



Health at a Glance: EUROPE 2014

How does Poland compare?

KEY FINDINGS

- Poland has narrowed the gap in life expectancy with other EU countries over the past two decades, thanks mainly to reductions in mortality in cardiovascular diseases; still further progress in life expectancy could be achieved by further reductions in risk factors and mortality from cardiovascular diseases and cancer.
- A significant proportion of the population in Poland reports some unmet needs for medical examinations, and there are also long waiting times for elective surgeries; this might be explained partly by a relatively low number of health professionals.

Improvements in health status and quality of care

Substantial progress has been achieved in improving the population health status in Poland over the past two decades. Since 1990, the life expectancy has increased by over six years, rising from 70.7 to 76.9 years by 2012. These large gains in life expectancy have narrowed the gap with other EU countries. Nonetheless, the life expectancy in Poland in 2012 remained more than 2 years below the EU average and more than 5 years lower than in Spain, Italy and France.

More than 50% of the gains in life expectancy in Poland since the early 1990s are due to a reduction in mortality from cardiovascular diseases, among both men and women. This reduction is linked at least partly to a reduction in important risk factors for cardiovascular diseases such as tobacco smoking. But this reduction is also the result of improvements in acute care for people suffering from heart attack and other life-threatening circulatory diseases.

Despite this remarkable progress, further gains in life expectancy could be achieved in Poland through further efforts to reduce mortality rates from cardiovascular diseases, as well as from cancer and other main causes of mortality, to close the gap with the best performing countries in Europe. For example, about four additional years of life could be gained in Poland if it was able to reduce its mortality rates from cardiovascular diseases to the level in France (which has the lowest rate). This will require additional prevention efforts, notably further reductions in tobacco smoking (which remains above the EU average) and curbing the rise in obesity rates (which has grown in Poland as in most other EU countries) and in ensuring access to high-quality care for the whole population.

Access to care

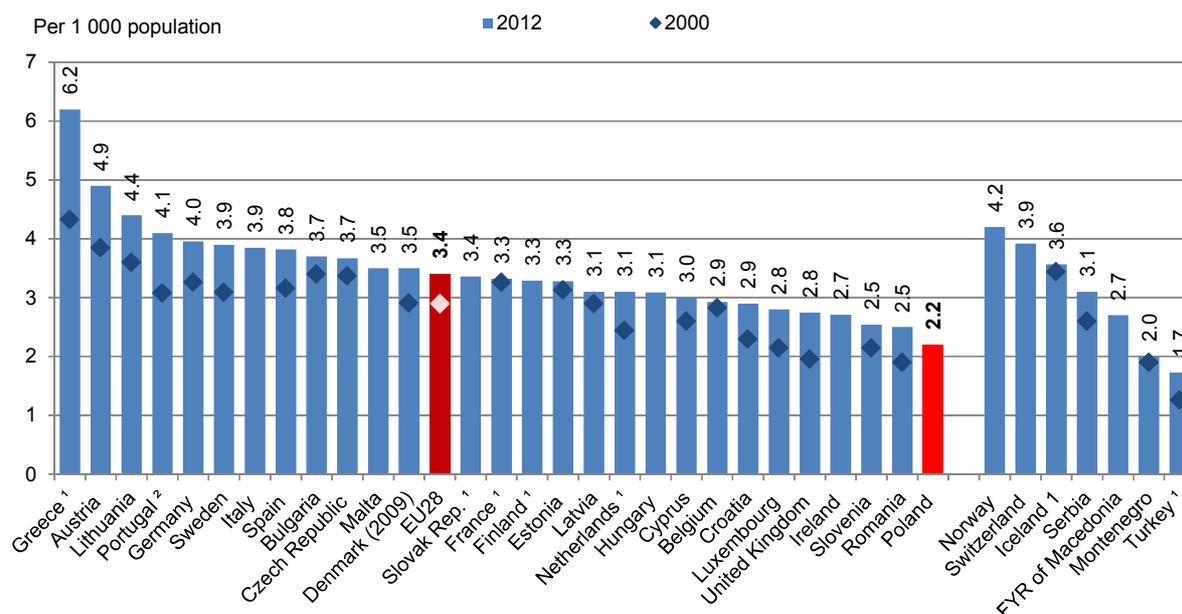
In 2012, one in seven people in Poland (14.2%) reported that they had some unmet medical care needs in the previous year, with the main reasons being that the costs were too high, that waiting times were too long or the distance to travel too far. Only Latvia recorded a higher proportion of unmet needs for medical care. The EU average was less than half (6.4%).

Waiting times for a number of elective surgeries in Poland are very long. For example, the median waiting time for a cataract surgery or a knee replacement was almost 300 days (ten months) in 2012,

while it was a bit shorter for hip replacement (around 200 days). These waiting times are longer than in all other European countries that are reporting these data.

Problems with access to care and long waiting times may be due at least partly to the relatively low supply of health professionals. In 2012, there were 2.2 doctors per 1 000 population in Poland, the lowest figure among all EU countries and 50% below the EU average (3.4). There are also fewer nurses in Poland (5.5 per 1 000 population) than the EU average (8.0).

Practicing doctors per 1,000 population, 2000 and 2012 (or latest year)



Source: *Health at a Glance: Europe 2014*, OECD

More information on **Health at a Glance: EUROPE 2014** is available at <http://www.oecd.org/els/health-at-a-glance-europe-23056088.htm>.

For more information on OECD's work on **Poland**, please visit <http://www.oecd.org/poland>.