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Neoliberal reforms and privatisation of reproductive health services in post-socialist Poland

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Abstract: *The fall of state socialism in Poland in 1989 constituted a critical moment which redefined policies on reproductive health care and access to family planning, influenced by the renewed power of the Catholic church. Poland also embarked on neoliberal economic reforms that resulted in major cutbacks in social services and state health care coverage. The confluence of the elimination of contraceptive subsidies, privatisation of health care, and the intensification of bribes to underpaid health care providers created new challenges for women in accessing services. Furthermore, the 1993 ban on abortion resulted in a nearly total privatisation of this service, which is currently available clandestinely at a high price. Drawing on anthropological research in the Gdańsk metropolitan region in 2007, this paper examines the restrictions on access to family planning, abortion, maternity care, assisted reproduction and other gynaecological services. It draws attention to the urgent need for state-subsidised family planning and other reproductive health services, the reform of abortion law, and regulation of privatised services. Higher wages for public sector health professionals and better public health provision would curb informal payments. The state should support the legitimacy of women's health needs and reproductive and sexual autonomy.* ©2010 Reproductive Health Matters. All rights reserved.

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THE hallmark of the state socialist regime in Poland, in power from 1947 to 1989, was the separation of church and state, which particularly benefited women. Despite the historical strength of the Polish Catholic church, the socialist state's universal health care system openly endorsed family planning. In 1956, after Stalin's death and during the so-called post-Stalin thaw when Soviet control was partially eased, the Polish state legalised abortion for socio-economic reasons and subsidised it fully in public hospitals. It failed to legalise sterilisation, however, which was criminalise in 1932 and remains illegal.[1,2] In 1959, a law was passed requiring doctors to inform women who had just delivered a child or had an abortion about their contraceptive options. The state's health care system began to cover 70% of the cost of prescription contraceptives, acknowledging and legitimising women's need for family planning services. The coverage included mainly the pill and IUDs, while condoms were sold over the counter in pharmacies and paid for by users.[3] There was a six-fold rise in sales of oral contraceptives as many more women began using them, but production could not keep pace with rising demand, thereby creating a shortage.[4]

In 1989, state socialism collapsed in Poland as a result of a failing economy, the collapse of the Soviet Union, and a decade of mounting opposition by Solidarity, the Catholic-influenced nationalist labour union. The regime's collapse led to a series of political and economic transformations. The most detrimental for reproductive health care access was the intensification of the political role of the Catholic church, which

swiftly led to a ban on abortion and the institution of a Conscience Clause law, which restricted access to prescription drugs such as hormonal contraception and antenatal testing for fetal anomalies, as some doctors began to cite religious objection to providing these previously lawful medical services. The Church was also instrumental in eliminating health insurance coverage for contraception in 2002, and began to encourage physicians to invoke conscientious objection to limit contraceptive prescriptions.[5] Because sterilisation remains illegal, physicians who perform it clandestinely can be punished with imprisonment of up to ten years. The law on voluntary sterilisation is often interpreted so restrictively that even women with serious contraindications to pregnancy are denied access to sterilisation.[2] The Catholic church considers sterilisation a sin and any effort to decriminalise it would undoubtedly be opposed.

The early post-socialist period also ushered in economic transformations that proved to be further detrimental to women's health. As the upper echelons of Solidarity took power, headed by Lech Wałęsa, the new government embraced neoliberal economic principles that gave market forces primacy over economic and social policy and led to social welfare cuts, privatisation, decentralisation and deregulation.[6] Maternity leave was cut from almost two years to less than four months, most childcare facilities were privatised and family cash benefits were reduced. Comparative studies of social services in Eastern Europe show that Poland suffered among the harshest reductions in family and maternity benefits.[7] Cuts in health care were also substantial: subsidies of medicines dwindled from 100% before 1989 to 35% in 2004, the lowest in the European Union (EU), and many basic services were removed from universal coverage.[8] According to the 2006 *World Health Report*, Polish government expenditure on health care was 9.8% of total government expenditure, the second lowest in the EU after Latvia. Private health insurance plans are only beginning to be established; thus, most people rely on public health care and private care is paid for by users. A 2009 report shows that Poland's health continues to rank near the bottom of EU nations in health care expenditure.[9]

Concurrent with cuts in health spending, Poland has been moving toward a privatisation of the health system. During state socialism, Poland adopted the *Semashko* model, named after Nikolai Semashko, a Soviet physician and the Commissar of Public Health who devised the communist state-funded and centralised health care system. The Semashko model aimed to guarantee access to public health care for the entire population, and was adopted in several Soviet bloc nations. While Poland's health care facilities were managed by state employees, a limited private sector emerged in the 1970s when economic difficulties prevented further state allocations for health; the state became receptive to allowing limited private providers to deal with the growing queues for public health services.

Since 1989 the state has gradually been decentralising the system, and privatisation has intensified. Health care is divided into public and private, with a grey sphere of informal payments. Formally, there is a free public health care system via the National Health Fund (*Narodowy Fundusz Zdrowia*), but due to cuts in government expenditure and shortage of providers, who have emigrated in pursuit of better wages,[10] public facilities are overcrowded, with long waiting lists, scarce medical supplies and out-of-date technology. Care is often perceived to be of lesser quality than if one pays in a private clinic.[11] Poles cite excessively long queues as the main reason for unmet medical needs, three times more than the average EU citizen.[12] Yet, a national opinion survey indicated that 59% of Poles rely heavily on the public system and never pursue health care privately, citing lack of need and high expense of private care.[13]

Although the majority of the population still attend public facilities, hospitals are becoming privatised to varying degrees, including privatisation of management through contracts with outside companies, specific services sub-contracted to private providers, increased out-of-pocket payments for patients, and full privatization whereby the entire facility becomes private.[9,14] In 1999, 44% of individuals who pursued public health services in facilities under the new health care privatisation schemes paid fees out of pocket.[15] Private physicians have been vigorously promoting their practices, due primarily to meagre incomes within the public system; as of 2004, a state physician's salary was lower than the average monthly income of 2323 zł (516 €).[16,17] Nurses are also underpaid, and periodically launch major strikes