

Poland



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Total population (2008) ¹	38115908
% under 15 (2008) ¹	15.38
Rural population, % of total population (2008) ³	38.7
Life expectancy at birth (2007) ¹	75.45
Under 5 mortality rate per 1000 (2007) ¹	7.01
Maternal Mortality ratio per 100 000 live births (2007) ¹	2.84
Total expenditure on health as %GDP, WHO estimates (2005) ¹	6.2
Public sector expenditure on health as % of general government expenditure, WHO estimates (2005) ¹	9.9
Human Development Index Rank, out of 182 countries (2009) ²	41
Gross National Income (GNI) per capita US\$ (2008) ³	11 730
Adult (15+) literacy rate (2007) ¹	99.3
% population with sustainable access to an improved water source	>95
% population with sustainable access to an improved sanitation	>95

Sources:

¹WHO Health for All Database

²Human Development Report 2009

³World Bank Database

The Republic of Poland is the largest country in central and eastern Europe, both in terms of population and area (312,685 km²). Administratively it is divided in 16 regions (województwa). The capital city is Warsaw. Nationally, Poland is almost homogenous; the minorities constitute 3.26% of the total number of inhabitants, mainly Germans, Byelorussians and Ukrainians. Poland was the first country in central and eastern Europe that re-established in 1989 democracy after 44 years of totalitarian regime and became a parliamentary republic. In 1999, Poland became a full NATO member and joined the European Union in 2004. Poland is an OECD member since 1996. The impact of global financial crisis and economic slowdown is visible in Poland, the production is slowed down and unemployment increased from 10.9 in February 2009 to 13.0% in February 2010. The GDP growth slowed down in 2009 to 1.7% from GDP growth of in 2008 - 4.6% nonetheless, Poland was the only country in Europe to report economic growth. GDP growth is projected to increase to 3.0% in 2010 (all figures: Ministry of Economy). The health situation reflects the advanced stage of demographic transition, with the younger age groups becoming smaller in relation to the older groups.

HEALTH & DEVELOPMENT

Improvement of the health status has been observed after the transition and marked in most health indicators. Poland compares favourably to other Central European Countries, but less favourably to the 15 EU countries that were Member States before May 2004.

The health system has been reformed at the beginning of the 90s, and decentralised and universal and compulsory health insurance introduced in 1999 (in 2004, pooling and distribution of funds within the social insurance system has been centralised, with the creation of national Health Fund, NFZ). The universal access is maintained, but the extent of informal payments pointed to a widening gap between demand for healthcare and public and private services available to those able and willing to pay. The low level of public expenditure for health care has been a major constraint upon health sector reform and has put considerable strain upon health services. Government health expenditure has not kept pace with GDP growth. Inadequate financing results in limits to access to health care services (waiting lists), indebtedness of hospitals, dissatisfaction of patients as clients, elements of corruption. In order to alleviate the situation the MoH is working on several initiatives to make system more effective i.e.: introduction of a process of restructuring of hospitals, establishing Patients Rights Ombudsman Office, improving quality assurance in health care. Rapid health system transitioning after 1989 resulted in significant and positive changes of crucial health indicators. Thus inter alia newborn mortality ratio was reduced from 19,3 per 1000 in 1990 to 5,6 per 1000 in 2008 and the life expectancy rate has grown from 70,73 in 1990 to 75,61 in 2008 (Chief Statistical Office).

National Health Fund with regional branches is responsible for contracting the health services. The system is oriented towards primary care services, which strengthens the function of family doctors as gatekeepers. Outpatient services in specialist health care centers and hospital treatment are provided on the basis of a referral from a family doctor, with the exception of services provided by selected clinics. Patients are entitled to a choice of any service provider, private or public, registered as approved providers by the Fund.

Human resources for health. Dissatisfaction of doctors and nurses due to low wages, lack of possibilities of personal development and poor working conditions has led to health workforce crisis. Migration of health professionals is an important emerging problem after Poland's EU accession, which is causing shortages of workforce in of specific specialities and in specific regions.

Noncommunicable diseases are the leading causes of health care problems. Although the cardiovascular diseases mortality rates, especially due to ischemic heart disease, are on the decline, they are still the most frequent causes of hospitalization and death. The number of deaths from *cerebrovascular diseases* stands high and is not declining. It is estimated that about 42% of men and 32% of women in the country suffer from *hypertension*. Malignant neoplasm and external causes of injury and poisoning are the next most common causes of deaths in Poland. Poland has one of the highest road accident mortality in Europe.

Life style patterns that contribute to the ill health are widespread, mainly smoking, unhealthy diet and physical inactivity. The prevalence of tobacco use in Poland is one of the highest relative to other European countries. Over 29% of population above 15 years of age declares regular daily smoking (HFA-DB). The prevalence of smoking has increased amongst adolescents. 52% of men and 29% of women over 15 years of age are overweight or obese (Chief Sanitary Inspectorate data for 2004). Only 38% of men and 34% of women over the age of 20 have the correct level of physical activity in their leisure time (data from WOBASZ study). During the recent years, a systematic increase in the number of persons seeking help from psychiatrists and psychologists, or general practitioners, because of neurotic disorders, has been observed.

Environmental Health Risks, although gradually decreasing, are still affecting health of population and are resulting mainly from air pollution. The situation particularly affects children and results in increased respiratory morbidity and impairments of respiratory functions in children.

Communicable diseases incidence is low. The tuberculosis rate is declining, but is still higher than in other EU countries. The new HIV infection has been increasing gradually each year since 2001 (HFA-DB). The previously dominant mode of transmission - injecting drug uses - now only accounts for one third of new infections, and has been overtaken by unprotected sex - heterosexual and between men - as the main route of HIV transmission.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Good economic situation of the country • Membership to EU poses new opportunities for health care financing, and access to technologies and know-how. • Health sector reform is the priority for the government • Establishment of family medicine and client oriented health care system. • Access to good quality data on health and health care sector. 	<ul style="list-style-type: none"> • Incomplete reform and insufficient financing of health care sector • Migration of health professionals and imbalances in distribution of human resources in health • Inadequate capacities of the public health system to deal with the increasing health risks and unhealthy behaviors.

PARTNERS

Poland is an important partner in the international community and has extensive cooperation with different countries and international organizations. Most of collaboration focuses around EU initiatives and projects, which also has an impact on bilateral partnership with other EU members. Poland is a member of the UN, the Council of Europe and the World Bank.. The UNHCR plays an important role in the area protection of refugees (mainly from Chechnya) and their human rights. Poland has active civil society organizations, such as Red Cross, Catholic Church “Caritas”, Polish Humanitarian Action or Polish Medical Mission, that are working in both in-country and out-of-country emergencies.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • EU membership and compliance with the <i>acquis communautaire</i> • Financial support from EU funds • Good civil society environment 	<ul style="list-style-type: none"> • Low pace of developing and implementing programmes and initiatives

WHO STRATEGIC AGENDA

WHO assistance will be focused on a limited range of strategic areas, where support has been proven to be important and effective in achieving positive developments and change. Direct technical assistance to Poland will be completed by active participation in the international networks and activities. These strategic directions include support to the government in strengthening:

- **Health policy and health system development**
- **Programmes of healthy lifestyles, reducing risk factors to human health**
- **Preventing avoidable mortality and disability**
- **Creating a health-promoting social environment**



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/pol/en/>

EURO country page <http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=POL&CtryInputSubmit=>

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