
HEALTH CARE IN POLAND

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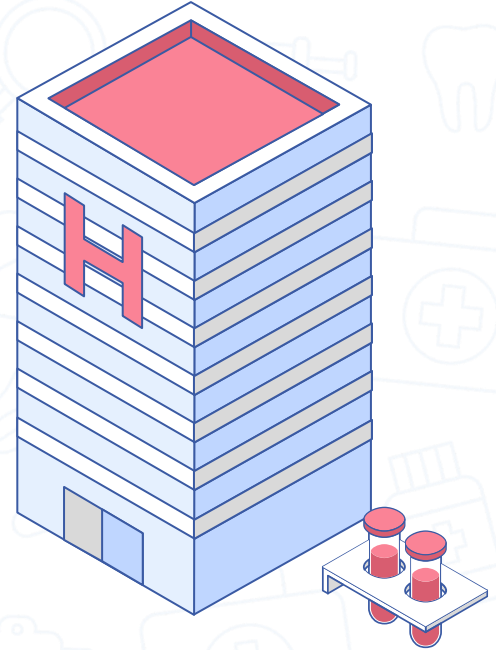
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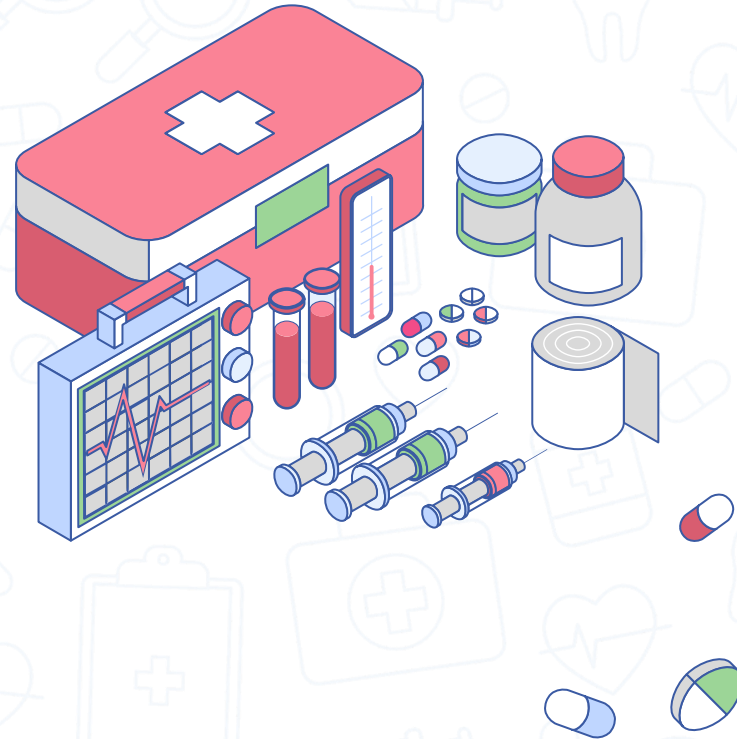
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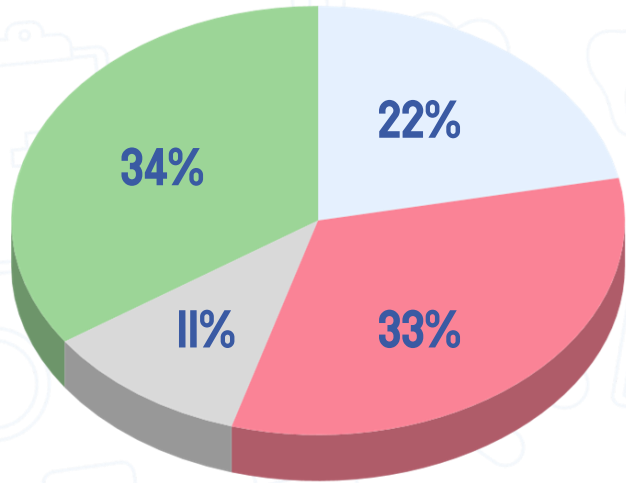
OVERVIEW



OVERVIEW ABOUT POLAND

- the Republic of Poland is a country in Central Europe. It is divided into 16 administrative provinces.
- Poland has a population of over 38 million and is the fifth-most populous member state of the European Union.
- In 2020, According to Legatum Prosperity Index (LPI) Poland was listed 36 in the world in terms of health-care systems.
- according to the CEO Poland is ranked to be 51 in the world with index 39.02.



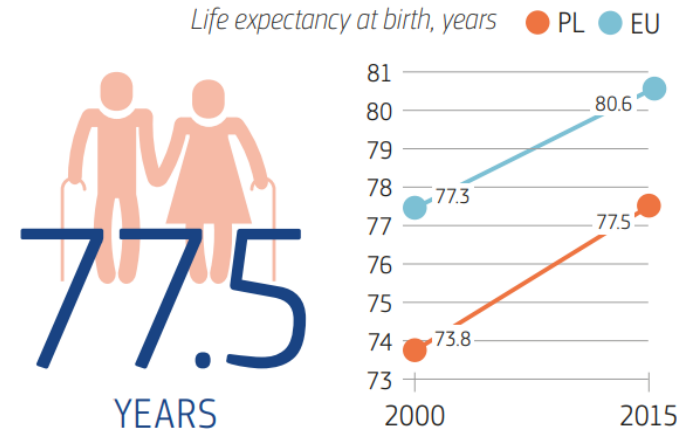


02

COST DISTRIBUTION

I-HEALTH STATUS

- Life expectancy at birth in Poland was 77.5 years in 2015. Although it increased by 3.7 years since 2000, it remains three years below the EU average
- women expecting to outlive men by 8 years. Less than half of the years lived after age 65 are spent free of disability.



II-HOSPITALS

- In 2017, the Ministry of Health introduced a healthcare reform that led to the constitution of a “Hospital Network”, gathering 594 hospitals financed by public funds in the form of a lump sum. Among the 594 hospitals, 78 are non-public entities and 31 of them are private hospitals.



PUBLIC

in 2017 there were 930 hospitals in Poland, public hospitals represented about 58% of the total number of hospitals



PRIVATE

Private hospitals represented about 38% of the total number of hospitals, employed approximately 13% of doctors and 7% of nurses

II-HOSPITALS

2000

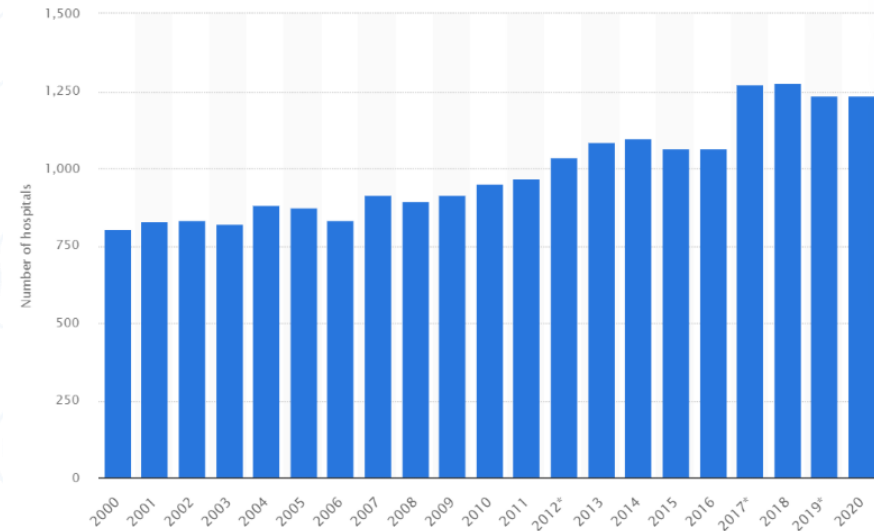
there were approximately 800 hospitals in the country.

2018

Poland had the highest number of hospitals in the provided time interval.

2020

there were 1,237 hospitals in Poland. The number of hospitals in Poland has generally increased.



HOSPITALS' BEDS

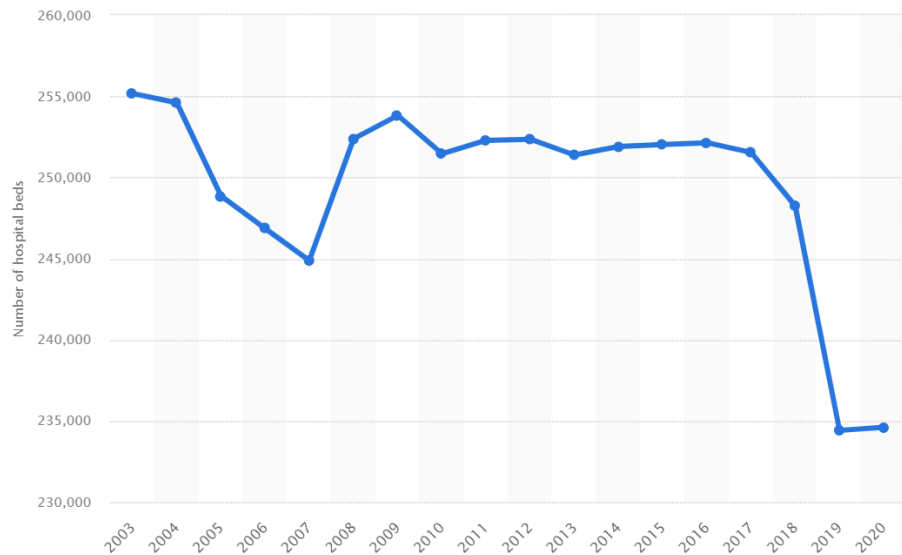
2003

There were approximately 255.2 thousand beds in Poland .

2020

the figure shows that it was about 234.6 thousand beds.

Meaning over the observed period the number of beds has fallen by approximately 21 thousand.



III-REGIONS

GEOGRAPHICAL DISTRIBUTION

the uneven geographical distribution of services and allocation of resources

WAITING TIMES

waiting times for some specialties can be up to 12 months in some regions



SHARE OF PATIENTS

patients waiting for a neurology, ophthalmology, cardiac, endocrinology or orthopedic appointment in 2014 varied almost three-fold across Poland's 16 regions

IV-INCOME



AVERAGE

most Polish people report being in good health (58% in 2015)



HIGH INCOME

71% of people in the highest income reported to be in good health

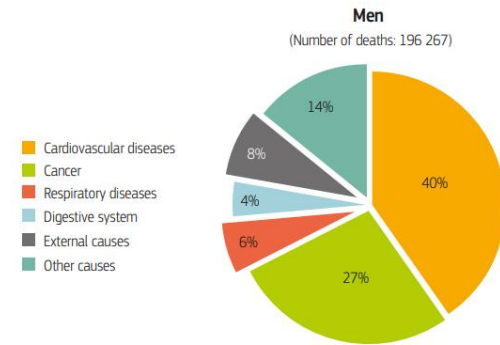
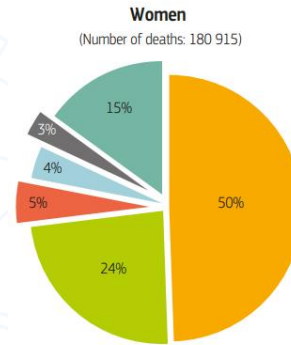


LOW INCOME

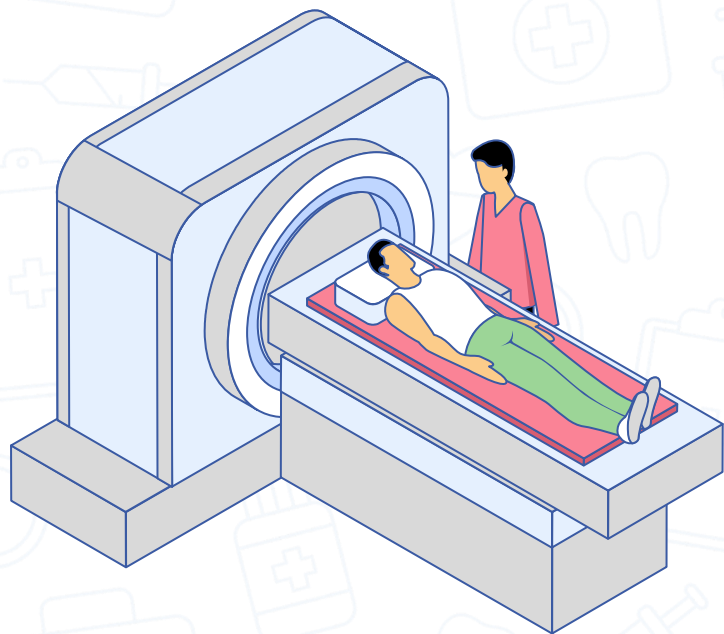
compared with just 53% of people in the lowest income.

V- DISEASES

- Cardiovascular diseases are the leading cause of death in Poland, followed by cancer.
- In 2014, around 50% of all deaths among women and 40% of all deaths among men were from cardiovascular diseases.
- Polish people are about 60% more likely to die from circulatory diseases than the average EU resident.
- heart diseases and stroke remain the most common causes of death, followed by lung cancer and pneumonia.



■ Cardiovascular diseases
■ Cancer
■ Respiratory diseases
■ Digestive system
■ External causes
■ Other causes



03

POSITIVE OBSERVATION

The background of the slide is a light blue color with a pattern of faint, white medical icons. These icons include a first aid kit, a magnifying glass, a heart with a pulse line, a pill, a syringe, a tooth, a hand, a stethoscope, and a cross. In the top right corner, there are three colorful pills: a white one, a blue and red one, and a green and red one. In the bottom left corner, there is a red rubber bulb and a blue and red pill.

• AIMS AND GOALS

EFFECTIVE TREATMENT

Hospitals generally provide effective treatment for people requiring acute care, most notably in cardiology. progress was made over the decade in reducing mortality rates.

PUBLIC HEALTHCARE

public healthcare system, funded by the National Health Fund, which assures that every Polish and EU citizen has access to adequate healthcare.

SUPPORT & INVESTMENT

Poland is rapidly becoming a renowned destination for healthcare tourism in Europe, offering an optimal combination of high quality and inexpensive pricing.

04

NEGATIVE OBSERVATION



- the availability of services in Poland is constrained by the low number of health care practitioners.
- Specialists may have an incentive to maintain waiting lists to boost demand for their own private services paid out-of-pocket by patients.
- Poland has one of the biggest shortages of health professionals in Europe, with almost 5 and 2 practicing nurses and physicians per 1000 people.
- Poland has the longest waiting times in the EU for health care interventions.



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THANKS

Do you have any questions?

Mohamed El-Sayed Eid
Mohamed El-Sayed Ali
Mohamed Alaa Ali
Omar Mohamed Ahmed