



## Poland

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

### Summary of country assessment

Poland reports implementing 88% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a third quartile of 81%.

There have been no new developments in violence and injury prevention in Poland over the past twelve months in any of the key areas.

#### National policies

- There are two overall national policies for preventing violence and injuries. Excluding elder abuse, there are specific national policies for all the fields of unintentional and intentional injuries. While alcohol has been identified in national policies as a risk factor both for injuries and violence, this is not true for socioeconomic inequalities in injuries and violence.

#### Implementation of effective interventions

- Poland reported overall implementation of 81% of selected effective interventions for injury prevention and 97% for violence prevention. These figures are higher than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score only for road traffic injuries.
- The drinking of alcohol which is not intended for human consumption is a risk factor. Poland reported overall implementation of 88% of selected effective interventions on alcohol, versus a median regional score of 76% (Table 2).

#### Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Adoption of the WHO resolution and of the European Council Recommendation did not raise the policy profile of the prevention of violence and injuries as a health priority. All the elements of resolution EUR/RC55/R9 were successfully achieved: national policy development, injury surveillance, multisectoral collaboration, exchange of best practice, evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to implementing evidence-based interventions for preventing road traffic injuries. Several interventions (on road safety, youth violence, child maltreatment, elder abuse and suicides) were implemented in selected regions rather than nationally, and this could be an area for future activity. Although almost all the alcohol-related interventions have been implemented, the rate for alcohol-related poisoning is still higher than the regional average.

## Country profile

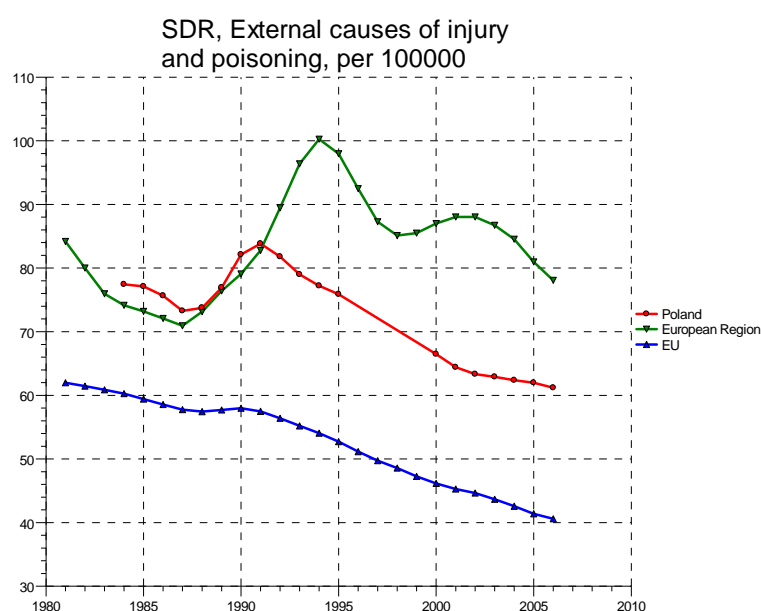
Table 1. Demographics

- Poland has a population of 38 million. It has a lower percentage both of children 0–14 years old and of people 65+ years old than the European Region average.
- Life expectancy at birth is slightly lower than the European Region average for the males, slightly higher for the females. There is a large discrepancy in life expectancy between males and females.

Indicator (last available year)	Poland	WHO European Region	European Union (EU27)
Mid-year population	38 million	890.9 million	493.8 million
% of population aged 0–14 years	15.7	17.5	15.7
% of population aged 65+ years	13.5	14.0	16.8
Males, life expectancy at birth, in years	71.0	71.4	76.0
Females, life expectancy at birth, in years	79.9	79.1	82.2

- Injuries are the third leading cause of death. The rates for all unintentional injuries combined and for all the intentional injuries are lower than the European Region averages.
- Injury mortality rates rose steeply and peaked in the late 1980s and in the early 90s due to the political and socioeconomic transition, and the trend is now downward (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, poisoning, drowning and fires. The rates for road traffic injuries and falls are higher than the regional average.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rate for alcohol-related poisoning is higher than the regional average.
- The WHO Regional Office for Europe has been supporting focal people. Poland participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on a global status report on road safety.

**Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Poland, the WHO European Region and the European Union, 1980–2008**



**Table 2. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality <sup>a</sup> (SDR per 100 000 population, all ages, last available year) <sup>b</sup>			National policy?	Intervention effectiveness (%)	
	Poland	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	<b>59.8</b>	<b>75.8</b>	<b>40.0</b>	<b>NA</b>	<b>88</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	<b>38.0</b>	<b>45.9</b>	<b>25.9</b>	<b>✓</b>	<b>81</b>	<b>72</b>
Road traffic injuries	13.5	13.3	9.3	✓	69	81
Fires and burns	1.4	2.4	0.7	✓	80	60
Poisoning	4.4	10.7	2.3	✓	100	80
Drowning or submersion	2.4	3.4	1.3	✓	75	63
Falls	8.7	5.6	5.5	✓	100	75
<b>Intentional injury</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>✓</b>	<b>97</b>	<b>81</b>
Interpersonal violence <sup>g</sup>	1.3	5.2	1.0	✓	NA	NA
Youth violence <sup>h</sup>	0.9	5.3	1.0	✓	100	86
Child maltreatment <sup>i</sup>	0.3	0.6	0.3	✓	100	100
Intimate partner violence	-	-	-	✓	100	75
Elder abuse and neglect	-	-	-	✗	100	67
Self-directed violence	12.9	14.0	10.2	✓	88	88
<b>Alcohol<sup>j</sup></b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>88</b>	<b>76</b>
Alcohol-related poisoning	3.5	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	4.3	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	15.1	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	86	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	100	67

<sup>a</sup> Unless otherwise specified.<sup>b</sup> Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (<http://www.euro.who.int/hfaddb>, accessed 15 January 2010).<sup>c</sup> The 27 European Union countries.<sup>d</sup> Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 ([http://www.who.int/violence\\_injury\\_prevention/publications/injury\\_policy\\_planning/prevention\\_moh/en](http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en), accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.<sup>e</sup> Median of the proportion of effective interventions in place in countries in the WHO European Region.<sup>f</sup> Standardized death rates (SDR) from accidents.<sup>g</sup> Proxy for mortality: mortality from homicide and assault, all ages.<sup>h</sup> Proxy for mortality: mortality from homicide and assault, 15–29 years.<sup>i</sup> Proxy for mortality: mortality from homicide and assault 0–14 years.<sup>j</sup> This score was calculated from 17 alcohol-related interventions.<sup>k</sup> The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 ([http://www.euro.who.int/InformationSources/Data/20070615\\_2](http://www.euro.who.int/InformationSources/Data/20070615_2), accessed 15 January 2010).<sup>l</sup> This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).<sup>m</sup> This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

**Table 3. Key elements of policy development in preventing injury and violence**

Legend: ✓ Yes ✗ No ? Not specified or no response

<b>National policies</b>	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✓
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✓
• Alcohol identified as a risk factor for violence	✓
• Policies targeted to reduce socioeconomic differences in violence and injuries	✗
• National policies highlight socioeconomic inequality as a priority	✗
<b>Political support for the agenda for injury and violence prevention</b>	✓
<b>Easy access to surveillance data</b>	✗
<b>Intersectoral collaboration</b>	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✗
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✗
<b>Capacity-building</b>	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	?
<b>Emergency care</b>	
• Evidence-based approach	✓
• Quality assessment programme	✓
• Process to build capacity identified	✓
<b>EUR/RC55/R9 influenced the agenda for injury and violence prevention</b>	✓
<b>Recent developments in injury and violence prevention (during the past 12 months)</b>	
• National policy	✗
• Surveillance	✗
• Multisectoral collaboration	✗
• Capacity-building	✗
• Evidence-based emergency care	✗