



HEALTH SECURITY CATEGORY IN THE 2014 AND 2020 NATIONAL SECURITY STRATEGIES OF THE REPUBLIC OF POLAND

KATEGORIA BEZPIECZEŃSTWA ZDROWOTNEGO
W STRATEGII BEZPIECZEŃSTWA NARODOWEGO RP
Z 2014 I 2020 ROKU

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— ABSTRACT —

The aim of this article is to analyse the category of health security in the 2014 and 2020 National Security Strategies of the Republic of Poland. The starting point is the adoption of a proper definition of health security considered as a process in which many elements participate and which is influenced by many factors of social, economic, environmental, etc., nature. This approach captures the specificity of health security as an essential element of state and citizen security. The analysis of the documents proves that the authors do not consider the multifactorial and multidimensional nature of health security, and thus do not indicate in the Strategies the key threats to health and life and, above all, effective solutions introduced at state level, whose main task would be to maintain an adequate level of health security.

— ABSTRAKT —

Celem artykułu jest analiza kategorii bezpieczeństwa zdrowotnego w Strategii Bezpieczeństwa Narodowego RP z 2014 roku i 2020 roku. Punktem wyjścia jest przyjęcie właściwej definicji bezpieczeństwa zdrowotnego uznanego za proces, w którym współuczestniczy wiele elementów i na który wpływa wiele czynników o charakterze społecznym, ekonomicznym, środowiskowym, gospodarczym itd. Takie podejście pozwala uchwycić specyfikę bezpieczeństwa zdrowotnego jako istotnego elementu bezpieczeństwa państwa i obywateli. Przeprowadzona analiza dokumentów wskazuje, iż twórcy nie uwzględniają wieloczynnikowego i wielowymiarowego charakteru bezpieczeństwa zdrowotnego, a tym samym nie wskazują w Strategiach na kluczowe zagrożenia dla zdrowia i życia, a przede wszystkim na efektywne rozwiązania wprowadzane na poziomie państwa, których głównym zadaniem miałyby być utrzymanie odpowiedniego poziomu bezpieczeństwa zdrowotnego.

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Keywords: health security; health; risk; security strategy; health care system

Słowa kluczowe: bezpieczeństwo zdrowotne; zdrowie; zagrożenie; strategia bezpieczeństwa; system ochrony zdrowia

INTRODUCTORY REMARKS

The changes taking place in the security domain as a result of globalisation and other civilisational transformations, which appear in every dimension, have resulted in an evolving set of contemporary threats. The last two years, dominated by the COVID-19 pandemic, have shown that health security and related issues are one of the most important aspects of the proper functioning of the state and individual citizens. So far, the approach of decision-makers to the problem of health risks is only seen in an acknowledgement of the probability of their existence.

For European countries, the imminent danger of an epidemic or pandemic caused by a dangerous pathogen was probably in the threat catalogues but was not marked as significant. The dynamics of international reality have led to a change in the approach to health security and health threats over recent years. Events related to the growing health problems of societies, the development of diseases of civilisation, the COVID-19 pandemic, or dysfunctions of health care systems have shown decision-makers that they are dealing with events that directly threaten life and health as well as the effective functioning of the state.

A significant factor resulting in the change of approach was the statement that the processes causing the deterioration of health security, both at the state and international levels, proved difficult to predict, especially in terms of their consequences. Decision-makers have found themselves in a reality in which health security, or rather the lack of it, has a real impact on the development of the economy, the political and economic stability of the state, service delivery, etc. It was therefore important from the point of view of state action to embed the concept of health security in documents of a strategic nature and to define in them at least an outline of the initiatives that should be taken to maintain a level of health security sufficient for the undisturbed functioning of the state and individuals¹. The

¹ The effect of activities at the international level are initiatives to improve health security and to correlate activities to eliminate possible threats, such as EU-LIFE (2020).

aim of this article is to analyze the approach to the category of health security in two documents: the National Security Strategy of the Republic of Poland of 2014 and the Strategy of the National Security of the Republic of Poland of 2020. This paper will indicate significant shortcomings in the factor analysis taking into account the circumstances having a direct impact on the level of health safety and health threats to individual citizens. The paper will also show that the omission of many factors determining health and health safety results in an increase in health threats, and above all, dysfunctions at the level of specialist institutions, i.e., the health care system in Poland, which in turn leads to limiting the implementation of the right to health protection at the level of countries. The time frame of the analysis has been narrowed down to the introduction and functioning of two documents, the National Security Strategies of 2014 and 2020. According to the author, an in-depth reflection on the essence of health security and the factors shaping it should take place, as well as actions necessary to be taken at the state level in order to maintain its security, and these documents should reflect these thoughts.

The analysis is based on two assumptions. Firstly, the introduced National Security Strategies take only a general and cursory approach to health security and health. These elements should be considered as points of key importance for the effective functioning of the state and society. Secondly, the analysis carried out will also indicate that neither of the two documents includes a specific catalogue of major threats to health security because only trends that may result in a decrease in the level of health security are indicated. The analysis carried out in this way makes it possible to illustrate health security deficiencies that are important from the point of view of the state security system.

The article consists of three parts. The first part analyses the theoretical assumptions about health and health security and identifies a catalogue of factors that shape both of these. It is these categories that should also be taken into account when developing strategic documents. In the second part, a comparative analysis of approaches to health security in the two National Security Strategies of the Republic of Poland is carried out; particular attention is paid to the place it occupies in these documents. The third part is devoted to the evaluation of strategic solutions in the field of health security contained in the Strategies and their relevance for counteracting threats arising in the changing security environment. The explication contained in the article is based on research methods such as content analysis of the National Security Strategy of the Republic of Poland,

analysis of studies, monographs, and articles by researchers dealing with health security, health, and threats to them².

THE ESSENCE OF HEALTH SECURITY

In contemporary scientific and political discourse, the terms 'health security' and 'health' are cited very often. This is directly related to the growing importance of these categories in theoretical approaches, planning, and defining the actions of state authorities, institutions, or society itself. This type of security and related issues entered the discourse with the beginning of the political transformation in Poland. This period was primarily associated with transformations in the area of the health care system, reforms that directly concerned changes in the organisation of the functioning of specialised entities, such as hospitals, the availability of services and their financing (See more: Nojszewska, 2011). Transformation in health care has been associated with an increase in an interest in the area of the health system and health-related issues at the level of citizens themselves (See more: Nowak & Holik, 2011). This approach was directly triggered by the effects of the reform. For citizens, this meant limitations on the availability of benefits and the system. They also made it necessary to learn about new standards for the functioning of health care facilities and doctors. Further changes in the health care system (See more: Borkowska, 2018), which, according to those in power, were intended to increase the efficiency of the operation of medical entities and thus increase the level of health security of citizens, did not bring a clear improvement in the system as a whole and did not result in an increase in the level of health security (Grzywna, 2015, p. 116). Therefore, the issues of health safety and health entered the political discourse for good. These issues began to be analyzed on the basis of a research field specific to the sciences of politics, administration, health and medicine (See more: A. Amelijańczyk & T. Amelijańczyk, 2012). The interdisciplinary approach was to guarantee the proper definition of the framework for health safety and health at the national and international levels (See more: Bober, 2016). The postulates for a substantive discussion based on scientific knowledge have not been realised and the health

² The article draws on studies on the essence of the Security Strategy itself by S. Koziej (2011), A. Legucka (2015), as well as articles on health and health security by P. Grzywna (2015), and D. Cianciara and M.J. Wysocki (2006).

security discourse has been constantly based on current political objectives. It was also related to the necessity to use a relatively consistent definition. The very mechanism for developing a definition of health security involved the need for an in-depth analysis, taking into account the multidimensionality of security itself and the dynamics of change in the security environment (Nowicka & Kocik, 2018, pp. 106–107). An example of such an approach, dictated by the evolution of threats, was the World Health Assembly resolution entitled *Global Health Security: Epidemic Alert and Response* of May 2001³, presented in the article by P.M. Nowicka and J. Kocik “External Threats to Poland’s Health Security” (2018). In its content, the document focused on emerging phenomena as a direct result of the processes of globalisation, which should be seen as threats to global health security. Such threats included infectious diseases, increased population movements, and a deteriorating environment. The transboundary nature of these threats was also highlighted (WHO, 2001). This definition and approach remained undefined, hence further work in international format.

Further work on the international definition of health security was initiated as a result of the events in the USA in 2001 and was directly linked to the increase in terrorist threat. During this time, the concept of action for Global Health Security was established⁴ (Global Health Security Initiative, GHSI). This informal partnership of like-minded states and organisations was to work together to strengthen preparedness for and response to terrorist threats, with particular attention to the possibility of using chemical, biological, radiological, and nuclear (CBRN) weapons. As a result of this approach, the understanding and delineation of health security was significantly reduced. This is because the focus came to be on issues directly related to terrorist and, above all, bioterrorist threats. The issue of public health at a societal and individual levels was omitted entirely. The first definition of health security that could be taken as a model including a link to public health was presented in 2007 in *The World Health Report 2007* –

³ For the full text of the document, see: WHO (2001).

⁴ The idea behind the Global Health Security Initiative was born out of an idea by the then US Secretary of Health and Human Services Tommy Thompson after the attacks on the World Trade Center on September 11, 2001. The main idea was for countries fighting bioterrorism to cooperate, share information and coordinate their efforts to best protect global health. The initiative was launched in November 2001 by Canada (which hosted the first meeting in Ottawa), the European Commission, France, Germany, Italy, Japan, Mexico, the United Kingdom, and the United States. The World Health Organisation (WHO) was to act as an observer to the GHSI (*Global Health Security Initiative*. Wikipedia, n.d.).

A Safer Future: Global Public Health Security in the 21st Century. In this approach, ‘global’ can refer to the nature of activities in the area of health security, which far exceeds the scope of just internal state security. Global health security has thus been defined as “the necessary actions, both proactive (active) and reactive (passive), to minimise vulnerability to acute public health events that threaten the public health of populations across geographic regions and international borders” (*World Health Report 2007...*, 2007). Thus, if we understand public health according to the definition as both the area of empirical knowledge (science), and also public activity with a clear system of values the main goal of which is to prevent diseases, extend life and improve quality of life, health security in a global perspective should be a developed system of actions eliminating threats to the health and life of individuals. It should therefore be assumed that health security is subject to a dynamic that should be characterised by an awareness of constantly changing risks. An important element of the cited definition is the use of the term ‘vulnerability’, which should be understood as actions of a preventive nature undertaken by specialist institutions in order to prevent the emergence of threats to the health and life of citizens. The term ‘acute events’ used in the definition should be considered as equally broad and flexible, which could be understood by decision-makers to mean both terrorist threats and infectious diseases (Nowicka & Kocik, 2018, pp. 106–107).

The definitions that have been developed are characterised by a high degree of generality, which can be seen as a desire to allow for institutions or international organisations to introduce regulations that oblige states to specific large-scale actions in the event of a health emergency, often in violation of the sovereignty of governments and the will of citizens themselves. Equally general definitions are cited after D. Cianciara and M.J. Wysocki (2006), and M.J. Kuczabski in his article “The Category of Health Security in Security Sciences”. He indicates that one concept of health security combines two aspects (Kuczabski, 2021, p. 20). Firstly, security against the risk of disease and loss of health, which can be described as a biomedical concept. That is why health security can be referred to a state in which the level of development of medicine, prevention and the accessibility of the health care system are crucial to health. Secondly, security against the consequences of loss of health and illness, which in turn indicates the capacity of the financial guarantee system within the framework of insurance at the state level (Cianciara & Wysocki, 2006). Such an understanding points only to two dimensions of health security based on the efficiency of the health care system, namely institutions, on the one hand, responsible for specialised activities, e.g.,

hospitals, and on the other hand, entities which are the guarantors of financial security – insurers. As M.J. Kuczabski rightly points out, such a definition does not take into account the factors which have the greatest impact on the health of individuals and thus on the level of health security, i.e., social conditions, lifestyle, economic conditions. The approach emphasising the role of accessibility of the health care system and its key importance for the level of health security is presented by P. Grzywna; however, he takes into account the multitude of factors determining health. He defines it as the provision by the state and its agencies of conditions giving the possibility to realise the right to health protection, an essential element of which is the guarantee of access to medical services on equal terms for the benefit recipients (Grzywna, 2015, p. 116). It is through the prism of the availability of services that the level of health security should be determined.

Such definition of health security points to the leading role of the state in creating the rules and conditions for the realisation of only a certain area of this security, which means the services within the health system. An approach that captures health security only through the prism of the capacity of the health system is still too narrow. It should be constantly confronted with the very definition of health issues provided by WHO⁵, which points to an extensive catalogue of factors, conditions defining well-being – full health. Similarly, J. Ruszkowski defines health security and encompasses important factors influencing the health status of the population. The interaction is a determinant of the process of achieving health effects on a social scale. It corresponds to the subjective sense of threat that patients and their families face when they are ill. Moreover, it is closely related to issues of accessibility in terms of meeting health needs (Ruszkowski, 2010, p. 33). It should therefore be assumed that health security is a process in which individuals, as well as governmental, non-governmental, or specialised entities, play a key role. They are the ones who are supposed to actively seek to increase the impact on health status in order to maintain or improve it. The role of other components of the system whose domain is health care is also crucial. This definition makes it possible to emphasise first and foremost the essence of health as an overriding value in human life, and the role that all components of the health system play in order to maintain it, as well as the goal of ensuring safety at the highest level. This definition is similar to the one presented in *Security Vademecum*, where health security is defined as a continuous undertaking

⁵ See more: WHO (1998).

of actions aimed at diagnosing health threats, both subjective and objective ones, developing the skills to respond to challenges and threats to the health and life of individuals (Klepka, Kopeć, & Wasiuta, 2018, p. 174). Considering health security as a process allows for constant monitoring of the changing catalogue of threats to the life and health of individuals. It provides the opportunity to plan specific actions to either prevent or eliminate the negative effects of possible threats at the state and international levels. The framing of security as a variable also forces decision-makers and responsible entities to constantly monitor factors that have a direct impact on the level of health. It should also be accepted that health security is considered a public good, where the role of the state and responsible institutions is crucial in the area of shaping the health system, the health policy, and the health of citizens.

HEALTH SECURITY IN THE 2014 AND 2020 NATIONAL SECURITY STRATEGIES OF THE REPUBLIC OF POLAND (SBN)

Understood as a process, health security generates the need to integrate its elements into planning/programming and, above all, strategic activities. Assumptions developed in the health security dimension both at the state and international relations levels should therefore take the form of strategic initiatives or plans included in political programmes. The integration of health security with the area relevant to the state security strategy has become a necessity in view of the changing catalogue of threats. Decision-makers have started to perceive health and health security as strategic actions.

It is health and all issues related to it that are linked to the strategic resource that is society. Ensuring health, understood, of course, broadly, as universal well-being in the various dimensions: social, economic, environmental, etc., should therefore be among the priority actions of the state. Health security has been included in the catalogue of values inherent in the public good, thus the state has been given the legitimacy to create a set of values of an intrinsic nature that should be protected from threats. Such values include health and health security (Klepka, Kopeć, & Wasiuta, 2018, p. 126).

As R. Kupiecki rightly notes, the development of security strategies is predominantly elitist in nature, which is due to the hard-won experience and wide-ranging knowledge of the participants, as well as the significant role of classified information (2015a, p. 14). The implementation of a referral process

on security strategy-building is therefore presented as a complex process. This is primarily due to the dynamics of the international environment, as well as the various influences on the content, scope, and challenge of keeping it up to date (Kupiecki, 2015a). Health and health security included in strategic documents are a manifestation of an evolutionary approach to the content of strategic documents, as well as the dimensions and elements that define a state's internal security. The same relevant approach is presented by A. Legucka (2015), indicating that an important conceptual assumption of a substantive nature was to take into account an integrated perception of security in state and international terms. As emphasised by A. Legucka, the evolution of security and the related re-evaluation of international reality refers to the subjective aspect of security, and therefore provisions on energy security, financial security, health security, food security, social security, and universal security (understood as rescue and civil protection) can be found in the strategy. Such an approach is related to the aforementioned process of demilitarization of security and is a manifestation of understanding security as a process in which not only the survival of a given entity, i.e., the state and nation, is important, but also its development and existence in appropriate conditions. The approach of A. Legucka also emphasises the importance of strategic perception of possible negative scenarios of the functioning of a given entity. As the author points out, it becomes necessary to formulate proposals and plans for responding to threats and also to create favourable political, economic, social and cultural conditions for society, without forgetting to develop the military potential in order to be able to guarantee the defence of the country and its inhabitants at the right moment (Legucka, 2015, p. 136). It should also be stated that the Security Strategy is a document that indicates how to use all the forces and means of the state to take advantage of opportunities, address challenges and resist all types of threats (Koziej, 2011, p. 19). Such an approach could be described as a model, but given the dynamics of the security environment, it is virtually impossible to develop, for example, a catalogue of risks included in the Strategy.

The National Security Strategy, taking into account threats in the area of health, becomes a significant document for the category of health security. The National Security Strategy approved at the request of the President of the Council of Ministers on November 5, 2014, by President Bronisław Komorowski, was the first document to identify the potential of national security and assess the security environment of Poland globally, regionally, and locally, and to forecast development trends (SBN, 2014). This approach

also involved addressing the topic of health security and direct threats to the life and health of the population.

In the 2014 Security Strategy, reference to the need to protect health security and the areas affecting it is mentioned in the section on national interests and strategic objectives. It refers to the need to protect individual and collective citizens from threats to their life and health, and from damage, loss and degradation of assets (tangible and intangible) that are important to them, and the need to ensure the sustainable and balanced development of the country's social and economic potential, with particular attention to the protection of the environment and the living and health conditions of the population as a basis for existence (SBN, 2014). These points refer directly to the definition of health and clearly place it in the catalogue of major national interests. The very necessity of health protection in this point of the Strategy is framed in a rather general way (SBN, 2014, p. 36). The implication is that the most important issue is health protection related to the loss of well-being that may occur, implicitly, as a result of threats of a military nature. Such an approach clearly has an inflated character and the COVID-19 outbreak showed what risks to life and health can occur unexpectedly. The document does not address the issue of health and life protection in the subsequent section on strategic objectives arising from the alignment of interests. It only contains provisions that define the role of the sectors of the state security system, such as the rescue and fire-fighting system, the system of monitoring, notification, warning of threats and elimination of the effects of natural disasters or catastrophes, legal solutions, ensuring food security, or implementing tools aimed at deepening public awareness of security and emergency response (SBN, 2014, p. 36).

In Chapter 2 on Poland's security environment, under the point referring to the regional dimension, the Strategy's authors draw attention, in Point 48, to the problem of ageing populations in European countries. They treat it as a real threat manifesting itself in the burden on public finances. Analysis of the planned strategic solutions in relation to this problem allows the conclusion that the authors of the Strategy assume the introduction of solutions aimed primarily at relieving the burden on the health care system by promoting the policy of "active and healthy ageing" (SBN, 2014, p. 20). Such measures probably aim to keep the elderly population healthy enough to live independently without having to involve younger relatives who need to fulfil themselves in the labour market, on the one hand, and on the other hand, to make the elderly also capable of remaining in the labour market for as long as possible.

Health security is directly addressed in the national dimension by the Strategy's provisions. Paragraph 53 recognises the health security of citizens as an element co-shaping national security. It indicates that it is influenced by such problems as: demographic changes, changes in environmental conditions, and the development of new technologies (SBN, 2014, p. 24).

The analysis of the definition of health and extending the catalogue of threats leads to dissatisfaction due to only three mentioned aspects, which from the perspective of the state are to model the level of health security. There was a conspicuous lack of references to pandemic threats (there was already an H1N1 flu pandemic in 2009, an E. coli outbreak in Germany in 2011, or the Ebola virus threat in West Africa in 2014) (Public Health, n.d.). Activities aimed at maintaining health security were included in Chapter 3 of the Concept of Strategic Actions. In the point concerning protective measures, No. 88, the authors of the Strategy indicate the need to ensure public safety through rescue and protection of the population. Therefore, it is recognized in the SBN that the basic protective action is saving life, health, property and the environment from natural disasters, local threats, and human activity. This point also indicates the essential role of the State Medical Rescue Service and the State Fire Service as key elements of the national rescue and fire-fighting system, whose main task is to identify threats and carry out rescue operations (SBN, 2014, p. 36). The authors of the Strategy point to the need for cooperation of many services, including NGOs, to ensure an adequate level of safety in the face of an emergency that may pose a direct threat to life and health. A direct reference within the framework of protective measures to health and health security is also included in Point 93, where the need to identify and counteract health security threats, those related to civilisational development as well as to saving life and health of the population, is already clearly stated. In this section, reference is made to the health system and its role in ensuring health security through the proper provision of health and medical services within the operation of health specialist institutions (SBN, 2014, p. 38).

Issues related to health security and its provision are mentioned in the Strategy's content relating to social activities in the sphere of security. Paragraph 96 refers to education for security as an activity for the acquisition of security knowledge and skills by citizens. Knowing the scope of the basis of this subject at the level of successive stages of education, it should be emphasised that one of the main tasks of education for safety is spreading the knowledge on health in the broadest sense, as well as practical skills related to the administration of first premedical aid and coping with threats. Point 98, which defines counteracting

threats to demographic security, which should be treated as an element of health security, refers directly to the threat mentioned in the catalogue of national interests. This is a very general aspect, which mainly refers to the need to create favorable conditions for fertility, supporting families and protecting the elderly. The elimination of risks in the area of environmental protection is discussed in detail in Point 105, where the authors focus on the need to eliminate risks leading to natural disasters or the effects of extreme weather events (SBN, 2014, pp. 39–41).

In the section of the 2014 National Security Strategy concerning operational activities, a direct reference to health security appears only once, in Paragraph 93, and is of a very general nature. The authors of the Strategy, when considering health security issues, mostly approach them through the prism of the functioning of the services (Emergency Medical Services, Fire Service), which are supposed to ensure safety in the face of an emergency situation and eliminate its possible effects (SBN, 2014). Apart from a few references to the protection of life and health, the document does not refer to the increase of new key threats to life and health, such as, for example, biotreats, the development of civilisation diseases, or the dysfunctionality of the health system at the state level. There is also a lack of references to international cooperation both within the European Union and other international organisations such as WHO, which may give rise to legitimate concerns⁶.

In the further part of the Strategy, which contains solutions of a preparatory nature, the issue of ensuring health security is discussed in the context of the functioning of the general security services (rescue and civil protection), where the necessity of effective use of the existing resources of the National Rescue and Firefighting System, and the State Medical Rescue Service is emphasised. Point 135 indicates the necessity of continuing changes in the health care system, the effect of which is to improve the efficiency of the entire system. An important element of this point is the attention paid to the necessity to develop and improve organisational, planning, procedural, and material preparations appropriate for the functioning of the system in times of threats and war (SBN, 2014, p. 48). This provision should be regarded as a manifestation of a proper analysis of the changing security environment under the influence of Russia's aggression against Ukraine in 2014, and thus the necessity to adapt the realities of the Polish health care system to possible threats resulting from actions of a military nature. Plans

⁶ Decision 10/82/2013/UE (2013).

of a preparatory nature relating to countering demographic threats in this part of the document focus on strengthening family policy, which is to be based on enabling professional development by providing care for children and the elderly.

The 2014 National Security Strategy is an example of an independent effort to define and re-establish the systemic and conceptual foundations of state security (Koziej & Brzozowski, 2015, p. 18). According to the author, the strategic activities relating to health security in the document have not been presented at a sufficient level. The creators of the Strategy, both in the operational and preparatory parts, focus mostly on modernising the operation of services aimed at reducing or eliminating threats in crisis situations. The adaptation and problems of the health system in the face of a changing catalogue of health threats were also dealt with in a perfunctory manner, which was virtually ignored with the exception of issues related to demographic problems and the ageing of the population. It can therefore be concluded that the 2014 National Security Strategy focused on solutions that primarily point to the development of defence capabilities in the face of a military threat and the action of the relevant services in the face of natural disasters.

The next analysed document is the 2020 National Security Strategy, approved by a presidential order of May 12, 2020, which meant that the 2014 document lost its legal force. In the new Strategy, it has already been explained in the introduction that it presents a comprehensive vision of shaping of the national security of the Republic of Poland in all its dimensions. The provisions of the document take into account both the subjective aspect, i.e., the internal dimension of national security, the international environment, i.e., regional, global cooperation and in international organisations, and the subjective aspect, i.e., all aspects of the national security system. It was noted that national interests and strategic objectives in the field of security were formulated “in accordance with the national values set out in the Constitution”, and “the provisions contained in the Strategy should be developed and reflected in national strategic documents in the field of national security and Polish development” (SBN, 2020). The introduction also states that the new Strategy takes into account Poland’s presence in the North Atlantic Alliance and the European Union. It also defines the security environment and indicates that the most serious threat is the neo-imperialist policy of the Russian Federation authorities implemented with the use of military force (Sobczak, 2020, p. 22). The introduction also highlights a problem that was an important point of the 2014 Strategy related to the persistent lack of replacement of generations in Poland and thus the ageing of the population resulting in

challenges for the implementation of tasks in the area of health and institutional care (SBN, 2020, p. 9). In the area of the health care system, according to the authors of the Strategy, the key issue is counteracting the effects of civilisation diseases, levelling social inequalities in access to health care and increasing health awareness of the citizens (SBN, 2020, p. 9). The growing shortage of medical staff is mentioned as a problem, with the simultaneous growing demand for health services resulting from the ageing of the population. The document also draws attention to the need to improve access to modern methods of diagnosis and treatment. A very important issue included in the Strategy is the identification of the impact of globalisation and the unlimited possibility of rapid movement of people around the world on the development of threats to the life and health of people and Polish citizens. Specifically, the source of such threats are drug-resistant bacteria, or viruses the spread of which results in negative health, economic and social consequences, as evidenced, of course, by the COVID-19 pandemic. This was a significant progress compared to the 2014 Strategy assumptions. The opportunity to eliminate these challenges and threats is perceived as efficient and legitimate action of state authorities in combating epidemic threats as well as their consequences, and as the preparation of procedures to deal with them and the availability of an appropriate number of medical personnel and personal protective equipment (SBN, 2020, pp. 8–9).

Pillar 1 of the Strategy entitled “Security of the State and Citizens” in the section entitled “State Resilience and Common Defence”, in Section 2.3 indicates the need to develop the capacity of the health care system and public administration structures to combat epidemic threats, with particular emphasis on highly contagious and particularly dangerous diseases. The authors indicate that measures should be taken at the state level, resulting in the development of diagnostic facilities with particular emphasis on the ability to rapidly detect epidemic threats, as well as to analyse and forecast their spread in real time. In view of the growing threat, it is also stated that there is a need to include protective measures and medical equipment in the strategic reserve programme. The need for the state to support the production capacity of the medical industry is vital (SBN, 2020, pp. 14–18). These assumptions were very quickly verified in the face of the COVID-19 pandemic, where the need for transformation at the health system level was done in an ad hoc manner. Most of the changes were introduced at the level of regulations rather than laws or resolutions, which also raised questions.

The most important solutions dealing directly with health security are included in Pillar 4: “Social and Economic Development. Environmental Protection”. In the field of Health and Environmental Protection, the idea of improving conditions for the protection and development of the family is included.

The process should lead to increase the level of health security of citizens through effective measures to improve the demographic situation, which have a material dimension and are aimed at supporting families in their caring and socialising function, as well as initiatives for the elderly, who, as with the provisions of the 2014 Strategy, are expected to remain active and independent for as long as possible. An important point is to draw attention to the need to improve patient care in the health care system as a result of better accessibility to the health care system infrastructure, the use of telemedicine (SBN, 2020, p. 31). This solution was widely used during the COVID-19 pandemic, but its effectiveness and professionalism can be described as insufficient and often abused in cases where direct contact with the doctor was crucial (this was mainly the case for ophthalmology patients who lost continuity of treatment and access to the system). It should also be emphasised that in the new Strategy, its authors draw attention to the need for greater emphasis on the development and effectiveness of prevention and health education, diagnostics and rehabilitation, which is expected to influence the overall improvement of health and elimination of possible epidemic threats (SBN, 2020, p. 31). The Strategy also included a provision on medical staff. It is stated that it is essential to increase the number of employees, to counteract the migration of medics by improving employment conditions and the quality of education. In Point 1.5 (section “Health and the Protection of Family”), the authors of the Strategy draw attention to the necessity to activate and develop physical culture, which is to influence the general improvement of the health of the society. These activities are to be manifested in the modernisation of sports and sports-recreational infrastructure, as well as through the application of innovative sports training methods (SBN, 2020, p. 31). Declarations on improving the working conditions of doctors, especially in the financial dimension, were made during the COVID-19 pandemic under the pressure of events, others are still a matter of dispute and public discourse conducted by some politicians shows that systemic changes are not a priority for the government.

ASSESSMENT OF STRATEGIC SOLUTIONS REGARDING HEALTH SECURITY IN THE NATIONAL SECURITY STRATEGIES OF 2014 AND 2020

The National Security Strategies, the ones of 2014 and 2020, are widely recognised as being the most important documents that reflect the correct perception of the security environment as well as the tasks of the various institutions operating in its area. When analysing the category of health security in the context of the provisions of these documents, it should be noted that three components recur in each of them that define the general approach to this type of security. Firstly, both the 2014 Strategy and the 2020 Strategy set health security priorities based on an analysis of current events. In 2014, this was the Russian aggression on Ukrainian territory. The National Security Strategy therefore focuses on issues related to the actions of the relevant services in emergency and life-threatening situations. In this document, the focus is on the capacity of the health care system in the area of emergency medical care and activities to protect life and health from emergencies probably caused by military threats. Narrowing the initiatives in this Strategy to the crisis and military dimensions was a significant reduction in the health security dimension and the very concept of health. When analysing the 2020 document, the category of health security is included in the reality dominated by the SARS-CoV-2 pandemic. The creators of the Strategy also in this case focus on the capacity of the health care system but pay more attention to the availability of specialised institutions (hospitals, clinics), for example, through the development of telemedicine, diagnostic procedures or strategic reserves that provide security guarantees in the event of an epidemic threat.

Recognising the shortcomings of the Strategy's provisions in its comprehensive approach to health security, attention should be drawn to the rather cursory and current events while providing the catalogue of threats. In the case of the 2014 Strategy, it is poor. Indeed, the creators took as the most important point the issues related to demographic problems, the ageing of the population, the functioning of the rescue system, monitoring or elimination of damages. The authors of the 2020 Strategy approached it as multifaceted idea firmly rooted in reality. The catalogue in this document also mentions the importance of demography and its significance for the development of the state. The 2020 strategy delineates health threats in a little more detail. According to this document, however, they are mostly associated with epidemic diseases, the most important of which are those of an infectious nature. In

the second Strategy, the authors leave the broad definitional context of health, thus ignoring the factors that influence it (social, economic, environmental, etc.), defining the scope of health security and the catalogue of threats on the basis of leading problems (population ageing) or the current situation shaping the security environment (aggression in Ukraine, COVID-19 pandemic). This approach eliminates the understanding of health security as a process. In the case of these two documents, the main activities in the area of improving health security focus on the functioning of health system. The 2014 strategy pinned its hopes on the effective functioning of the rescue system in the broad sense, the monitoring system, the rescue and firefighting system. The 2020 document, on the other hand, again due to the prevailing situation, emphasises the role of efficient operation of specialised institutions in the dimension of diagnosis and prevention of infectious diseases. The advantage of the 2020 Strategy is the recognition of the need to develop preventive and educational activities in the field of health, which after two years of the pandemic, if implemented, could reduce, for example, the negative effect in the form of excess deaths in Poland⁷.

SUMMARY

The 2014 and 2020 National Security Strategies are characterised by incomplete coverage in points relating to the category of health security. The issues of health, threats to life and health in both documents are framed in the context of an analysis of the actual often dynamically changing situation in the security environment, without considering long-term actions or consequences, i.e., emerging threats. The strategies should be regarded as short-sighted and opportunistic. Their provisions relating to the category of health security lack an approach that results in specific plans and risk responses that directly affect the level of health security in the state. The lack of analysis of factors determining the health status of the population, such as the social, economic, ecological, or economic situation, results in a rather cursory approach to the health security category. It manifests itself in the 2014 and 2020 documents in a narrow portrayal of health problems and health risks. The main focus put only on the issue related

⁷ In 2021, Poland had the highest number of deaths since the Second World War – more than 506,000 – which is 40,000 more than in the equally tragic year 2020, when more than 477,000 Poles passed away (68,000 more than in 2019) (Wójtowicz, 2022).

to the capacity of the health system results in not considering health security as a process that depends on the interaction of many elements and circumstances, such as: the individual, health system institutions, government institutions, local governments, etc. The approach to health and health security threats in the Strategies can therefore be considered sloganizing and superficial and can result in growing difficulties in the health system and the poor situation of citizens and citizen-patients themselves, which are due to the lack of refined reactions of decision-makers to emerging threats and to changes in the security environment. It is a matter of concern that the documents do not refer to solutions introduced, for example, at the European Union level, through which Poland would fit into the broader framework of model activities at the international level.

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