich, Wyd. Naukowe PWN, Warszawa 2006, p. 213.

[5] Lodz region, as one of 16 voivodeships (states), is a typical region, located in central Europe and surface of 18, 218, 95 km , with a population of 2,5 million – with around 1,2 million in the, so called, metropolitan area (Lodz with neighbouring cities), and around 1,3 million in other towns and rural areas.