

HEALTH SITUATION AND PUBLIC HEALTH – POLAND 2013

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Narodowy Instytut Zdrowia Publicznego - Państwowy Zakład Higieny

Basic info

- **established in 1918 as Central Epidemiological Institute;**
- **about 350 staff including 140 research workers;**
- **24 research departments;**
- **institute is a partner of ECDC surveillance networks and projects, WHO programmes and EU funded projects;**
- **internet site: www.pzh.gov.pl;**

Mission of NIPH

The mission is to protect and promote public health. The main activities include the monitoring and evaluation of health situation of the population of Poland, health promotion, environmental health, laboratory diagnostics, research, surveillance and training in the field of epidemiology of infectious and NCDs. Quality control of vaccines, sera and different consumer products. Expertise for MOH and Chief Sanitary Inspectorate. International cooperation: EU, ECDC, WHO etc.

Priority areas of activity

- Monitoring and evaluation of overall health situation of the population of Poland;
- Monitoring of National Health Programme;
- Research, surveillance and control of infectious and parasitic diseases;
- Epidemiological research of selected NCDs including diabetes and rheumatic diseases;
- Epidemiological research of lifestyles and distribution of risk factors in selected groups of population;
- Environmental health; health promotion;
- Health economics; hospital morbidity.

STRUCTURE OF NIPH

EPIDEMIOLOGY AND MICROBIOLOGY CLUSTER:

Epidemiology, Bacteriology, Virology, Parasitology, Sera and Vaccines Evaluation, National Influenza Centre, Biological Contaminations, Lab of Actinomyces, Lab of Rickettsiae;

PUBLIC HEALTH CLUSTER: Health Promotion, Public Health Training Centre, Organization and Economics of Health and Hospital Management, Monitoring and Analysis of Population Health; Social Communication, Office of EU Funds;

ENVIRONMENTAL HEALTH CLUSTER: Radiation Protection and Radiobiology, Environmental Toxicology, Food Research and Consumer Articles, Communal Hygiene, Health Resorts Materials, Medical Entomology.

SELECTED CHALLENGES FOR NIPH - NIH

- **Further improvement in prevention, surveillance and control of communicable diseases – cooperation with ECDC;**
- **Extension of research in „health inequalities” area; issue of responsiveness of health care system – patient’s rights, patient as subject and client;**
- **Participation in EU „Community health program 2008 –2013” and EU Strategy „Together for health”; HORIZON 2020!!!;**
- **Implementation and monitoring of Poland’s, National Health Programme 2007–15;**
- **Active promotion of the concept of „Health in all policies”**
- **Active cooperation with WHO/EURO especially in the area of implementation of „Health 2020” as well as in health promotion and epidemiology of NCDs: Public health genomics;**
- **Determinants of success or failure of oncological screening (ca colli uteri);**

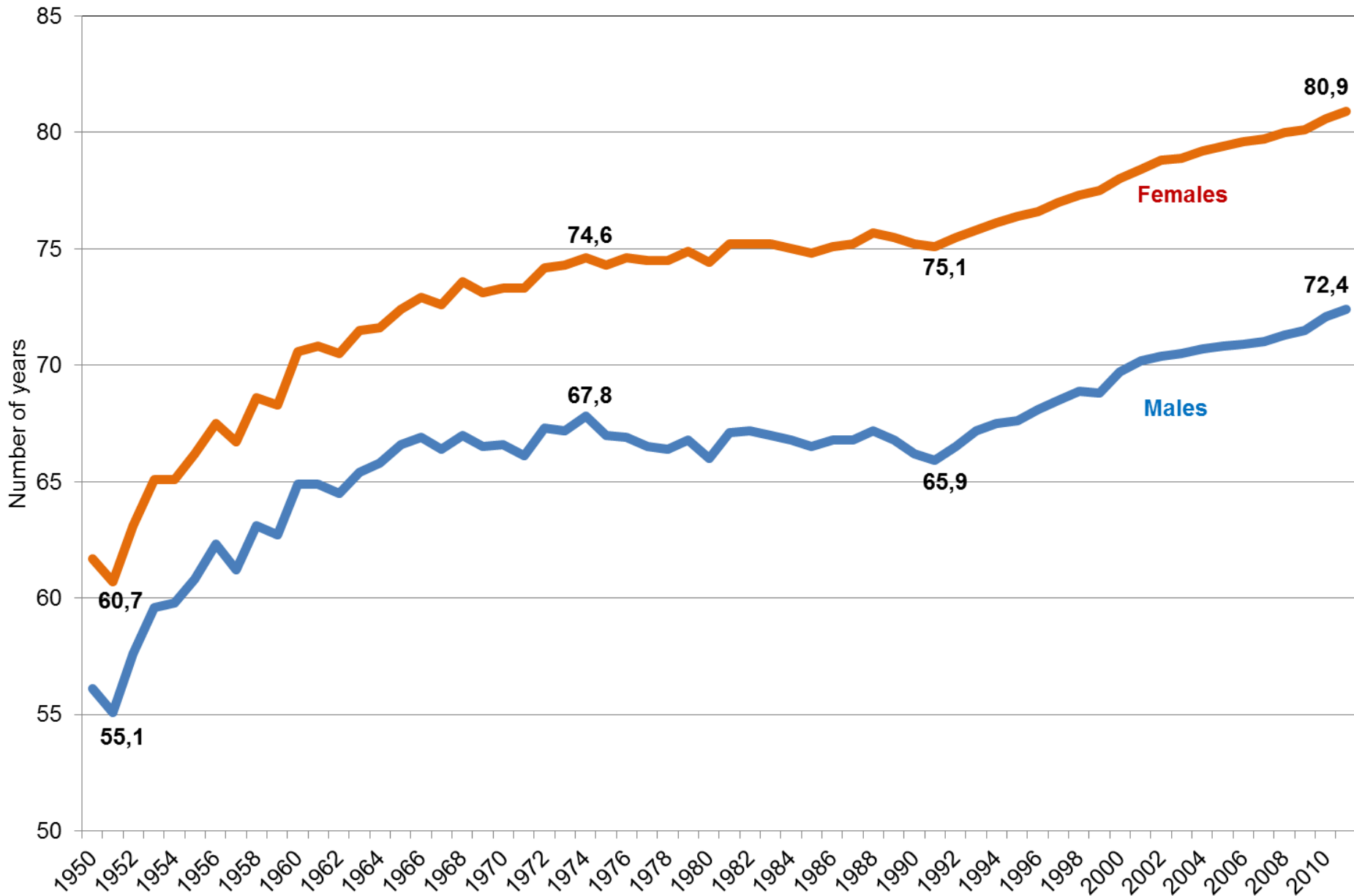
POPULATION of POLAND 2010-2012

SELECTED INDICATORS

- **Population 31.12.2012: 38,50 mln**
„Residing” population: 37,2 mln;
- **Live births: 10,2/1000 – 388 th.**
- **Total deaths: 9,8/ 1000 – 385 th.**
- **Infant mortality: 4,6/ 1000 (3,4-6,0);**
- **Life expectancy:**
 - M: 0 – 72,7, 30 – 43,9, 60 – 18,6 years;**
 - K: 0 – 81,0, 30 – 51,7, 60 – 23,8 years.**

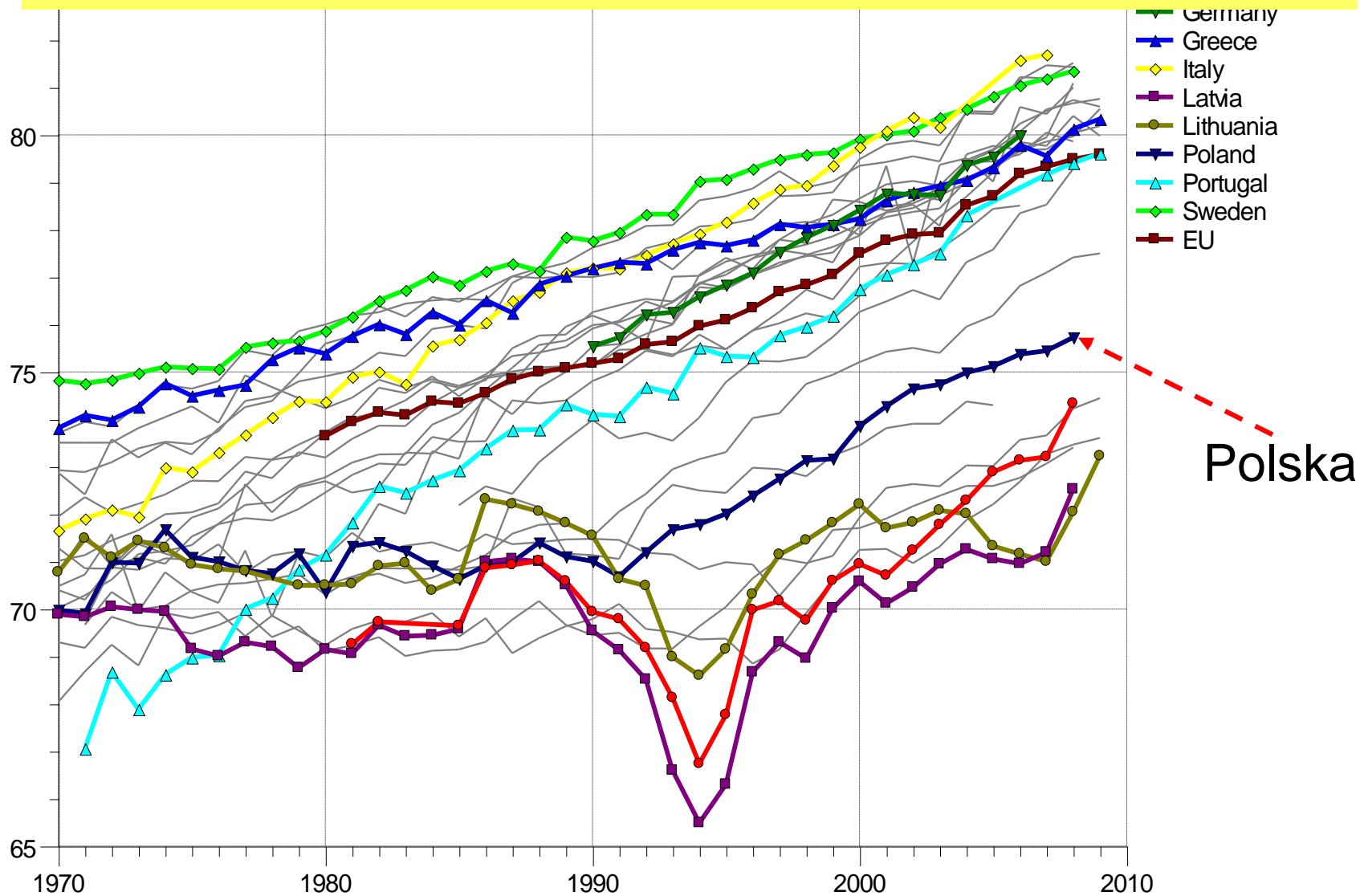
Source: CSO, Stat. Reports 2010-12

Life expectancy at birth in Poland, 1950-2011

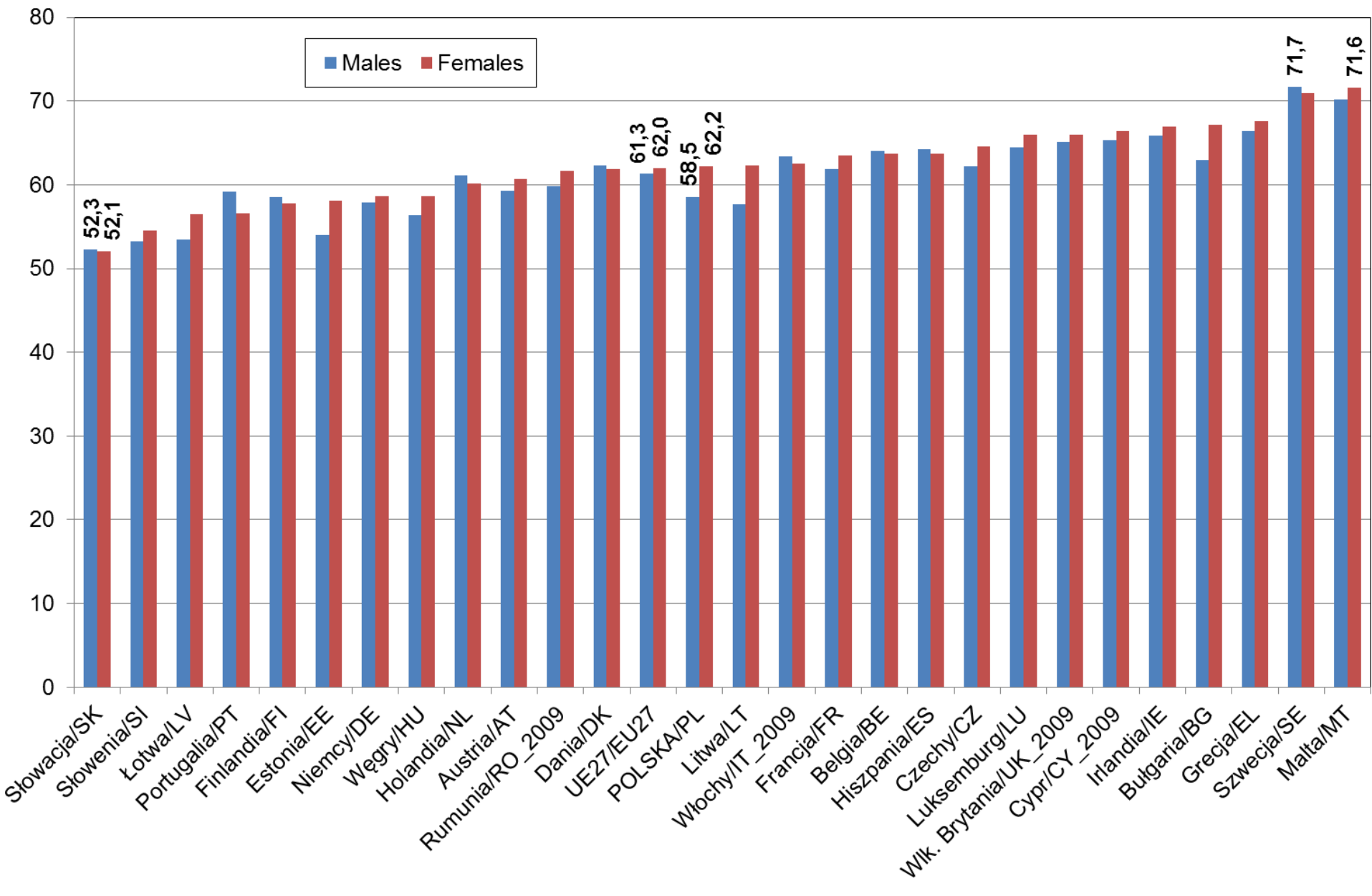


8 Life expectancy in UE countries 1970-2010

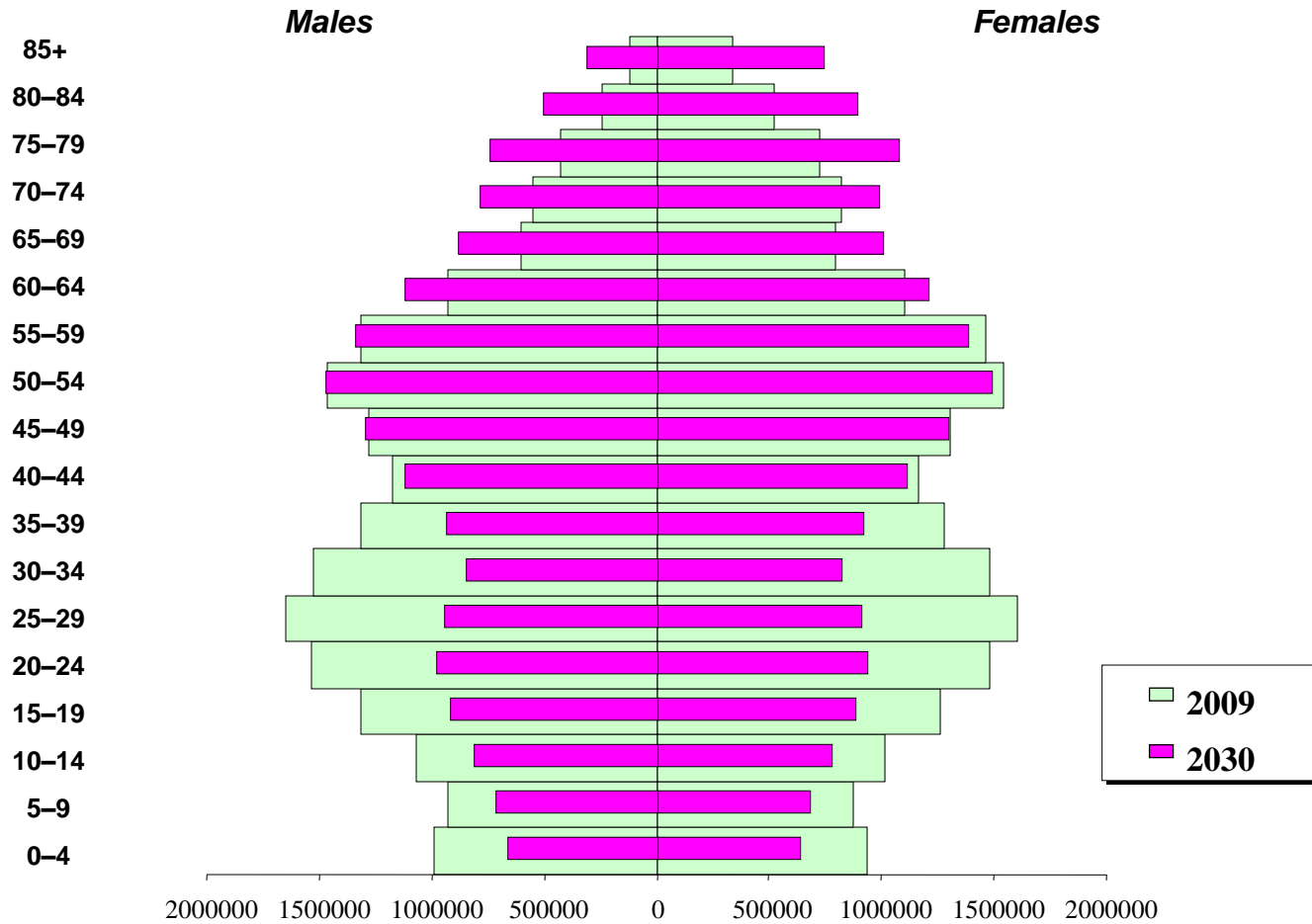
M and F together (dane HFADB)



Healthy life expectancy in Poland and other EU countries, 2010 (data Eurostat)



Population of Poland by age and sex in 2009 and projected for 2030 (data Central Statistical Office)



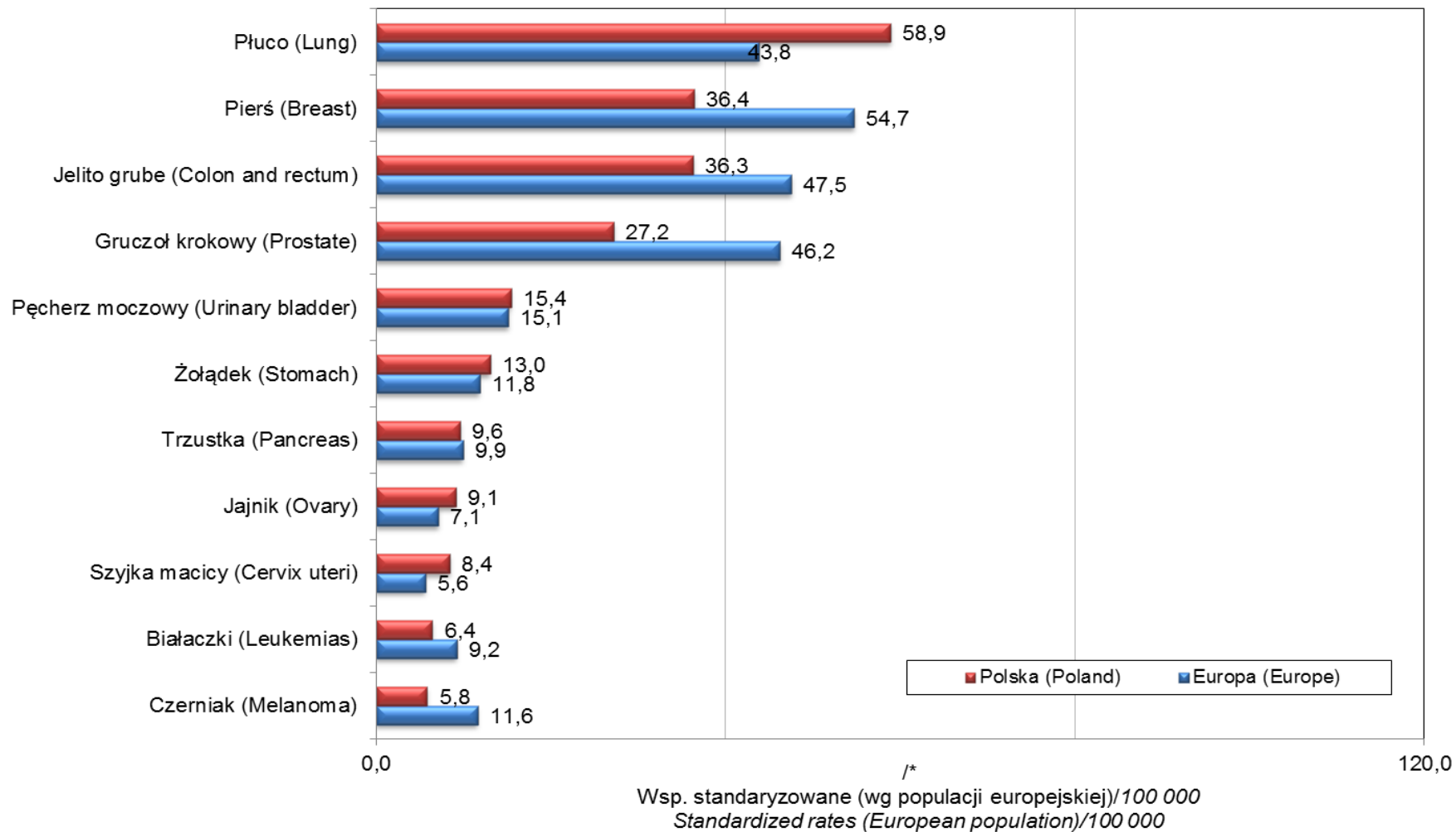
HEALTH SITUATION POLAND, 2010 - 2012

- **In last years some increase of birth and total mortality rate; further decline of IMR (4,6/1000 w 2012);**
- **Decline of population number during last 10 years;**
- **Further increase of life expectancy: M-72,7, K-81,0 in 2012;**
- **Declining level of some risk factors such as smoking (males), consumption of animal fats, change of drinking habits – overall decline, less strong alcohols;**
- **Further decline of CVDs mortality (45% of all deaths, M-40%, F-51%); decrease of IHD, not satisfactory results of stroke treatment;**
- **Plateau in mortality from cancers (25% of all deaths, M-26%, F-23%), low 5 year survival rates from cancers in comparison with EU 15; CA COLLI UTERI!!!**

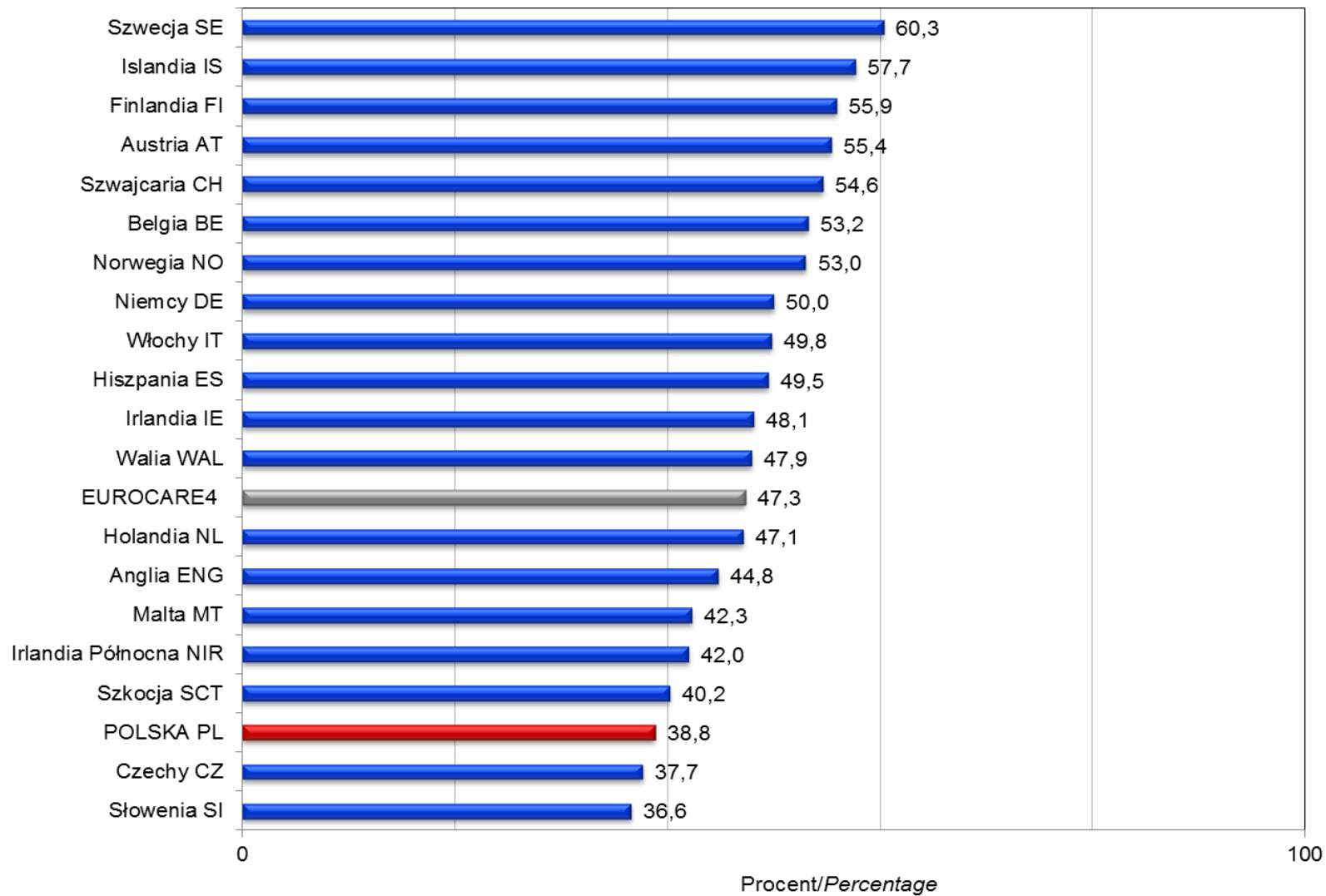
HEALTH SITUATION POLAND, 2010 - 2012

- **Further decline of mortality from external causes (6% of all deaths, M-9%, F-3%), still high mortality from traffic accidents;**
- **Still high but somewhat declining incidence and prevalence rates from mental disorders and dependencies (alcohol, drugs); Alzheimer disease;**
- **Clear and significant decline of CDs incidence (including hepatitis B), good vaccination coverage, still relatively high but declining tb prevalence stabilization in HIV/AIDS; new serious threats : HCV, haemorrhagic fevers, avian and pandemic flu, verotoxic EC, bioterrorism;**
- **Good position of Poland in „Healthy Life Years – HLY” statistics;**
- **Growing health inequalities.**

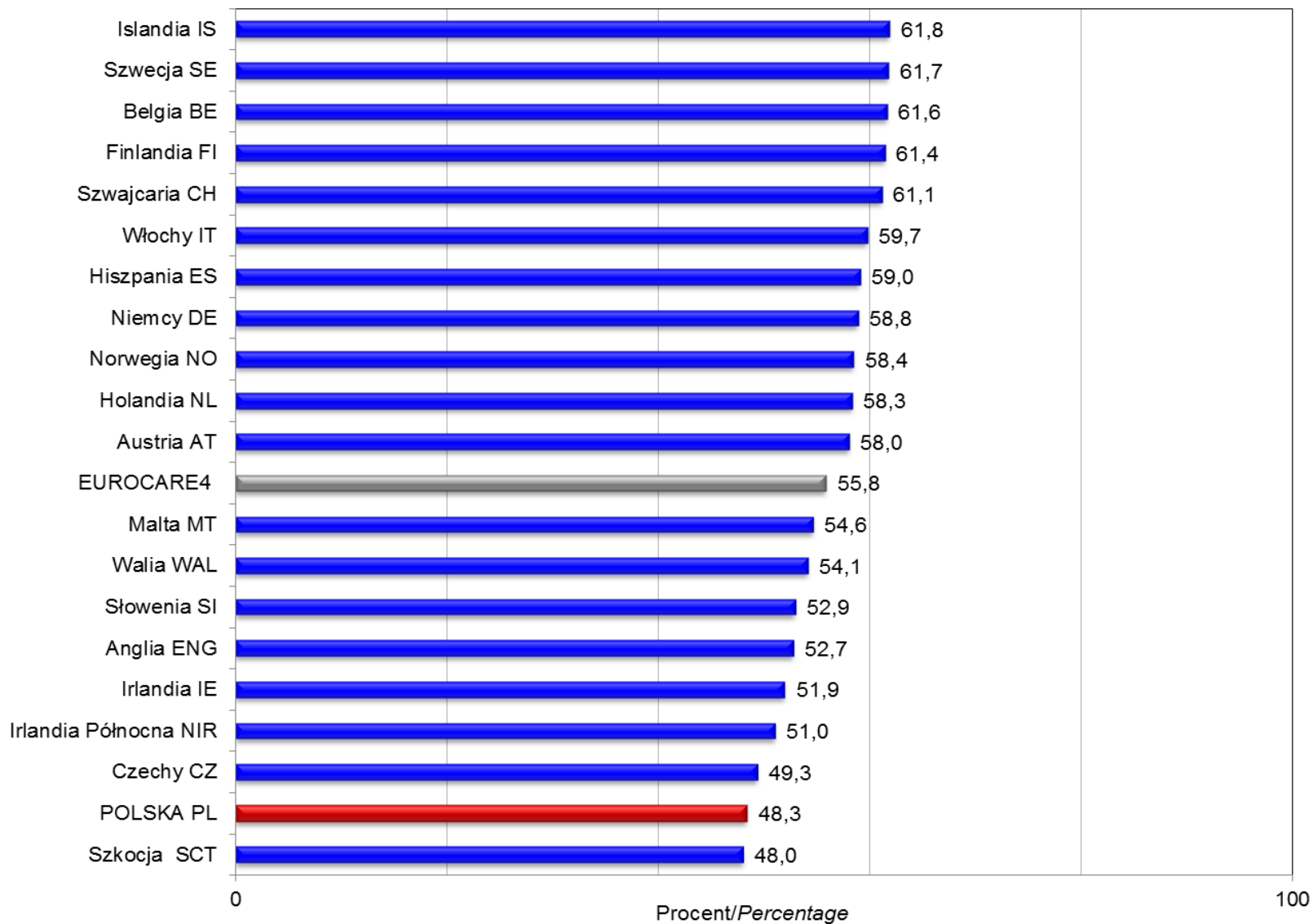
Age-standardized incidence rates for selected cancers in Poland and average for EU27 countries in 2008. Males and females combined



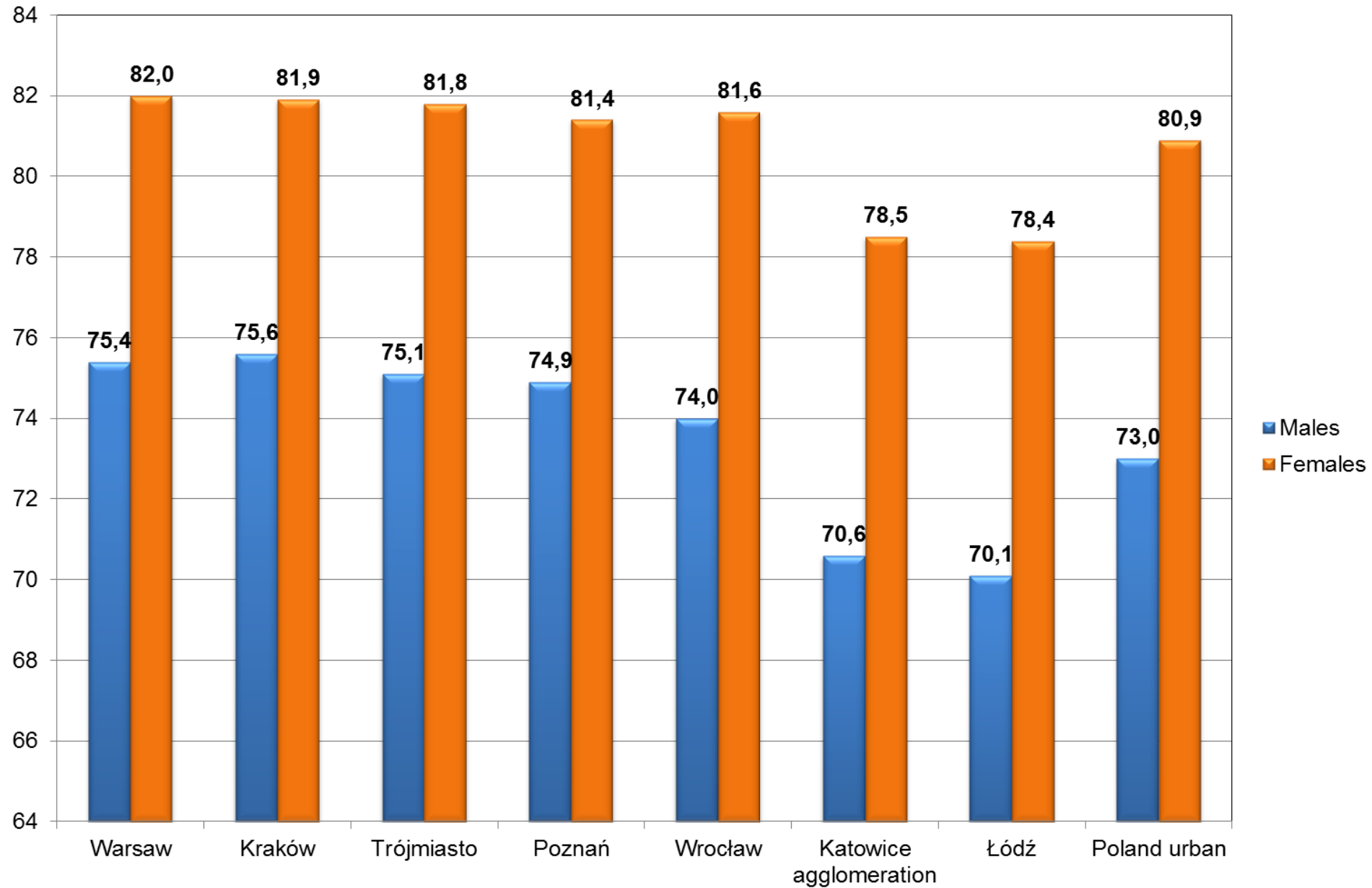
The 5-year relative survival rates for all cancer diagnosed in 2000-2002 - MALES



The 5-year relative survival rates for all cancer diagnosed in 2000-2002 - FEMALES



Life expectancy in the largest Polish cities in 2011



Essential public health operations and services, WHO/EURO 2012

- 1. Surveillance of population health and well-being;**
- 2. Monitoring and response to health hazards and emergencies;**
- 3. Health protection, including environmental, occupational and food safety, and others;**

AND SEVEN OTHER PUBLIC HEALTH ACTIVITIES WHICH SHOULD BE THE RESPONSIBILITY OF THE GOVERNMENT

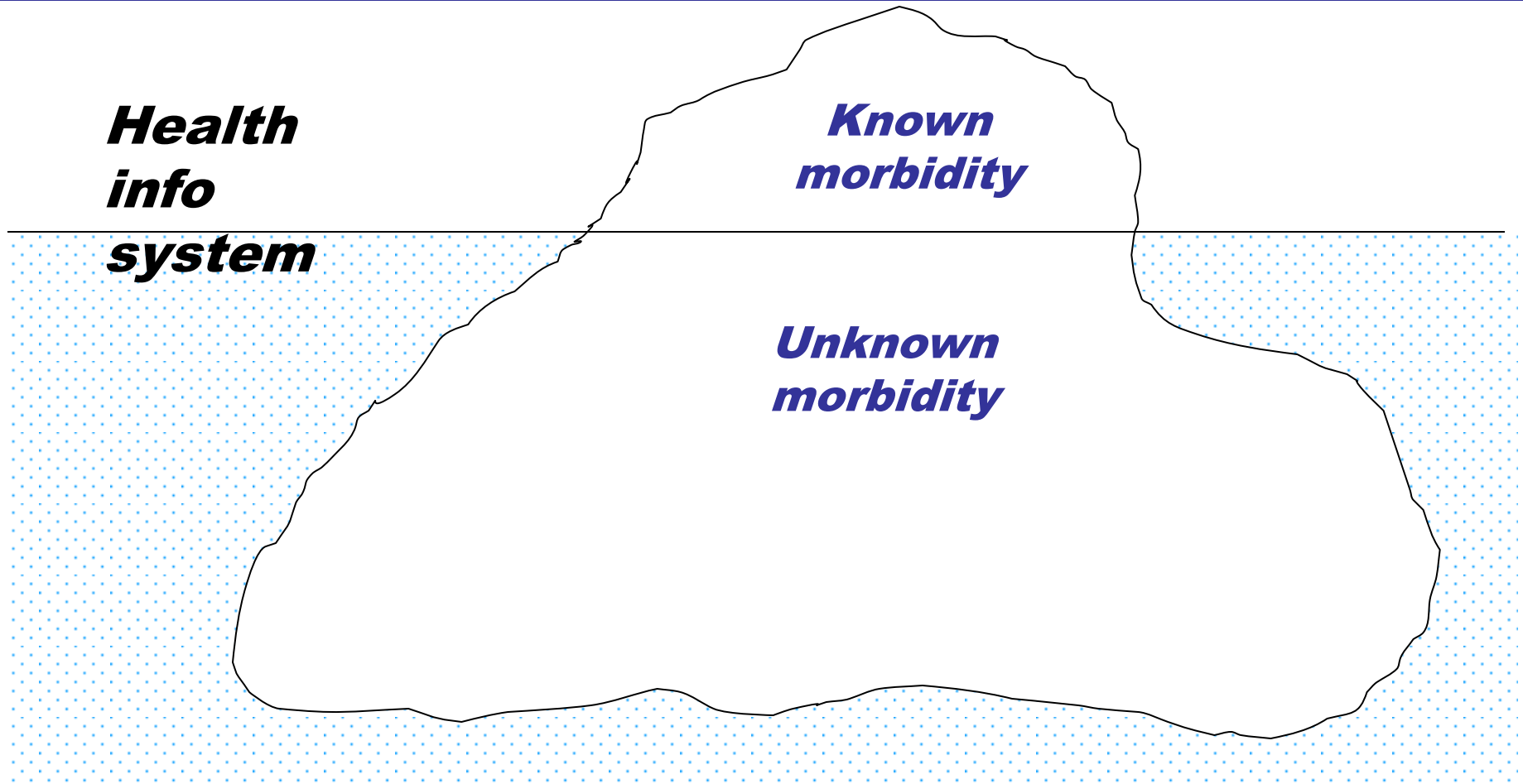
LALONDE'S PARADIGM IN PUBLIC HEALTH (Marc Lalonde, 1974)

**Areas determining the health of the
population in %**

- A. Biology and genetics – 20**
- B. Behaviours and lifestyles – 50**
- C. Environmental factors – 15**
- D. Health systems - 15**

ICEBERG PHENOMENON IN EPIDEMIOLOGY AND PUBLIC HEALTH

(e.g. hypertension, diabetes type 2,
depression, HIV/AIDS, HCV...)



Health

**Information
Systems**

**The Iceberg
Phenomenon in
epidemiology**

**Known
morbidity**

**Unknown
morbidity**

TOOLS TO STRENGTHEN PUBLIC HEALTH IN EUROPE AND POLAND

- Implementation of „Health 2020” including „European Action Plan for Strengthening PH Capacities and Services” (WHO/EURO 2012);**
- Updated list of essential public health operations and services (WHO/EURO 2012);**
- Public Health Capacity in the EU. Final Report (Maastricht University Eurohealthnet, ASPHER, EUPHA, IUPHE 2013);**
- Report of Independent Expert Group of the Future of European PH Research)EC, DG Research & Innovation, 2013);**
- National Legislations – PL legal act on PH (?)**

CONCLUSIONS

- **Further improvement of overall health situation of Polish population especially in the areas where prevention based on healthy lifestyles is implemented along with effective medical technologies – for example AMI and IHD; CDs decline – excellent vaccination coverage;**
- **Significant and increasing social and territorial health inequalities; aging - necessary adjustments of health care system, employment and social support systems;**
- **To be improved: relatively low survival of cancer patients, screening and treatment results of cervical cancer, prevention of HCV;**

CONCLUSIONS

- **Poland as a member country of EU and WHO should formulate and implement health policy in which PH is taken as seriously as issues related to curative medicine;**
- **Place, structure, functioning and financing of PH within health system in Poland should be put into legal frame with special focus on implementation of National Health Program (NHP) and reduction of health inequalities; new public health legal act in the pipeline.**

CONCLUDING STATEMENT

„No country (and no national budget), in which there is no efficient PUBLIC HEALTH SYSTEM (disease prevention and health promotion) is able to cover exponentially growing costs of medical treatment of aging population” Z. Jakab (WHO/EURO), M.J. Wysocki (NIPH, Poland), Warsaw, 3.06.13