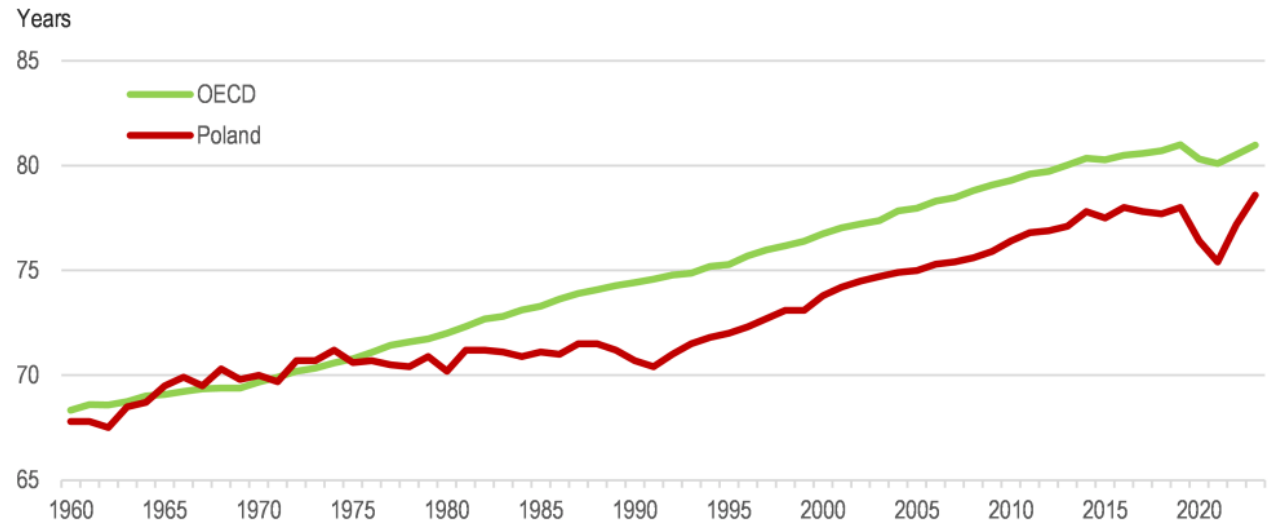
Living longer and living better: an OECD perspective on Polish healthcare

Category: Poland
written by oecdecoscope | April 7, 2025

By Srdan Tatomir

On today’s World Health Day Poland can celebrate the highest level of life expectancy in its history, after it bounced back from the COVID-19 pandemic (Figure 1). It is now 74.8 years for men and 82.4 years for women, longer than in many Central and Eastern European and Baltic countries. But Poland still lags behind the majority of OECD countries. Circulatory system diseases, such as heart disease, hypertension and stroke, account for nearly half of all deaths, while cancer contributes to around a further fifth. As our latest **Economic Survey** discusses, Poland can do more to boost healthcare.

Figure 1 – Life expectancy in Poland is historically high but there is room to catch up with average OECD life expectancy



Note: The data shown is for average life expectancy at birth. The OECD average is weighted. The latest data point is 2023.
Source: OECD Health Statistics.

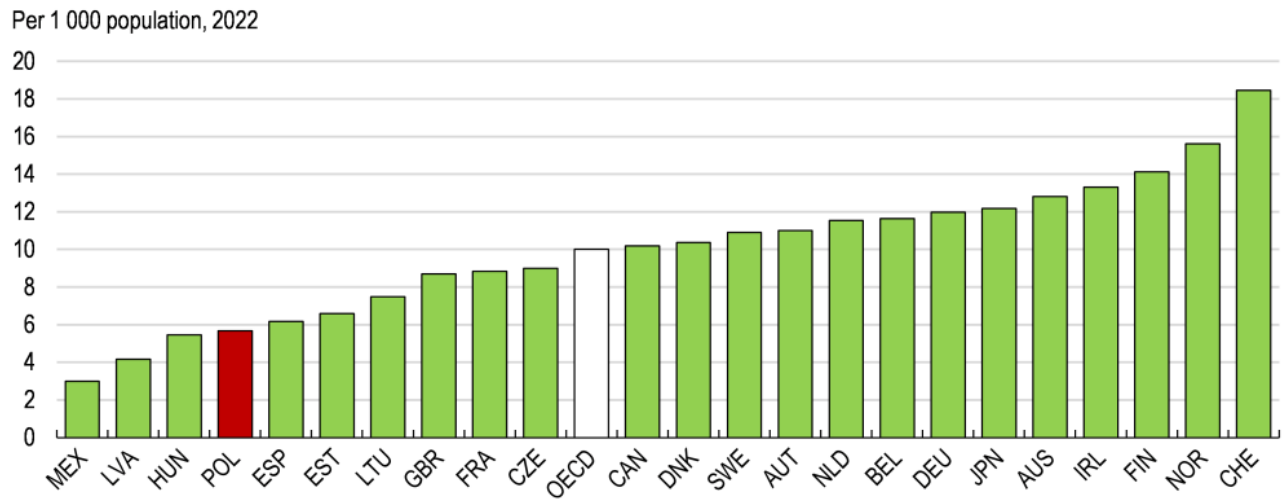
Poland has historically been among the lowest spenders on healthcare in the OECD. Before the pandemic, overall health spending accounted for 6.5% of GDP. Successive governments have recognised the need to improve healthcare and are implementing reforms. Current plans are to bring overall health spending closer to the OECD average of around 9% by 2027. Policy efforts should focus on key priorities to maximise the positive impact of additional spending on health outcomes.

To deliver quality healthcare services an adequate healthcare workforce is essential. While the relative number of doctors in Poland is around the OECD average, the number of nurses is comparatively low (Figure 2). The number of training places for nurses has risen, but more are needed especially because many nurses are close to or over retirement age. Recent increases in salaries should help: in 2022 (the latest year for which the OECD has data), nurses' salaries stood at 1.6 the national average wage, among the highest in the OECD in relative terms. When adjusted for purchasing power, salaries are now higher in Poland than in countries Polish nurses traditionally emigrated to, such as the UK and Ireland. However, working conditions matter as well. More explicit guidance on working practices, such as setting limits on the

number of patient consultations and overtime hours, could improve working conditions and help attract more people to healthcare.

Figure 2 – The number nurses is relatively low compared to other OECD countries

2022, or latest available



Note: The OECD average is unweighted.
Source: OECD Health Statistics.

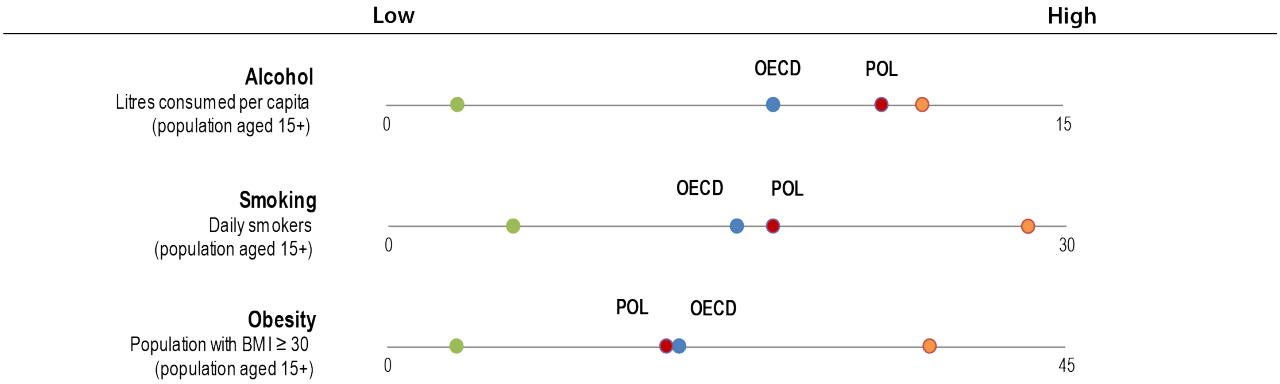
Improving health requires faster treatment. Poland has given cancer patients priority in the health system and there is no cap on treatment costs. Yet cancer is often detected too late. Despite free nationwide screening programmes available since the early 2000s, participation rates are below the EU average, particularly among less educated people. Targeted outreach would help raise participation.

In the medium to long term, better prevention of key risky health behaviours could lead to better health. Alcohol consumption is among the highest in the OECD and smoking rates should be lowered further (Figure 3). Excise duties to make alcohol and tobacco less affordable are rising, and this could be complemented by restricting their availability to maximise the impact on consumption. Introducing taxes on unhealthy foods with high content of salt, sugar and fat could steer people towards healthier eating as has been done in Mexico and

Hungary.

Figure 3 – Reducing alcohol and tobacco consumption would improve health outcomes

2022, or latest available



Note: The green circles represent the minimum and the orange circles the maximum observation in the OECD for each variable. Data for alcohol, smoking and obesity is for 2022.
Source: OECD Health Statistics 2023, OECD Environment Statistics 2020, WHO Global Health Observatory.

Higher efficiency of the health care system can free up resources to fu

nd
be
tt
er
he
al
th
ca
re
.
Po
la
nd
ha
s
ma
de
gr
ea
t
pr
og
re
ss
in
di
gi
ta
li
si
ng
it
s
he
al
th
ca

reservices and the maturity of its e-health system has been ranked the fifth high

est in the EU in 2022. User charges, with exemptions for children and those on low

incomes, could be introduced to reduce the number of unnecessary consultations an

d
im
pr
ov
e
th
e
us
e
of
sc
ar
ce
re
so
ur
ce
s.
Co
ns
ol
id
at
in
g
th
e
ho
sp
it
al
ne
tw
or
k
to
re

duce capacity, while better reflecting local health needs and improving hospit

al
ma
na
ge
me
nt
qu
al
it
y,
co
ul
d
re
du
ce
co
st
s
wi
th
ou
t
co
mp
ro
mi
si
ng
qu
al
it
y
or
ac
ce
ss

to
ca
re
.

*Learn more by visiting the **OECD's Poland Economic Snapshot** page.*

References:
OECD (2025), *OECD Economic Surveys: Poland 2025*, OECD Publishing, Paris, https://doi.org/10.1787/a35a56b6-en