



# HEALTH STATUS OF POLISH POPULATION AND ITS DETERMINANTS 2025

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# ABBREVIATIONS LIST

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AIDS – the Acquired Immunodeficiency Syndrome  
AOTMiT – the Agency for Health Technology Assessment and Tariffication  
AOS – specialized care  
BAEL – Labour Force Survey  
CAPI – Computer Assisted Personal Interviews  
BMI – Body Mass Index  
CABG – coronary artery bypass graft  
COVID-19 – Corona-Virus-Disease-2019  
CSIOZ – the Healthcare Information Systems Centre, now e-Health Centre  
DAA – Direct-acting antivirals  
DALY – Disability Adjusted Life Years  
DiLO Card – the Oncology Diagnostics and Treatment Card  
DVG – Digitale-Versorgung-Gesetz  
ECDC – the European Centre for Disease Prevention and Control  
EEA – the European Environment Agency  
EHIS – the European Health Interview Survey  
EOG – the European Economic Area  
ESP2013 – the European Standard Population  
EU-SILC – the European Union Statistics on Income and Living Conditions  
GBD – the Global Burden of Disease  
GUS – the Statistics Poland  
HAV – Hepatitis A Virus  
HBV – Hepatitis B Virus  
HCV – Hepatitis C Virus  
HDI – Human Development Index  
HIV – Human Immunodeficiency Virus  
HLY – Healthy Life Years  
ICD-10 – the International Statistical Classification of Diseases and Related Health Problems  
IHME – the Institute for Health Metrics and Evaluation  
KGP – the National Police Headquarters  
KOS zawał – Managed care for acute myocardial infarction survivors – MACAMIS  
KRN – the National Cancer Register  
LDL – low-density lipoprotein  
MDR-TB – multi-drug-resistant tuberculosis  
MSM – men who have sex with men  
NFZ – the National Health Fund  
NIZP PZH – PIB – the National Institute of Public Health the National Institute of Public Health  
NIH – National Research Institute (formerly NIPH – NIH)  
NOP – adverse event following immunization – AEFI  
NSTEMI – non ST segment elevation myocardial infarction

OBSER-CO – the National COVID-19 Seroepidemiological Study  
OECD – the Organisation for Economic Cooperation and Development  
OOP – out of pocket expenses  
PAN – the Polish Academy of Sciences  
PCI – percutaneous coronary interventions  
PKB – gross domestic product  
POZ – primary care  
PPS – purchasing power standard  
PSSE – the Poviats Sanitary-Epidemiological Station  
PSO – preventive vaccination programme  
p.p. – percentage point  
PTO – the Polish Society of Ophthalmology  
PWID – people who inject drugs  
PYLL – Potential Years of Life Lost  
PYLL75 – Potential Years of Life Lost for the reference age 75  
SDI – Social Development Index  
SCOP – the Association of Polish Ophthalmic Surgeons  
SILICARD – Silesian Cardiovascular Database  
UE – the European Union  
UE-27 – 27 Member States of the European Union  
UE-28 – 28 Member States of the European Union  
WHO – the World Health Organization  
WHO HFA DB – the WHO European Health for All Database  
WSM – women having sex only with men  
YLD – Years of Life with Disability  
YLL – Years of Life Lost  
ZUS – the Social Insurance Institution

## FROM THE EDITORS

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We are pleased to present to our Readers another edition of the *Report on the Health Status of Polish Population and Its Determinants*. As in previous reports, the picture of the population's health is based on the data available at the time of preparing the report, derived mainly from routine information systems, including datasets functioning within the framework of the Programme of Statistical Surveys of Official Statistics.

The most important data sources used in the report are:

- **Statistics Poland**– data on mortality, births, life expectancy, population size (latest available year: 2023)
- **National Health Fund**– information on medical services financed by the public payer (reporting year: 2024)
- **National Institute of Public Health NIH – National Research Institute** – data on hospitalized morbidity, epidemiological surveillance (reporting year: 2023)
- **Social Insurance Institution** – data on sickness absenteeism (latest available year: 2023)
- **National Cancer Registry** (latest available year: 2022)
- data contained in recognized international databases, in particular those of **Eurostat, OECD and WHO** (latest available years: 2022, 2023; preliminary estimated data)

As in the previous edition, this report also uses important data from other sources. These include, among others, a survey of a representative random sample of adult residents of Poland, carried out by the National Institute of Public Health NIH – NRI in 2025, the results of which have been used in many chapters of the Report.

In presenting selected issues related to the health of the Polish population, this Report discusses in depth – for the fourth time – problems related to nutrition and nutritional status of Poles, using both original studies and GUS data. In the latest edition, special attention has also been given to the nutrition and nutritional status of children and adolescents, using data from the **European Childhood**

**Obesity Surveillance Initiative (COSI WHO)**, conducted in the 2022/2023 school year, as well as the **Health Behaviour in School-aged Children (HBSC)** survey 2021/2022.

In this edition, using approaches to population health derived from the **Global Burden of Disease methodology**, the most important health problems and needs of the Polish population and of individual voivodeships have been identified, based on the current results made available by the Institute for Health Metrics and Evaluation (IHME), from the *Global Burden of Disease 2021* study.

It should also be emphasized that each chapter, apart from updating the data on issues discussed in previous editions of the Report, also addresses new topics not covered before. We hope that our Report will serve well all individuals and organizations working in the field of public health, as well as everyone striving to improve the health status of the Polish population.

We extend our sincere thanks to all authors of the individual chapters, the scientific reviewer, and the technical editors, whose contributions have ensured the high substantive quality of this publication.

# FOREWORD

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Since 1977, the National Institute of Public Health NIH – National Research Institute has been regularly preparing reports on the health status of the Polish population. This publication remains the only one to offer a comprehensive and synthetic overview of the health situation of the inhabitants of Poland and constitutes an important element in the fulfilment of the Institute’s mission.

The 2025 edition, which we are pleased to present to you, contains updates to the previous cross-sectional analyses, as well as new thematic chapters addressing current public health challenges prepared by distinguished experts in their respective fields.

In addition to analyses concerning health status assessment, this report also includes data on its determinants, particularly those related to lifestyle.

The study of the subjective assessment of health status and the extent to which adults’ health needs are met remains a constant feature of the publication, although its scope has been expanded this year.

This report is being published towards the end of the implementation period of the National Health Programme 2021–2025, and can therefore be considered a summary of this period. This summary also takes into account the COVID-19 pandemic, which has had both direct and indirect impacts on the health of the population. The conclusions drawn from this year’s report should contribute to the preparation of the next edition of the National Health Programme 2026–2030, particularly by identifying areas in which urgent action is required to address the main threats to public health.

The publication is primarily intended for individuals and institutions that influence public health, including those shaping health policy priorities – central and local government bodies, local authorities, research institutions, non-governmental organisations, and, through the media, the wider public.

The authors sincerely hope that the data and analyses presented herein will contribute to a better understanding of the phenomena and changes occurring around us and support actions aimed at improving the health status of the Polish population.



# THE HEALTH STATUS OF THE POLISH POPULATION: CRISIS, DETERMINANTS AND SYSTEMIC RESPONSE

Bernard Waśko, Stefan Bogusławski, Anna Smaga, Bogdan Wojtyniak

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## I

Data illustrating the evolution of life expectancy among the populations of European countries in recent years point to a significant shift in the trends observed over previous decades. The increase in life expectancy has significantly slowed down, and the COVID-19 pandemic, which caused a sharp deterioration in the health status of most societies, most likely did not substantially alter this trend, only temporarily disrupting it. Poland is no exception, and the data presented in this publication confirm this fact. Forecasts predicting a continuous increase in both overall life expectancy and healthy life expectancy in highly developed countries are no longer proving accurate. This raises the question: what is the cause of this slowdown?

We are witnessing a rapid acceleration in the evolution of health determinants. Changes that once occurred over centuries, then over decades in more recent centuries, are now visible within a span of just a few years:

- we are not observing improvement, and in many cases, we are witnessing a deterioration in lifestyle-related determinants: the level of use of various stimulants and psychoactive substances, including alcohol, tobacco products and their substitutes, is rising or at the very least not significantly declining;
- there is widespread recognition of the negative impact of the so-called commercial determinants of health, relating, among other things, to the increasing and excessive consumption of highly and ultra-processed foods, which, supported by strong marketing of this category of products, contribute to the growing epidemic of obesity and overweight;
- despite numerous undertaken efforts, clear health inequalities persist, resulting from a variety of factors, including inequalities in access to healthcare.

The deteriorating geopolitical situation, further intensified by growing concerns over the sense of security and uncertainty about the future, is adversely affecting the mental health of the population, leading to an increasingly frequent occurrence of symptoms of depression and generalised anxiety. New media, driven by algorithms that stimulate social divisions and amplify negative phenomena in the social and political spheres, exacerbate these issues. It is also worth noting the psychological effects of the COVID-19 pandemic, which, seemingly, has almost been forgotten, has left its mark on public consciousness, most notably among children.

Superimposed on these phenomena are the advancing effects of climate change and the worsening state of the global natural environment, including the biodiversity crisis, which contribute to increasing environmental pollution and the spread of new types of infections, including vector-borne diseases. Various forms of antibiotic resistance are being observed more and more frequently, affecting not only bacterial but also fungal infections.

The data, once again cited in our cyclical publication, indicate that not only is the overall health status of the Polish population, as expressed by life expectancy, not improving significantly, but also that the self-assessment of this health status by Poles is deteriorating.

Our publication presents a picture of Polish society's health status as an early warning signal. It is not optimistic, which means we must respond more decisively to the negative developments observed in relation to the determinants of health. Many of the trends described in this Report can be halted or reversed, ultimately leading to long-term improvement in the health and well-being of society and a return to increasing life expectancy and healthy life expectancy.

**We are facing a slowly advancing crisis, the early effects of which are already observable as the slowdown in the increase of life expectancy,** as described above.

## II

**Knowledge about the determinants of health has been growing at a remarkable pace in recent years.** We are increasingly effective at identifying them and more accurately determining the strength of their impact (despite the exceptional complexity of these phenomena). We know that human health depends on a combination of many factors: behavioural, socio-economic, environmental, and those

related to the human living environment. These factors influence us throughout our lives in different ways and with varying intensity during each life stage. We also know that the more we strengthen positive and weaken negative influences, especially during childhood and early adulthood, the healthier we will be in later adulthood and old age. Furthermore, we know that the health of the Polish population depends primarily on the factors that influence its condition and, to a much lesser extent, on restorative medicine. Despite significant advances in the diagnosis and treatment of diseases, as well as a substantial increase in healthcare spending, our overall well-being is not improving.

An increasing body of scientific evidence points to the high societal and economic value of population health. A healthy population enhances individual well-being, increases social cohesion and the economic efficiency of work, and reduces the social and economic costs of treatment and care for the sick. **We now know all too well that health is not a cost category but a societal and economic asset.** All policies that improve the health of the population in the short term, and especially in the long term, are cost-effective from the perspective of any state.

### III

The development of restorative medicine and the improvement of the health-care system are obvious social needs. However, awareness of these needs and the long-term benefits of actions aimed at improving health is not sufficiently present either in public opinion or among decision-makers. These actions, above all, bring lasting improvements to population well-being, help prevent disease, and contribute to the preservation of health. Poland allocates one of the lowest proportions of its budget in Europe to public health expenditure.

**We require swift and intensive action to reduce the impact of factors that cause disease and worsen health.** These actions include regulatory measures, educational initiatives, and health interventions in health promotion and disease prevention. We must respond much more rapidly and effectively to developments resulting from the influence of commercial health threats, which are driven by vast investments from industry in the promotion of products that negatively affect health.

Such actions require wise investment. If we speak of security and social protection, if we are building shelters, adapting cities to climate change, and creating reserves for pandemic crises, then all the more should we be investing in the

causes rather than merely addressing the negative consequences of poor public health.

It is already well known that such **interventions are highly cost-effective, both directly and indirectly, although they require perseverance and patience.** The remedial actions undertaken should also be intensified in the face of accelerating negative changes in lifestyle and the human environment. Greater investment is required, along with the measurement and collection of knowledge concerning their effectiveness and efficiency, in order to halt and reverse phenomena detrimental to health.

We are currently preparing the next edition of the National Health Programme 2026–2030. In Poland, this is one of the most important tools, though by no means the only one, we can use to improve the health status of the population.

The actions undertaken must be interdisciplinary, extending beyond the traditional silos of social security management, the healthcare system, education, environmental protection, climate change mitigation and biodiversity conservation. They require systematic planning, evaluation, continuous adjustment of the actions undertaken in order to optimise them, as well as responsiveness to the accelerating changes in the surrounding environment.

**Public health is just as important as national security** while at the same time requiring incomparably smaller investments.

**We owe this not only to our children and grandchildren but also to our seniors.**