

Case Study – Poland

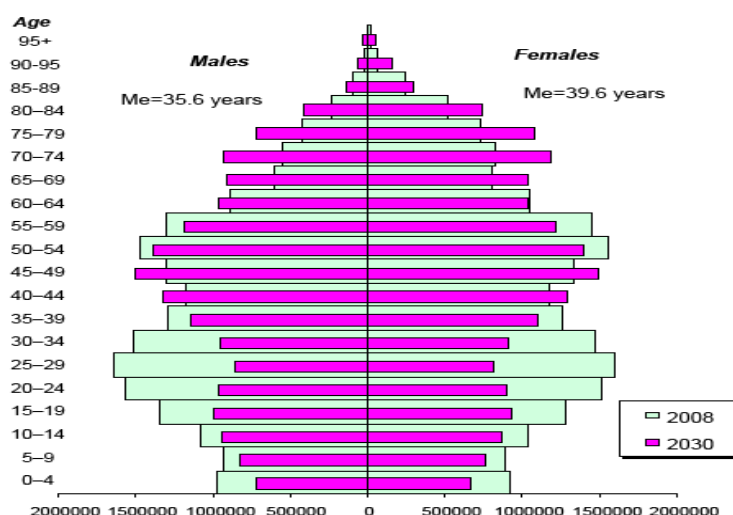
Population:

Total population, population density:

Total population as of December 31, 2008 (in thous.)	38 135,9
Population density	122 persons per km2
Females per 100 males	107
Living in urban areas	61.1%
Natural increase	0.9 / 1000 population
International migration	Immigrants - 15.3 thous.
	Emigrants - 30.1 thous.
	net migration – 14.8 thous. (-0.5/1000)

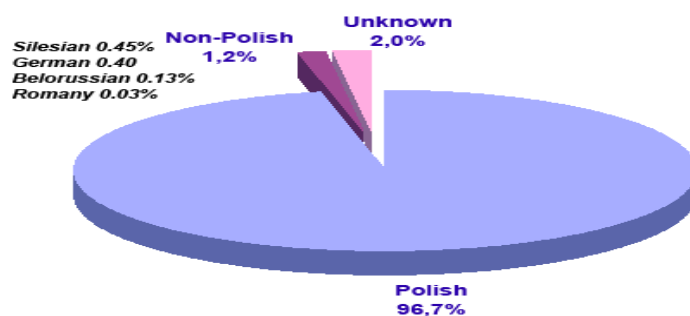
Age and Gender Structure:

Age structure of the Polish population in 2008 and projected for 2030 (data CSO)



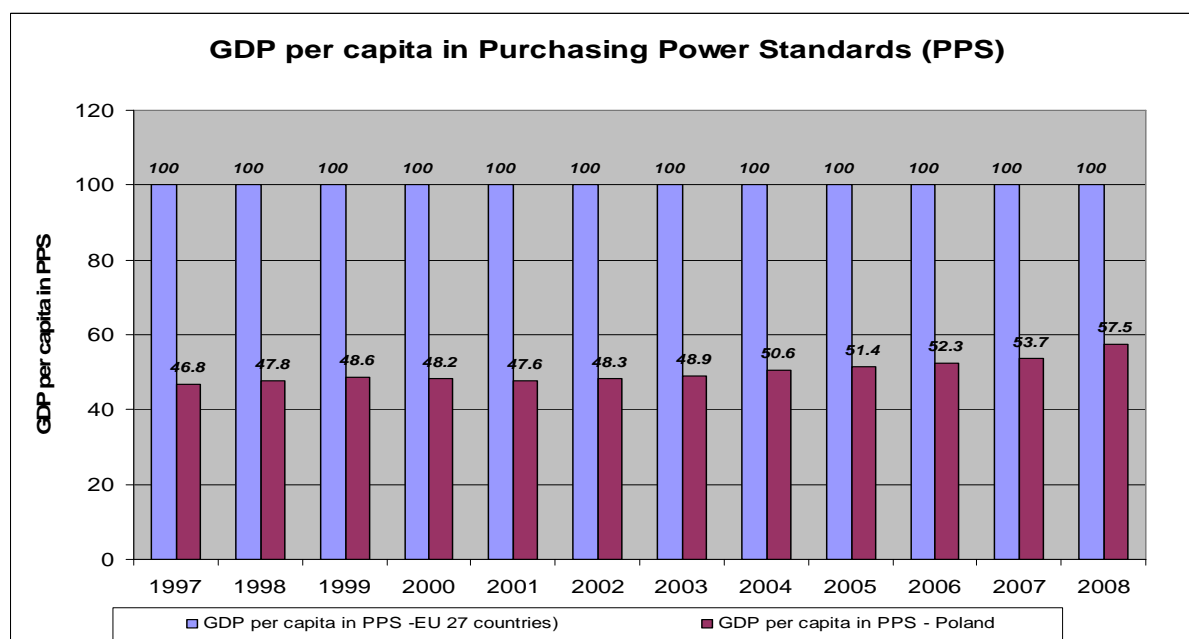
Structure of the Polish Population by Nationality:

POPULATION IN 2002 BY NATIONALITY DECLARATION - Data of the National Population and Housing Census 2002

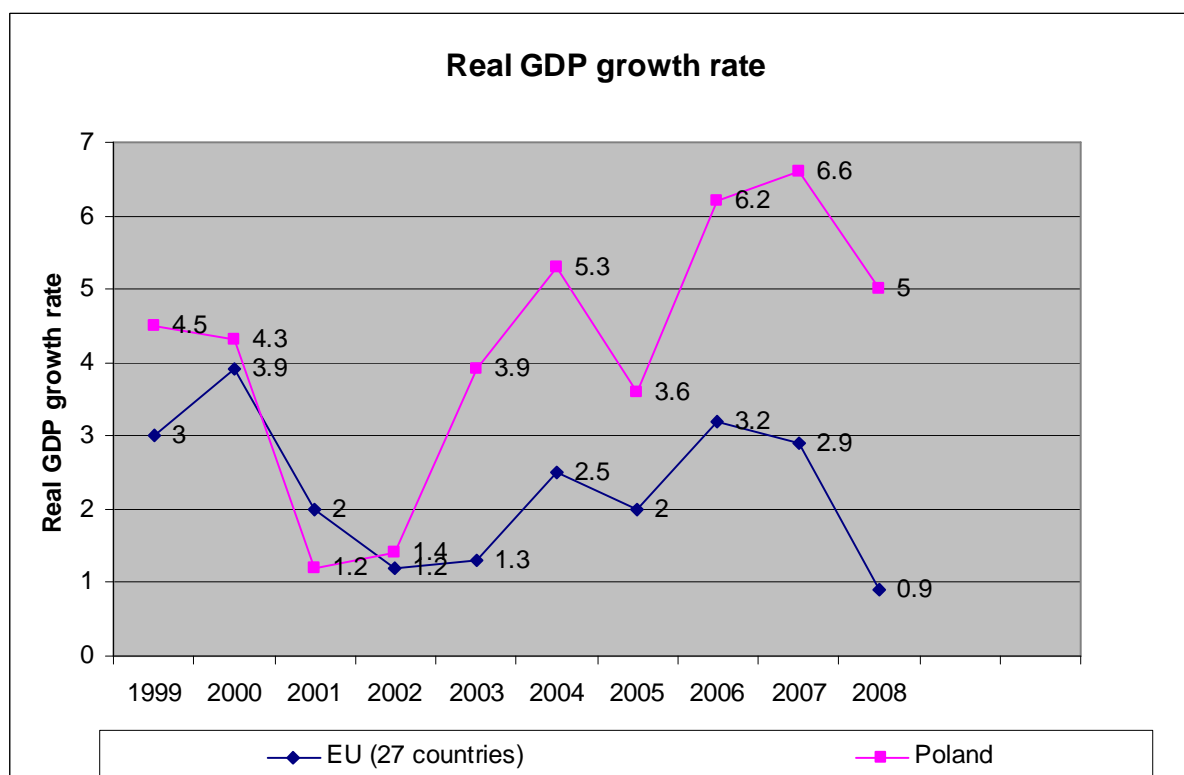


Socioeconomic indicators:

Gross Domestic Product (GDP) per Capita in PPS, Real GDP Growth Rate



Source: Eurostat database (2009).

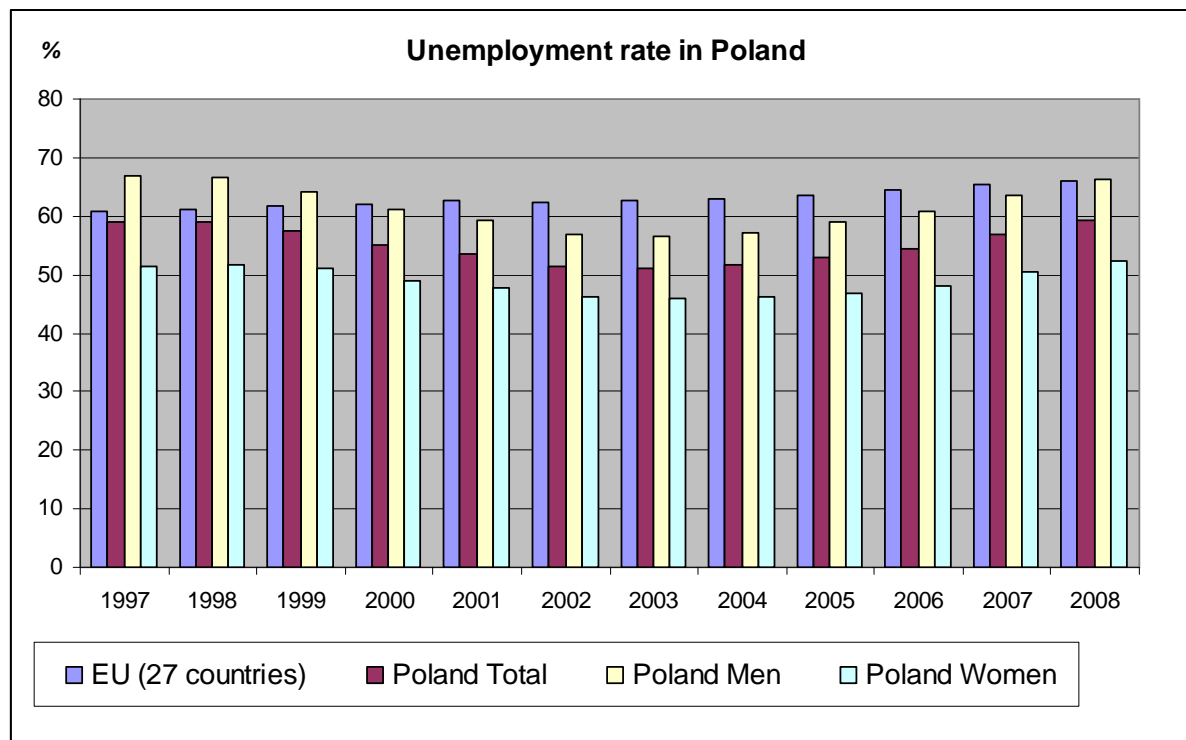


Source: Eurostat database (2009).

SELECTED EUROSTAT INDICATORS	European Union (EU-27)	Poland
Inequality of income distribution The ratio of total income received by the 20% of the population with the highest income (top quintile) to that received by the 20% of the population with the lowest income (lowest quintile).	5 [2007]	5.3 [2007]
At-risk-of-poverty rate before social transfers by gender - % - total The share of persons with an equivalised disposable income, before social transfers, below the risk-of-poverty threshold, which is set at 60% of the national median equivalised disposable income.	26 [2007]	27 [2007]
Total expenditure on social protection Expenditure on social protection includes: social benefits, which consist of transfers, in cash or in kind, to households and individuals to relieve them of the burden of a defined set of risks or needs; administration costs, which represent the costs charged to the scheme for its management and administration; other expenditures, which consist of miscellaneous expenditures on social protection schemes (payment of property income and other).	26.2 [2006]	19,2 [2006]
Total expenditure on social protection per head of population Expenditure on social protection includes: social benefits, which consist of transfers, in cash or in kind, to households and individuals to relieve them of the burden of a defined set of risks or needs; administration costs, which represent the costs charged to the scheme for its management and administration; other expenditures, which consist of miscellaneous expenditures on social protection schemes (payment of property income and other).	6349 [2006]	2373.1 [2006]

Source: Eurostat database (2009)

Unemployment Rate



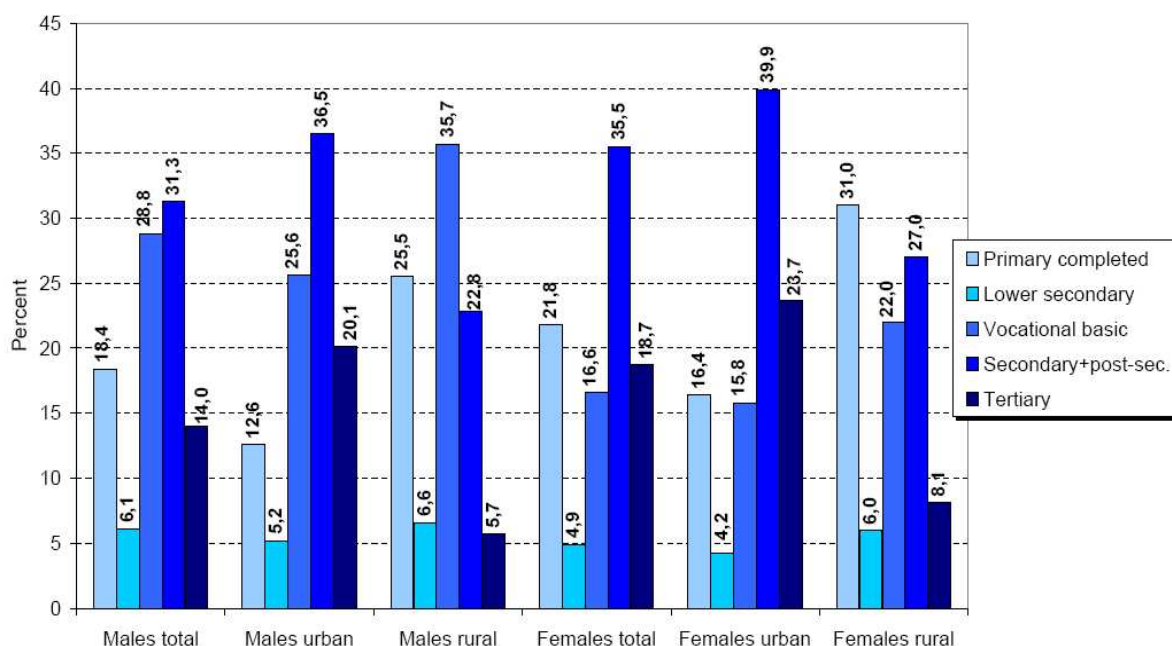
Source: Eurostat database (2009)

SELECTED EUROSTAT INDICATORS	European Union (EU-27)	Poland
Unemployment rates of the population aged 25-64 by level of education Annual average - Pre-primary, primary and lower secondary education - levels 0-2 (ISCED 1997)	9.8 [2008]	11.5 [2008]
Unemployment rates of the population aged 25-64 by level of education Annual average - Upper secondary and post-secondary non-tertiary education - levels 3-4 (ISCED 1997)	5.6 [2008]	6.3 [2008]
Unemployment rates of the population aged 25-64 by level of education Annual average - Tertiary education - levels 5-6 (ISCED 1997)	3.4 [2008]	3.1 [2008]

Source: Eurostat database (2009)

Education of the Population:

Education level of population at age 13 years and over by sex and place of residence, Poland
- 2007 (percentage distribution) (data CSO - estimation by balance method)



SELECTED EUROSTAT INDICATORS	European Union (EU-27)	Slovakia
Pupils and students Total number of persons who are enrolled in the regular education system in the country. It covers all levels of education from primary education to postgraduate studies.	93247.4	8416.3 [2007]
Pupil/teacher ratio in primary education The pupil-teacher ratio is calculated by dividing the number of full-time equivalent pupils by the number of full-time equivalent teachers teaching at ISCED level 1.	N/A*	11 [2007]
Foreign languages learned per pupil - ISCED level 2 The average number of foreign languages learned per pupil in secondary education (ISCED 2 and 3) is obtained by dividing the total number of pupils learning foreign languages by the number of pupils at that level.	1.5 [2007]	1 [2007]
Share of women among tertiary students Total - science, mathematics and computing - engineering, manufacture and construction (%) - Women among students in ISCED 5-6	55.2 [2007]	57.4 [2007]
Youth education attainment level by gender Percentage of the population aged 20 to 24 having completed at least upper secondary education - Youth education attainment level- Percentage of population aged 20 to 24	78.4 [2008]	91.3 [2008]
Early school leavers by gender Percentage of the population aged 18-24 with at most lower secondary education and not in further education or training - Early school-leavers	15.2 [2007]	5 [2007]
Life-long learning by gender Percentage of the adult population aged 25 to 64 participating in education and training	9.6 [2008]	4.7 [2008]
Private expenditure on education as % of GDP	N/A*	0.62 [2006]

Source: Statistical Office of the Slovak Republic, www.statistics.sk, Eurostat database

* Not available

Health care:

Brief description of the health care system in Poland:

The health system in Poland

Introduction

The Republic of Poland is the largest country in Central and Eastern Europe, in terms of both population (38.2 million) and area (313 000 square kilometres). Poland's population is currently experiencing greater longevity and a decrease in infant mortality. However there are some persistent unfavourable trends and challenges such as: high rate of unemployment, unfavourable demographic trends, limited access to care, under-funding of the public health care system, dissatisfaction with low salaries among health professionals. This dissatisfaction has given rise to the “brain-drain” of doctors and nurses to western European countries.

Health care provision

The number of physicians, nurses and other health care staff per capita in Poland is lower than in most western European countries and the EU average.

Primary health care and family medicine have been strengthened since 1991 with an increased focus on training health professionals in family medicine. Private health care providers dominate in this part of the HC system.

Outpatient specialised care is based on provision offered by public and private health care providers.

Hospital care is delivered predominantly by public providers. Trends in the delivery of hospital care include a decrease in the number of hospital beds and a decrease in the average number of hospital stays.

Health care financing

Poland has a mixed system for public and private financing. Public financing comes from social health insurance contributions, budgetary expenditures from the state budget and budgets of voivodship, county and commune authorities and private financing, which includes both formal and informal sources of payments, as well as some pre-paid plans.

Social health insurance contributions represent the major public source of health care financing. They are mandatory at a rate, in 2009, of 9% of its base, which corresponds for most people to taxable income. Health insurance contributions for certain groups are paid directly by the state through general taxation.

The National Health Fund (NHF) with its regional branches administers the social health insurance scheme, following the demise in 2003 of a decentralised system of 17 sickness funds. The NHF has the responsibility for planning and purchasing public financed health services.

Private health expenditures account for about 30% of total health care expenditures.

Regulation of Health Care System

Ministry of Health is responsible for:

- development and implementation of health care policies,
- introduction of reforms focused on improvement of organisation and functioning of the HC system,
- development and implementation of legal regulations,
- monitoring and control over activities of the NHF and over delivery of HC services.

Current health policy reforms are primarily aimed at: tackling the demographic challenges of population ageing; reducing hospital debts; restructuring the health sector; and improving the control of rising health expenditures.

(Source: Krzysztof Kuszewski, Ch. Gericke Health Systems in Transitions – Poland, vol. 7, No. 5, World Health organization, 2005)

Financing of health care

Total expenditures on health - 2006

Visegrad Group Countries	% GDP
The Czech Republic	6.8
Hungary	8.3
Poland	6.2
The Slovak Republic	7.4

Source: OECD Data Base -2008

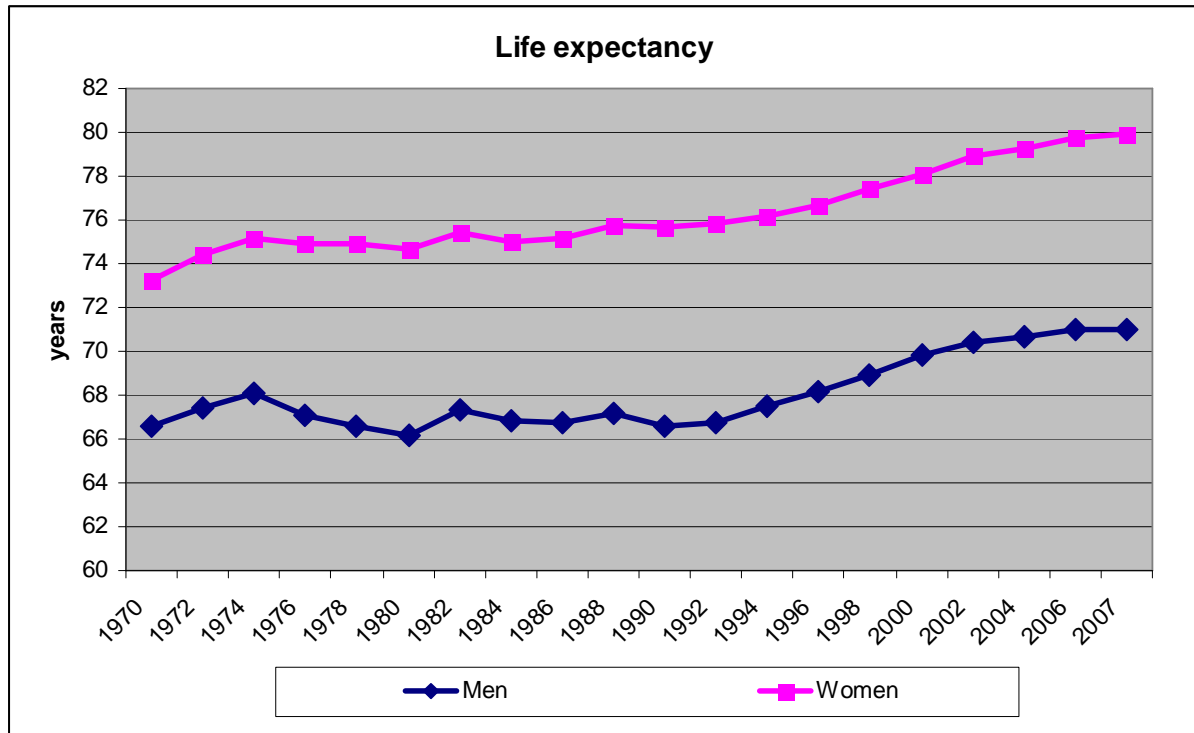
Public expenditures on health (percent of total HC expenditures) -2006

Visegrad Group Countries	Percent
The Czech Republic	88
Hungary	70,9
Poland	69,9
The Slovak Republic	68,3

Source: OECD Data Base -2008

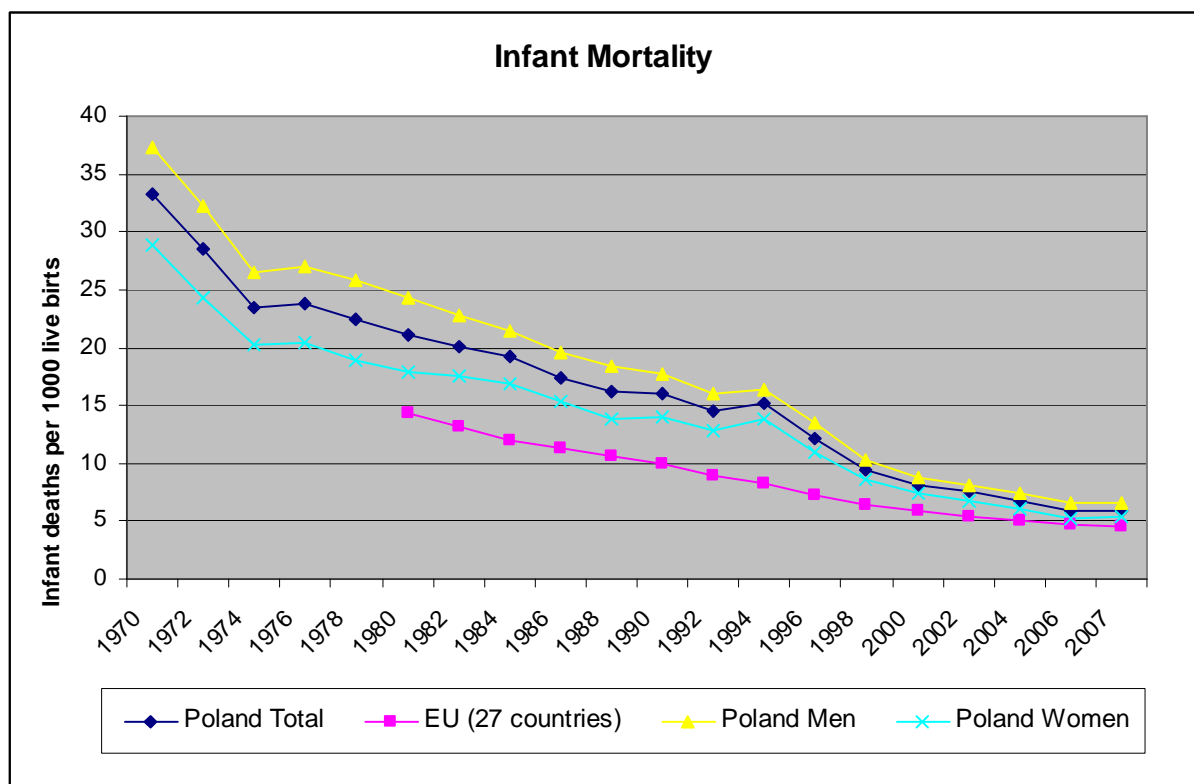
Health indicators:

Life Expectancy at Birth by Gender



Source: WHO EURO Health for All Database (2009)

Mortality Rates



Source: WHO EURO Health for All Database (2009)

Life style indicators:

Prevalence of current tobacco use in Poland (%)					
Adults (>=15 years)			Adolescents (13 – 15 years)		
Male	Female	Both genders	Male	Female	Both genders
2005			2000 - 2008		
43,9	27,2	30,9	21,4	17,3	19,5

Source: World Health Statistics, 2009, www.who.int/whosis/whostat/2009/en/index.html

Alcohol consumption among adults >=15 years in Slovakia	
Litres per person per year in 2003	8,09

Source: World Health Statistics, 2009, www.who.int/whosis/whostat/2009/en/index.html

Health inequalities in Poland:

(Source: B. Wojtyniak; P. Gorynski. *Sytuacja Zdrowotna Ludności Polski*. NIZP-PZH. Warszawa 2008.)

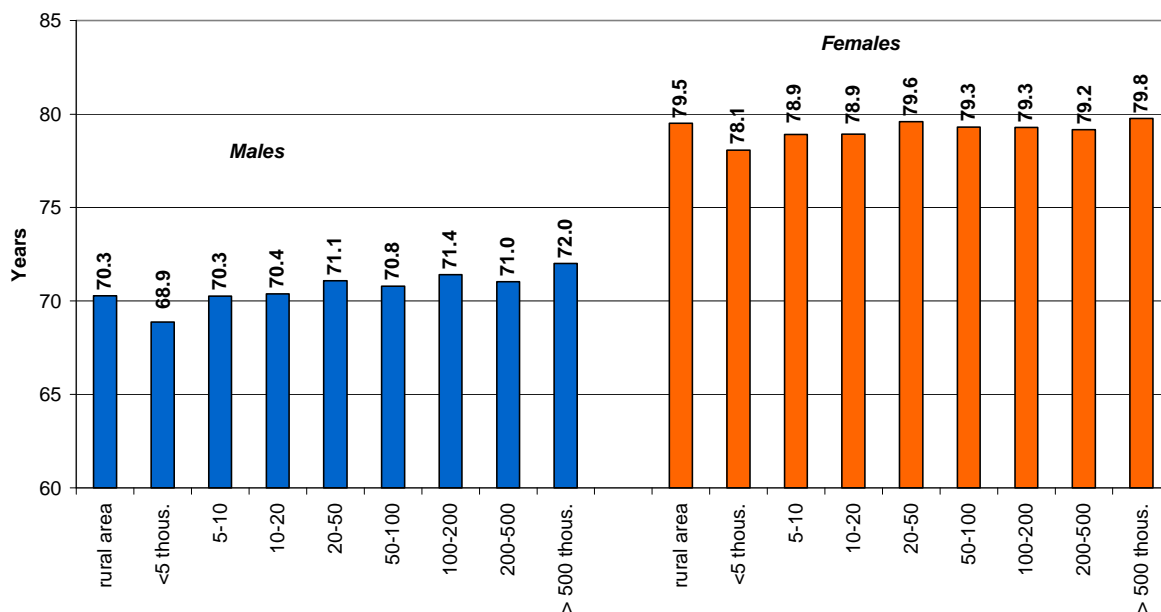
Health status of Polish population after 1991 is gradually improving, however in comparison to EU countries situation is still not satisfactory. In years 2000 the increase has been slowdown in case of men.

Life expectancy in Poland is increasing after 1991, but after 2002 the pace of increase has been slowdown. After 2001 the negative differences in life expectancy in men and women are growing.

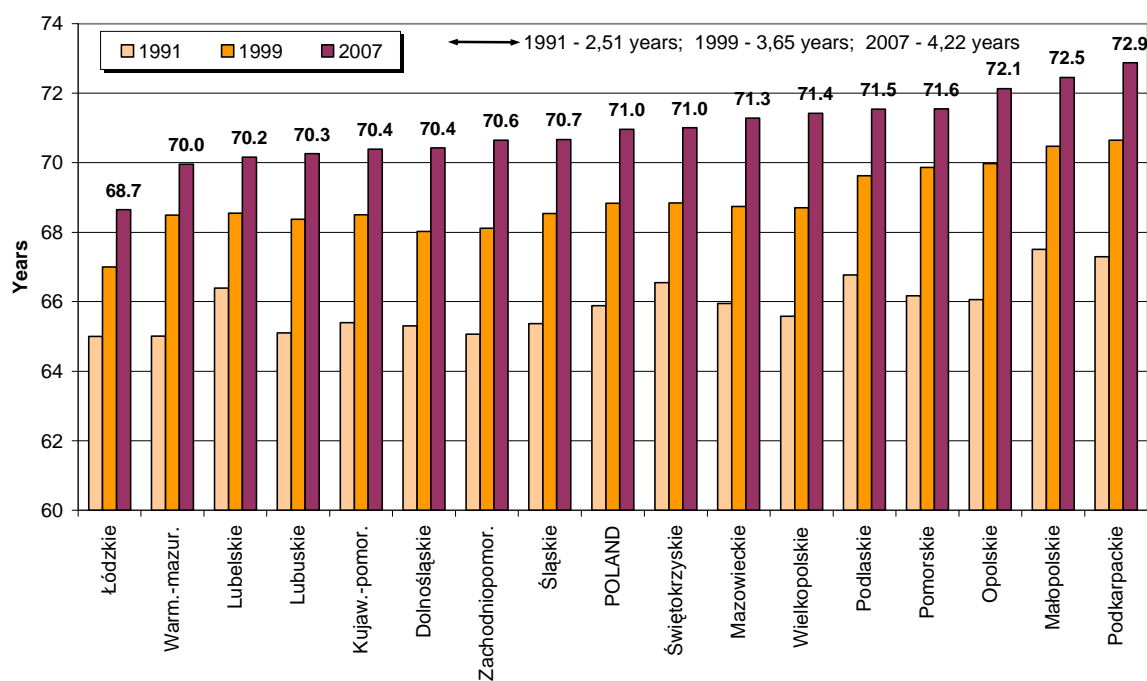
Life expectancy is strongly determined by social factors. Persons of age 25 with higher education can expect to live longer than persons with primary education for about 13 years in case of men and 9 years in case of women. Even greater difference occurs in case of healthy life expectancy.

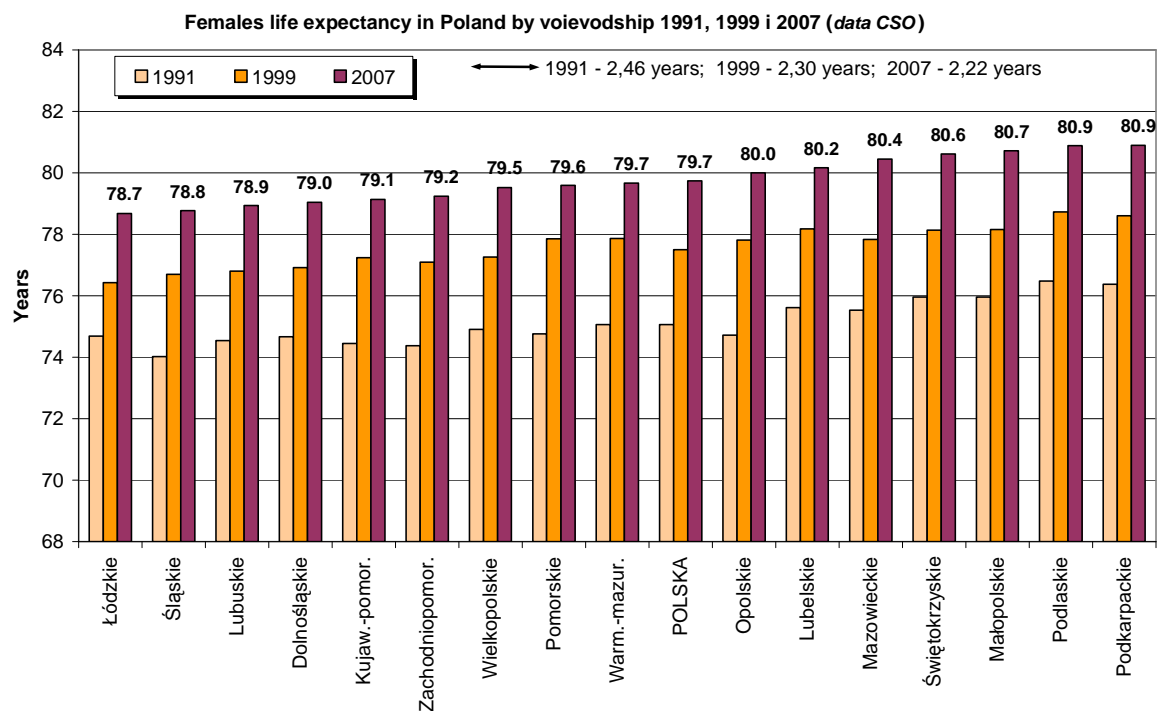
The less preferable setting for leaving are small towns (less than 5 thousands inhabitants), where the life expectancy is the shortest one. The longest life expectancy is noted in big cities (except Lodz).

Life expectancy in Poland in rural area and in towns of different number of inhabitants,
2004-2006



Males life expectancy in Poland by voivodship 1991, 1999 i 2007 (data CSO)





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