



REPUBLIC OF POLAND
PERMANENT MISSION TO THE UNITED NATIONS

9 EAST 66th STREET, NEW YORK, N.Y. 10065

TEL. (212) 744-2506

Check against delivery

Commission on Population and Development
Forty-third session
12 – 16 April 2010
General debate on national experience
in population matters

S T A T E M E N T

by

Mr. Adam Fronczak

Under Secretary of State, Ministry of Health

Poland

New York, 13 April 2010

*Mister Chairman,
Distinguished Delegates,
Ladies and Gentlemen,*

I am honored to address the 43rd session of the Commission on Population and Development on behalf of the Republic of Poland.

At the beginning, I would like to congratulate you for your election as President of the 43rd Session of the Commission of Population and Development, and other Members of the Bureau on their election.

While supporting the statement delivered by Spain on behalf of the European Union under agenda point 3, I would like to state that in our understanding any reference made to the sexual and reproductive health and rights or services does not constitute an encouragement to the promotion of abortion on request.

While paying attention during this session to the interdependence between public health and development, it is necessary to underline the special significance of this year during which the international community is summing up ten year of common efforts towards the implementation of the Millennium Development Goals. Let me underscore that the Polish Government is fully engaged in the fulfillment of the UN development agenda.

As we debate today on the connection between health and development, it is important to point out that health protection remains one of the main tasks of the respective states and governments, though in view of the growing migration and the appearance of new epidemiological threats, health has become a global challenge.

The concern of the international community for the health of the most vulnerable groups was reflected in the elaboration of the three Millennium Development Goals dealing with the health of children, mothers and the threat of contagious diseases.

*Distinguished Delegates,
Ladies and Gentlemen,*

Addressing the topic of this year's debate, let me refer to Poland's experience over the past twenty years. The transformation Poland has undergone since 1989 included very deep social and economic reforms, among them the modernization of the health care system and the introduction of patient-oriented policies. Thus, today's session offers an excellent opportunity to present the relevant Polish experience. Even more so since the Polish Government has placed among its priorities a systematic improvement of the quality and accessibility of medical services provided to all citizen, with particular attention to children and women during pregnancy, taking into account observance of patients' rights in line with domestic and international norms, including the provisions of the 1994 Cairo Conference on Population and Development.

While underlining our achievements during the transformation of health-care system, I would like to note that Poland is still facing some challenges that need to be tackled by the Government. Nevertheless, Poland is ready to share its experiences and knowledge acquired during the transformation period that can serve as a kind of reference for developing countries or countries in transition in their efforts aimed at rebuilding their health-care systems. Sharing

of expertise, also in the area of health care, is one of the priorities of Poland's growing official development assistance.

*Mister Chairman,
Esteemed Delegates,*

As I present the main systemic changes in Poland, let me begin with reforms designed to abandon the centralized model. We have achieved this by transferring the management of the health care system and ownership of medical facilities to local government bodies, and combining that with the introduction of a system of universal medical insurance. The process of systemic changes coincided with the enhancement of the position of physicians providing basic medical care.

Along with health services financed from the medical insurance, in 2009 the Government implemented 14 health policy programmes financed from the state budget. Among the principal programmes were Neonatal screening programme, National Programme for Development of Transplantation Medicine, and National programme for prevention and treatment of cardiovascular diseases.

Another element of the systemic changes consisted in the appearance of privately-owned service providers on the market of medical services, though Poland, as most other European countries, implements the principle of universal access to health care benefits financed out of public funds.

*Ladies and Gentlemen,
Distinguished Delegates,*

Poland is undergoing a period of rapid demographic changes. The shrinking of the vocationally active part of the population will increase the burden on people of working-age, creating serious socio-economic challenges. Experts anticipate substantial threats to the national pension and social care systems. According to EU forecasts, the aging of societies will lead to a substantial growth of expenditures on pensions, health care and social security. All these phenomena are likely to impact the quality of life, as well as the size and stability of Polish families. Thus, in an age of a looming crisis and negative demographic trends, special importance is assumed by care for proper development and health of over 8 million children and young people who constitute over 21 per cent of Poland's population.

The mortality rate in Poland has been reduced by about 23 per cent (from 1137.6 in 1990 down to 828.8 in 2008) as a result of lowering the incidence of deaths caused by circulatory diseases and external factors. However, the mortality rate caused by circulatory diseases is almost double the rate in countries most advanced in treating such diseases. The favorable changes in the mortality rates connected with circulatory diseases and cancer have been coupled with a growing death rate connected to digestive tract diseases – a tendency observed for many years in the 0 to 59 age group.

Another indicator of the progress achieved in Poland in terms of the quality of health care is an increase in life expectancy. Life span has extended for women to 80 years, and for men to 71 years.

Distinguished Delegates,

Health care for pregnant women and children is one of the highest priorities of the Polish Government in the health-care area. The main task here is to ensure a proper course of pregnancy and the earliest possible identification of risk factors, making it possible to provide an appropriate assistance. The infant mortality rate has been falling for the past 62 years; last year it amounted to 5.6 per mill 1000 live births – down from 19.3 in 1990.

Medical care in the perinatal period has the objective of ensuring good health of mother and child, with the lowest possible level of medical intervention, though with the observance of the relevant safety rules. Safety in this case means care based on proven practices, to minimize risk and error and provide support for the physiological aspect of birth. Striving for the empowerment of the patient is what distinguishes today's health care for children and youth from that before the reform; the patient's right to self-determination – meaning decisions concerning his life and health – is fully respected.

*Mister Chairman,
Esteemed Delegates,*

The effective suppression of communicable diseases has been the greatest achievement of Polish public services over the last fifty years. After World War II, contagious diseases constituted the main mortality factor in Poland. Our success was attained through an overall improvement of hygienic standards, upgrading of hospital hygiene, development of water mains and sewage systems, the development and broad use of antibiotics and antiviral drugs, and mass vaccination programs.

Mass vaccinations constitute the most effective example of public health intervention, which produces rapid effects in the form of savings to the health care system and reduction in diseases incidence.

As concerns contagious diseases, I wish to mention the efforts of the Polish Government in countering HIV/AIDS. The Polish strategy of fighting HIV/AIDS has been based on respect for human dignity and human rights. That has resulted in a systematic improvement of the quality of life of persons infected with HIV and living with AIDS, as well as enhanced public awareness of the problem – as clearly indicated by opinion polls conducted in Poland in recent years.

Let me add that the institutional system in Poland guarantees continuous financing of preventive measures and cost-free ARV treatment of patients. Thanks to the antiretroviral treatment of women during the pregnancy and in the perinatal period, the incidence of related infections has been cut to 1 per cent. Ensuring equal access to prevention, treatment and support for the most vulnerable groups is one of the main goals of the Polish Government's strategy.

Currently, under the European CASCADE project, we are conducting works to establish Poland's first observation cohort with a known moment of infection. Also, the Government is collaborating with academic centers to examine the possible utilization for epidemiological purposes of lab tests distinguishing between long-term and recent HIV infections.

Poland believes that the international community still needs to actively counter the spread of HIV/AIDS, with special emphasis on the protection of human rights and respect for the

dignity of persons living with the disease. Let me underline here that Poland's engagement in the international cooperation in the HIV/AIDS area has substantially intensified in recent years. Poland is involved in the implementation of a growing number of projects in partnership with other countries, particularly our immediate neighbors.

*Distinguished Delegates,
Ladies and Gentlemen,*

Finally, at the end of my statement, let me describe briefly the projects, financed by Poland, that are congruent with the Millennium Development Goals in the broadly perceived sphere of health and medical care – such as reduction of child mortality rates, improvement of health care for mothers, broader access to potable water, and gender equality in access to medical care. Poland has been systematically increasing its allocations for development assistance. We also make voluntary contributions earmarked for health protection and medical care. In 2009 Poland made voluntary contributions of USD 50 thousand to the UN Population Fund (UNFPA) and USD 100 thousand to the UN HIV/AIDS program (UNAIDS).

Among Polish projects in this area, mention should be made of a center for blind children in Rwanda, to which Poland has donated EUR one million. Another worthy initiative is being implemented by a Polish NGO called The Other Space: in Azerbaijan, it is working on the establishment of the first birth schools and working to cut mortality rates among mothers and children - rates which are higher than any other CIS country. The project is designed to raise awareness among women and the maternity clinic staff as to the possibility of improving the perinatal situation of women.

The Polish Government is also financing numerous undertakings to enhance access to drinking water. This includes such projects as:

- provision of running drinking water for the Camp Luka hospital in Kinshasa,
- improvement of the sanitation situation in three educational facilities in Bethlehem,
- construction of a water well in a refugee center in Ghazni,
- improvement of potable water accessibility in the town of Kochor-Ata in Kirgizstan.

Several other important projects are financed by the Polish Government in the broadly perceived sphere of medical care. These include renovation of the maternity ward at a hospital in Ghazni, renovation of the intensive care unit for children at a hospital in Chisinau, assistance to Angolan patients suffering from HIV/AIDS and TB, purchase of hearing aids and wheelchairs for disabled children in the Golan Heights, running of a support and prevention center for seniors at the Santa Teresita parish in Santiago de Cuba.

Thank you for your kind attention.