



REPUBLIC OF POLAND
PERMANENT MISSION TO THE UNITED NATIONS

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Commission on Population and Development
Forty-second session
30 March – 3 April 2009
General debate on national experience
in population matters

Check against delivery

S T A T E M E N T

by

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Under - Secretary of State
Ministry of Health of the Republic of Poland

New York, March 31st, 2009

Madame Chairperson, Distinguished Delegates, Ladies and Gentlemen,

I would like to congratulate you on organizing the 42nd Session of the Commission on Population and Development devoted to the Contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals. These are of great significance brought forth by the recapitulation of fifteen years of implementation of the Programme of Action for Population and Development adopted in Cairo. The ICPD Programme of Action together with the Millennium Development Goals constitute a platform of the present and future activity for the Polish Government.

Poland is a European country of a substantial demographic potential, experiencing intensive demographic changes. The dynamics of natural and real population growth, although diminishing over the last decades, has always been high. Family formation patterns, reproductive attitudes and behaviours have changed, life span has extended, a decline in fertility has resulted in accelerated ageing of the society. The nature of these changes confirms that the demographic transformation is an advanced process.

Distinguished Delegates,

The main provision in the Polish law ensuring the equal status of women and men appears in Article No 32 of the Constitution. There is common acceptance and understanding that women should be attributed equal rights to men. In order to guarantee their respect and protection, the Government Plenipotentiary for Equal Treatment in the rank of the Secretary of State in the Chancellery of Prime Minister of Poland was appointed in March 2008. Non-discriminatory legislation in Poland has been supplemented in the last decade with a new legislative framework and international commitments as an integral part of the effort to adopt the EU *aquis communautaire*.

The implementation of non-discriminatory legislation was followed by a dynamic economic growth, resulting in the increase in employment levels and households' incomes. In 2007, a relative poverty rate in Poland decreased by over 3 percentage points and amounted to 17.3%, in comparison to the highest poverty levels recorded in the years 2003-2005. The socio-demographic groups especially prone to poverty are children and youths aged 0-17; thus, the basic goal of the initiatives carried out in recent years by the Polish Government has been the decrease in the scale of poverty among children. In 2007 a pro-family allowance was introduced.

Moreover, in 2008 the *Act on Aid for Persons entitled to Alimony* came into force. It is expected to improve the situation of one-parent families.

Apart from the above, the Government developed a few programs targeted at low-income and young households. In 1994 a system of housing allowances for the poorest households was established, and in 1995 the development of affordable rental housing co-financed by preferential credit granted from *National Housing Fund* resources was initiated. In 2007, the Polish Government in cooperation with local authorities started a program of housing for people in need of social assistance.

Madame Chairperson,

The Government of Poland has also undertaken a variety of actions aiming at the improvement in the state of education. These actions are also intended to increase the number of persons with higher education. Since the beginning of the nineties, the number of higher and tertiary education students has been systematically growing. Women prevail among the graduates of higher education institutions. The number of students is to be further increased through the implementation of measures involving scholarship aid programmes and financial support for children and youth coming from poorer backgrounds. A particular attention is paid to the objective of leveling educational chances in urban and rural areas, i. e. by means of the implementation of *The programme of education development in rural areas for the years 2008-2013*.

Distinguished Delegates,

One of the priorities of the Ministry of Health, in accordance with the Millennium Development Goals, is a reduction of the maternal mortality ratio by three quarters. Since 1994, the infants and children mortality as well as the prenatal mortality have been reduced by half. The mortality rate of infants and small children in Poland remains at a relatively low level. In 2007, the number of deaths among children under 1 was 2322, and the infant mortality ratio was 6 per 1000 live births. More than a half infant deaths occurred in the first week of life, while 28% infants died in the period between four weeks and one year of life. The majority of infant deaths were caused by infant diseases occurring in pre/post natal period, and 31% by congenital development defects. The main causes of infant deaths arising in the pre/post natal period are disorders related to shortened pregnancy and low birth weight. Another complex of

causes in this group are respiratory and cardiovascular disorders. Among causes of deaths due to congenital development defects, circulatory system defects dominate, and account for 37% of deaths, while other nervous system defects account for 13% of deaths. The mortality of children aged 1 - 4 shows the persistence of the downward trend. The most common causes of deaths in this group of children include again disorders beginning in the pre/post natal period and congenital development defects. In reference to maternal mortality levels, it is necessary to state that the frequency of maternal deaths (both of obstetric, and non – obstetric causes) is comparable with the levels in highly developed countries, and can be described as low.

Another indicator of the progress achieved in Poland in terms of the quality of health care is an increase in life expectancy. Nevertheless, it should be noted that while the rates of premature mortality of women does not differ significantly from the mortality of women in highly-developed countries, the rates of premature mortality of men remain considerably higher than, for instance, in Western European countries.

The reproductive health embraces health care and advisory services addressed mainly to women. They are delivered under contracts for: primary health care, specialized ambulatory treatment, hospital care, childbirth classes, infertility treatment, family planning, prenatal and genetic examinations, developmental age gynecology, health promotion programmes, sanitarium treatment. Services provided during, and related to pregnancy, birth and puerperium are free of charge. The availability of methods and means facilitating birth control is growing. Education in this regard is provided mainly in women's clinics and childbirth classes. The most frequently used birth control method are condoms, which are easily available, also in terms of price. 10% of respondents use chemical contraceptives and birth control pills. Patterns of behaviour in the sphere of responsible parenthood are visibly changing. This tendency is reflected - among others - by a growing decrease in the number of teenage mothers. It may be concluded that women's access to the safe and effective means facilitating responsible family planning is guaranteed in Poland.

Prenatal care covers all women in Poland. Pursuant to Article 2, item 2a of the *Act on family planning, human embryo protection and conditions of permissibility of abortion*, government administration and territorial self-government bodies – within their competences set forth by specific provisions – are obliged to facilitate free access to information and prenatal examinations, particularly when there is an increased risk or suspicion of a genetic or developmental defect of an embryo or a suspicion of incurable disease threatening life of an embryo. According to Polish law, abortion “on request” is illegal. Prenatal examinations are

obligatorily carried out in families which face an increased risk of genetic disorders. Health care services covering prenatal examinations, both invasive and non-invasive, are provided to pregnant women by health care units, and individual and collective medical practices.

Moreover, Polish health authorities implement a series of prophylactic programmes concerning – inter alia – an early detection of breast cancer, early detection of cervical cancer, care of families with high risk of genetically determined malignant morbidity.

In our country, there is a relatively stable epidemiological situation with regard to HIV/AIDS. Nevertheless, a potential risk of a fast spread of the epidemics in the region may have a direct impact on the situation in the future. Since 1985 to the end of 2008, the total of 12 068 Poles were diagnosed HIV-positive: 2 189 people developed AIDS and 962 people died of problems related to AIDS. In 2008, there were 809 newly registered HIV infections, AIDS was diagnosed in 162 people, including 127 men and 34 women. Women and men have an equal access to the antiretroviral treatment. Because of the fact that women, due to social and biological factors, are particularly exposed to HIV infections, some of the prophylactic activities, e.g. multimedia campaigns, are specifically targeting women.

The systemic tuberculosis control in Poland has a long history beginning in the second decade of the 20th century. The tuberculosis notification rate in 1955 was 450 cases per 100,000 people. Since then the situation has improved significantly. In 2007, the incidence rate was 22.7 per 100,000 people. Thus, it can be stated that multidrug - resistant tuberculosis does no longer pose a problem. The achievements of the fight with tuberculosis as well as favourable epidemiological trends are indisputable.

Madame Chairperson, Distinguished Delegates,

Let me conclude my statement by bringing to your attention the fact that a more detailed *National Report: Contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals* has been made available in the room.

Thank you for your attention.