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## ASSOCIATIONS AND FOUNDATIONS IN THE FIELD OF HEALTH CARE AND THEIR ROLE IN THE HEALTH SYSTEM OF POLAND

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### ABSTRACT

The article presents data on associations and foundations active in health care field in Poland, on the basis of a review of research done by Klon/Jawor Association and the Central Statistical Office. The article also applies to the issue of cooperation between NGOs and governmental administration in the health area and identifies lacking information that is necessary for better planning of national health policy.

In Poland there are about three thousand associations and foundations whose main focus is the health care. In 2010, they accounted for about 7% of all non-governmental organizations. Results of representative nationwide surveys from 2008 and 2010 indicate that the NGO's active in the field of health care have, in most cases, legal form of associations. Almost half of the organizations declared national or international scope of action. Headquarters of most organizations were mainly in the cities, and only, one in twenty in the village. Most organizations were located in the mazowieckie province and a significant fraction of them was in Warsaw itself. Organizations were stood out by a relatively large number of personnel on the background of the entire NGO sector. Half of the organizations employed paid workers, the majority also collaborated with volunteers who were not members of the organization. More than a third of organizations dealt with the rehabilitation, therapy and long-term care, and about 1/3 dealt with prevention, health promotion and education, and blood donations.

World Health Organization indicates the need for systematic collection of data about the role of the non-governmental sector in health. In Poland, legal regulations require the public institutions and organizations to cooperate with NGOs to achieve health objectives.

In spite of relevant data on NGOs in the field of health care in Poland, the necessary information to assess their potential are still lacking. Recognition of the capacity and limitations of NGOs could enable better planning of national health policy.

**Key words:** *associations, foundations, health care, health system, health policy*

### INTRODUCTION

NGO sector comprises entities which do not belong to the public or private sector. The functioning of the NGO sector in Poland is regulated by several acts (1).

The first regulation of the systemic importance for the functioning of the NGO sector in Poland was introduced by the 24 April 2003 Act on Public Benefit and Volunteer Work (2,3). According to the act, NGOs are "non-public sector entities within the meaning of the Public Finance Act and not operating for profit - legal persons or organisational entities without legal personality, established under the provisions of law, including foundations and associations, with some reservations."

The purpose of the article is to provide: a) data on associations and foundations operating in the health care

field in Poland, that is their number, legal form, location and a range of activities, personnel, budget and detailed activities; b) data on the government's cooperation with the NGO sector in the health area and c) an indication of the missing information which is essential for a better planning of the national health policy.

### THE NUMBER OF NON-GOVERNMENTAL ORGANISATIONS IN POLAND

Data on the number of non-governmental organisations in Poland come from the records of National Court Register (NCR) and National Official Business Register REGON, which are autonomous and incompatible registries. Additionally, they use different nomenclature

Table I. Comparison of the form and the number of non-governmental entities registered in the records of the National Official Business Register REGON and the National Court Register as of 31<sup>st</sup> December 2009 (1)

Specific legal forms of the entities of the non-government sector registered in REGON	Number of non-government entities of the non-government sector in REGON (as of 31.12.2009)	Legal forms of the entities of the non-government sector registered in the National Court Register (NCR)	Number of non-government entities in the NCR (as of 31.12.2009)
Associations	81 967	Associations	59 842
		Physical culture associations and sports associations	
Foundations	10 451	Foundations	9 371
Trade unions	18 800	Trade unions	6 393
Self-regulatory organizations and professional associations	5 678	Socio-professional farmers organizations	4 632
		Individual farmers trade union	
		Professional association of other entrepreneurs	
		Other business organizations	
Employers' organizations	340	Employers' organizations	361
Social organizations separately not listed	3 782	Other social and professional organizations	583
		Guild organizations	
Church units and religious associations	15 575	Legal persons and other public benefit organizations	437
Political parties	236		
<b>Total</b>	<b>136 829</b>	<b>Total</b>	<b>81 619</b>

of the legal forms of registered entities, which makes it impossible to compare the data. There are almost twice as many organizations registered in National Official Business Register than in NCR. Some of the entities are subject to the registration in NCR only in specific cases (e.g. if they have the public benefit organization status). Moreover, in the National Official Business Register, data is not updated, i.e. once the entity is listed, if it does not terminate its activity, it remains in the database (so-called "dead souls"). Legal forms, as well as the number of entities in both registers are presented in table 1 (data from monitoring the Act on Public Benefit and Volunteer Work last published in 2009) (1).

The article concerns only associations and foundations, which are so-called "core" of the non-governmental sector (4). In 2010 there were 87 thousand association and 12 thousand foundations listed in the National Official Business Register, with a total of almost 100 thousand organizations, and with the addition of its local branches almost 112 thousand. In the "association" category there were: 25 thousand societies and sport clubs, 16 thousand volunteer fire departments (VFD), and 46 thousand other associations (5). An additional source of information about the number of associations and foundations in Poland is the Centre of Statistical Unites Database (BJS) GUS (Central Statistical Office - CSO), which is based on the National Official Business Register and verifies the data in it. As the last verification from 2008 presented, the actual activity was conducted by only three quarters of the registered organizations (6).

## THE RESEARCH OF THE NON-GOVERNMENTAL SECTOR

The recurring studies "The situation of NGOs sector" have been conducted every 2 years since 2004, by Klon/Jawor Association (KJA). The studies are carried out on nationwide, representative samples of associations and foundations, with the exception of volunteer fire departments. Detailed analyses of the organizations, for which health care was the main field of activity, were published twice – data concerned year 2004 and 2010. This article is based on the results of these two studies (5,7,8). It also uses CSO data from the study on the social sector capacity in 2008 (6,9).

The studies on associations and foundations in Poland – KJA and CSO – are based on the International Classification of Non Profit Organizations (ICNPO), which is commonly used in international research. According to the classification criteria, an organization itself identifies one (the most important) field and all (main and secondary) fields of its statutory activities within the 14 pre-defined sectors of economy. Organisations also indicate the field of statutory activity, on which most of the financial resources are spent. This is the way in which organizations from different fields (branches) are identified. In ICNPO one of such field is "health" but in Polish version "health care" term is used (9).

## HEALTH CARE AS A MAIN FIELD OF ACTIVITY

The following chapter deals with associations and foundations, for which health care was the main field of activity. The results of the personnel and budget relate to the year preceding the studies, that is 2003 and 2009.

**The number of organisations.** The 2010 KJA study was conducted on a representative sample of 4224 associations and foundations. Organizations, whose main field of activity was health care accounted for about 7% of the NGOs, which was the fifth most commonly declared field.

According to the 2008 CSO studies, 2.9 thousand organisations were operating at that time in the health care field against a background of 70.9 thousand general foundations, associations and other social organisations. It is estimated that these organisations accounted for about 4% of the non-governmental sector (9).

It should be noted that activities for health care were also undertaken by other organisations, whose main field of activity was not health care. In 2010, according to KJA, 19% of organisations recognized health care as the main or secondary field of their activity. As research results show, the percentage of organisations declaring activity in health care field has decreased during the past six years (table 2).

In 2010, for instance, organisations, whose main field of activity is “social services and social aid”, were supporting people with disabilities and the ill (about 60%), a fourth of these organizations was helping the addicts and their close. It is related to so-called multibranching of polish associations and foundations, that is combining the activities from different fields. Organizations in the health care field mostly combined their activities with “education and upbringing” and with “social services and social aid” (5).

**Characteristics of the organizations for which health care was a main field of activity.** According to CSO in 2008, the organizations in question had mostly a legal form of associations (about 70%), while a third of them belonged to the foundations category. In comparison to the other fields of the non-governmental sector, an over-representation of the foundation is visible. The results of the recurring/periodical KJA research suggest an increase in foundation’s participation in the described field.

As the 2010 KJA research shows, almost half (46%) of organisations declared national or international **scope of activity**, what distinguished these organisations from different fields, where the rate was lower. In 2010, the **headquarters** of these organisations could be found mainly in cities. Only every 20<sup>th</sup> organisation had its headquarter in the village. In comparison to 2004, these proportions have not changed. However, according to the CSO research (9) less than a quarter of organisations operated throughout the country. Not many more operated in the districts (27%). Every fifth organisation operated in the village and the immediate vicinity. Most organisations, according to CSO data, were located in mazowieckie province (18%), including a significant percentage of them in Warsaw itself. In terms of the number of inhabitants **in the provinces**, the highest availability of organisations was in: mazowieckie, and also małopolskie, dolnosląskie, pomorskie and lubelskie (0.9-0.7/10 thousand). In contrast, the lowest availability could be found in the following provinces: opolskie and podlaskie (0.4-0.6 thousand/10 thousand) (6).

Membership in national **federations** was declared by about 30% of organisations, while 10% declared their membership in international ones. In 2004 slightly more than 20% belonged to the branch, regional or international structure (7,8).

One-third of organizations from health care field had a status of **public benefit organization (OPP)**. It

Table II. The main and secondary fields of statutory activities of NGOs (associations and foundations) in years 2004-2010 (5)

Number	Main and secondary Fields of statutory activities	The percentage of organizations (%) in year			
		2004	2006	2008	2010
1.	Sports, tourism, recreation, hobby	62	47	50	53
2.	Education and upbringing	44	36	37	47
3.	Art and culture	26	23	24	31
<b>4.</b>	<b>Health care</b>	<b>24</b>	<b>17</b>	<b>19</b>	<b>19</b>
5.	Social services, social aid	27	21	22	17
6.	Local development in social and material focus	21	13	11	16
7.	Environmental protection	16	9	10	11
8.	Support for institutions, NGOs and civil initiatives	14	10	10	10
9.	Labour market	-	9	11	9
10.	International activity	11	7	10	6
11.	The law, human rights, political activity	11	7	8	6
12.	Scientific research	9	6	6	6
13.	Professional, labour, and industry issues	7	4	3	4
14.	Religion (the study did not include church or religious entities)	2	3	3	3
15.	Other activity	2	5	5	11

was four times more than the average for the entire sector. Health care organizations accounted for 14% of all the OPP organizations (9). Obtaining the status of OPP requires a number of conditions, such as preparation of annual reports, which could contribute to enhancing the credibility of such an organization.

Health care organizations distinguished themselves by a relatively large **number of personnel (staff)** on the background of the whole non-governmental sector. CSO data shows half of the organizations employing paid staff. Only 7% of the members of organizations worked free of charge. Organizations operated mainly on the basis of paid work, but it should be emphasised, that almost half of the organizations did not employ paid staff. Most of the organizations cooperated with external volunteers, who were not members of the organizations and who accounted for the majority (80%) of people working free of charge. It was estimated that 2 thousand workplaces, that is 16% of the workplaces of the whole non-governmental sector, belonged to people working free of charge. The situation presented itself similarly 6 years before. According to CSO data, organizations from the health care field united 277 people on average. It should be noted, however, that half of these organizations brings together no more than 31 people, which confirms the division on small and big organizations in the health care field (6).

What is more, according to KJA research, the sector in question is one of the most “feminized” ones – in 2010 women constituted more than half of the employees. In 2004 the percentage was even higher (over 80%). At that time the proportion of women was one-fifth higher than the average for the whole non-governmental sector (5,8).

Organizations benefited from different **sources of funding**. According to the latest KJA data, most organizations profited from the financial means of the local government (almost half of them), donations from individuals and institutions (about 1/3 each), and also from 1% tax (every tenth) and EU structural funds. On average, an organization from the field in question benefited from four sources. This, however, does not reflect these funds’ share in the budget. For nearly half of the organizations, the highest source of revenue was contributions, donations and the income from 1% tax. It should be noted, that the largest budget component of the whole health care field was governmental sources, which got to the organizations with great budgets (7).

The average budget in 2009 amounted to 40 thousand PLN, which doubled the average of the whole non-governmental sector. The organizational budget of provincial cities was even higher and amounted to 75 thousand PLN on average. The budget has exceeded 500 thousand PLN among 16% organizations. The 2004 data shows an increase in the proportion of the wealthiest

organizations – in this case the budget of every tenth organization exceeded half a million (7,8).

Moreover, CSO data provides information about an average income in 2008 amounting to 480 thousand PLN, however, it should be noted, that among half of the organizations, the income did not surpass 30 thousand PLN. Non-public funds went to the most of the organizations (80%), but still almost a half of them benefited from public money. However, the distribution of funds sources in the budget was not specified. About 10% of organizations did not receive any money (6).

Health care organizations maintained **contact with** various organizations and institutions. Most of the organizations contacted: the local community, other NGOs and local media, as well as the local government and public institutions (i.e. schools). Majority of the organizations cooperated with other partners as well, but only for less than 1/6, these contacts were frequent and regular. The comparison with the recurrent/periodical 2004 – 2010 KJA research shows an increase in the proportion of organizations declaring the collaboration with various partners (7,8). However, the data does not specify the type of the cooperation.

**Detailed activity.** According to CSO data (9), almost a third of organizations dealt with “preventive measures, health promotion and education, as well as blood donation”. A considerable part of organizations engaged in activity connected to “rehabilitation and therapy...” (22%) and “long-term care...” (13%). Between 5-3.7% of organizations declared conducting “hospital care”, “crisis intervention” and “distribution of medicine, materials and medical equipment”. Moreover, almost 16% of organizations declared “other activity”.

The Institute for Patients’ Rights and Health Education, which is itself a NGO, created a nationwide portal, which includes a NGO’s database (10). Organizations which act in favour of patients with various diseases and disorders (so-called patients organizations), as well as other NGOs, whose activities are connected to health care are registered in this database. The database is not used for statistical purposes, because the registration is voluntary, nevertheless it provides additional, relevant information on the topic of health care. There were 525 NGOs registered in the database (as of 27.01.2012). Among these organizations a quarter of them acted in the area of oncology. Other medical areas, classified by popularity are: neurology (13%), psychiatry (11%), immunology and genetics (9%), as well as diabetology (5%). Other important areas, in which the organizations acted were: rehabilitation, rheumatology, and allergology. Registration in the database according to a health problem indicates, that the organizations focused mainly on cancer, psychiatric disorders, diabetes, and other problems (with a significant percentage of blood donor associations). In terms of the number of inhabitants in the provinces, the highest availability of organisations

was in mazowieckie province (0.2/10 thousand) and pomorskie (0.18/10 thousand) and the lowest in lubelskie, świętokrzyskie and podkarpackie (0.06-0.09/10 thousand).

### GOVERNMENTAL AND NON-GOVERNMENTAL SECTOR COLLABORATION

NGOs belong to a health system created by organizations and institutions, whose aim is to improve, maintain and recover health. International, and national documents emphasize the importance of NGOs as members of the health system (11,12). The 2001 World Health Organization document entitled *Strategic Alliances. The Role of Civil Society in Health* highlight the need of systematic collection of data about the role played by NGOs in the health area, and the presentation of so-called good practice associated with their contribution to the health system. It was noted that the relationship between the governmental and non-governmental sector is complex. In spite of the difficulty in collaboration, it was stated, that the benefits justify joint activity (13,14).

Legal regulations in Poland oblige various institutions and public organizations to cooperate (financially and non-financially) with NGOs in order to achieve the health objectives (i.e. Act on Public Benefit and Volunteer Work, local law, the Act on Medical Activity, Law on the Rights of Patient and the Ombudsman of Patient's Rights, The Law on Upbringing in Sobriety and Counteracting Alcoholism).

One third of public administration units, which passed the funds to NGOs for the implementation of the tasks of areas (spheres) of public benefit in accordance with the Act on Public Benefit and Volunteer Work, passed these funds for "health protection and promotion", as well as "activity for disabled" (30% of units) or "rescue and civil protection" (9%) (1,15). Passing of public funds to NGOs is based on various modes and law, not only the ones mentioned above (16).

One of the forms of the non-financial collaboration with NGOs is social consultancy related to creation and modification of the law from different fields of social life (regulated by The Work Regulations of the Council of Ministers and local government law). An example of immature mechanisms of conducting consultancy in the field of health care was work on the current Act of Medical Activity. Legal provisions related to, i.e. the activity of hospices as for-profit institutions were not consulted with NGOs, which caused visible response in the media on their part (17). Another example could be the provisions of the Law on the Rights of Patient and the Ombudsman of Patient's Rights related to the representative of NGOs in committees for adjudication of medical events. As the representatives of organiza-

tions indicate, medical or law education requirements for the candidates "blocked the participation of real social activists in the committees" (18).

NGOs are also invited to collaborate as expert bodies in various ventures. Often the organizations themselves create their own expertise. An example of substantial achievements is the "European Standards of Care for Children with Cancer" case study, which was created on the initiative of Jolanta Kwaśniewska's Foundation Communication Without Barriers and SIOPEurope (19). In 2012 "Standards for Disability Services", which are being prepared by, i.e. experts recommended by NGOs, are to be presented (20).

### SUMMARY

There are about 3 thousand active associations and foundations in Poland, whose main field of activity is health care, which accounts for 4-7% of non-governmental sector. Despite vital data on NGOs from that field, the essential information for the assessment of their potential is still missing. It is unknown in whose favour the organizations work for - how many people and what health problems they are helping with.

The results of the nationwide representative research indicate, that over one third of the organizations deals with rehabilitation, therapy, and long-term care. It can be assumed, that activity in this area is aimed at patients with cancers, neurological diseases, mental disorders, and so-called rare diseases (immunological, genetic), as the database of the Patient's Rights portal suggests. According to national studies, about one third of the organizations declare activity in preventive measures, health promotion and education, as well as blood donation. However, it is not clear how these concepts are understood. Whether these actions include health education only, and if so, what educational methods are used (i.e. educational materials, social campaigns)?

Another issue which requires additional research is the type of services provided by the organizations (i.e. medical and diagnostic, psychological, legal, integrative, benefits in kind). According to the results of CSO research, a small percentage of organizations (between 5-0.6%) provide hospital benefits, counselling, distribution of medicine and medical equipment, outpatient care, diagnostic, and analytical services. It is unknown which groups of patients are provided with these benefits and what their costs in the overall budget of health care field of NGOs.

Further research is required in the topic of the characteristics of people associated in the organizations (age, gender, duration and nature of membership, health problems), as well as people working for them.

Another issue is the goals which the organizations set, as well as how the recipients and the organizations

themselves assess the quality and effects of their work. Do they take steps leading to their assessment, which could enhance their credibility and trust in them? A controversial issue is the relationship with the pharmaceutical industry. In Poland it is a rarely discussed topic, but in other countries, an increasing interest in the subject can be observed (21).

The issues in question require further analysis, if the tasks fulfilled by NGOs in the health care field in Poland are to be assessed. Additionally, the health care field is only part of the third sector activities connected to health. Understanding the capacity and limitations of organizations operating for health, would enable better planning of the national health policy. It would not only stop the unreasonable and excessive expectations towards NGOs, but also facilitate the use of potential of social workers and specialists from the organizations.

## REFERENCES

1. Sprawozdanie z funkcjonowania ustawy o działalności pożytku publicznego i o wolontariacie za 2009 rok. Warszawa: Biblioteka Pożytku Publicznego. Ministerstwo Pracy i Polityki Społecznej; 2011. [http://www.pozytek.gov.pl/files/Biblioteka/spraw\\_2009\\_publicacja.pdf](http://www.pozytek.gov.pl/files/Biblioteka/spraw_2009_publicacja.pdf)
2. Ustawa z dnia 24 kwietnia 2003 r. o działalności pożytku publicznego i o wolontariacie (Dz.U. 2010 r. Nr 234, poz. 1536 z późniejszymi zmianami).
3. Izdebski H. Komentarz. Ustawa o działalności pożytku publicznego i o wolontariacie. Warszawa 2003.
4. Poradnik NGO. Internetowe Centrum Wsparcia. <http://poradnik.ngo.pl/>
5. Herbst J, Przewłocka J. Podstawowe fakty o organizacjach pozarządowych. Raport z badania 2010. Stowarzyszenie Klon/Jawor, Warszawa 2011. [http://civicpedia.ngo.pl/files/civicpedia.pl/public/raporty/podstawowefakty\\_2010.pdf](http://civicpedia.ngo.pl/files/civicpedia.pl/public/raporty/podstawowefakty_2010.pdf)
6. Główny Urząd Statystyczny. Departament Badań Społecznych. Podstawowe dane o stowarzyszeniach, fundacjach i społecznych podmiotach wyznaniowych działających w 2008 r. Warszawa: GUS; 2010:25-26. [http://www.stat.gov.pl/cps/rde/xbr/gus/PUBL\\_gs\\_podst\\_dane\\_o\\_stowarzyszeniach\\_dzialajacych\\_w\\_2008\\_r.pdf](http://www.stat.gov.pl/cps/rde/xbr/gus/PUBL_gs_podst_dane_o_stowarzyszeniach_dzialajacych_w_2008_r.pdf)
7. Przewłocka J. Zdrowie w III sektorze. Stowarzyszenie Klon/Jawor <http://civicpedia.ngo.pl/ngo/685264.html> [dok. elektr. 2011.09.27]
8. Herbst J. Wewnętrzne zróżnicowania sektora. Podstawowe fakty o branżach sektora organizacji pozarządowych w Polsce. *Ochrona zdrowia*. Stowarzyszenie Klon/Jawor; 2005:1-10, 32-8.
9. Czekaj A, Walaszek M, Woch P. Ochrona zdrowia. W: Sfery działalności organizacji pożytku publicznego w Polsce. Kraków: Urząd Statystyczny w Krakowie; 2010:1-11,23-35. [http://www.stat.gov.pl/cps/rde/xbr/krak/ASSETS\\_Sfery\\_dzial\\_org\\_poz\\_publ\\_2010](http://www.stat.gov.pl/cps/rde/xbr/krak/ASSETS_Sfery_dzial_org_poz_publ_2010).
10. Instytutu Praw Pacjenta i Edukacji Zdrowotnej. <http://www.prawapacjenta.eu> [27.01.2012]
11. World Health Organization. WHO and Civil Society: Linking for better health. Geneva: 2002.
12. Narodowy Program Zdrowia na lata 2007-2015. Załącznik do Uchwały Nr 90/2007 Rady Ministrów z dnia 15 maja 2007 r.
13. Piotrowicz M, Cianciara D. The role of non-governmental organizations in the social and the health system. *Przegląd Epidemiologiczny* ...
14. World Health Organization. Strategic Alliances. The Role of Civil Society in Health. Discussion Paper No. 1CSI/2001/DP1. WHO; 2001
15. Strategia wspierania rozwoju społeczeństwa obywatelskiego na lata 2009-2015. Załącznik do uchwały nr 240/2008 Rady Ministrów z dnia 4 listopada 2008:23-25.
16. Guć M. Ekspertyza dla ZMP dotycząca wskaźników do bazy SAS w zakresie współpracy JST-NGO obejmująca wskaźniki znajdujące się w statystyce publicznej i zasobach MPiPS oraz sugestie rozszerzenia zbioru na przyszłość. [dok. elektr. 23.02.2012].
17. Bulikowska J, Szpakowska S. Organizacje pozarządowe: w lipcu będziemy zamykać hospicja. Rzeczpospolita 22 lutego 2012 nr 44 (9164). <http://www.rp.pl/artukul/22,816866-Organizacje-pozarządowe--w-lipcu-będziemy-zamykać-hospicja.html> [23.01.2012].
18. Rożko K. Czy pacjenci będą mieć swoich reprezentantów w komisjach ds. orzekania o zdarzeniach medycznych? Rynek Zdrowia 19 października 2011. <http://www.rynekzdrowia.pl/Polityka-zdrowotna/Czy-pacjenci-beda-miec-swoich-reprezentantow-w-komisjach-ds-orzekania-o-zdarzeniach-medycznych,113272,14.html> [23.01.2012].
19. Europejskich Standardów Opieki nad Dziećmi z Chorobą Nowotworową. Fundacji Jolanty Kwaśniewskiej Porozumienie bez Barrier oraz SIOP Europe. Warszawa; 2009. [http://www.fpbb.pl/user\\_upload/static/file/Europejskie%20Standardy%20Opieki%20nad%20Dzieckiem%20z%20Chorob%C4%85%20Nowotworow%C4%85\\_PL.pdf](http://www.fpbb.pl/user_upload/static/file/Europejskie%20Standardy%20Opieki%20nad%20Dzieckiem%20z%20Chorob%C4%85%20Nowotworow%C4%85_PL.pdf)
20. Powstaną standardy i katalogi świadczeń dla niepełnosprawnych. Rynek Zdrowia 14 września 2011. <http://www.rynekzdrowia.pl/Polityka-zdrowotna/Powstana-standardy-i-katalogi-swiadczen-dla-niepelnosprawnych,112383,14.html> [23.01.2012].
21. Patient Organizations and Economic and Industrial World – Towards New Types of Relationship? W: Akrach M, Nunes J, Paterson F, Rabeharisoa V, red. The dynamics of patient organizations in Europe. Paryż: Les Presses MINES ParisTech; 2008: 83-133.

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