

Index for Tobacco Control Sustainability

POLAND

INDICATORS		Present (P)/ Absent (A)	Weighted Score	Country Score
1	Prerequisite Indicator: >4 MPOWER policies in place	A	9	0
2	National tobacco control budget (annual)	A	7	0
3	National tobacco control law	P	6	6
4	National budget allocation for tobacco control capacity building	A	6	0
5	Tobacco taxation >75% of retail sales price	P	6	6
6	Tobacco taxation increases faster than inflation plus gross domestic product growth	A	6	0
7	National tobacco control unit	A	5	0
8	Civil society tobacco control network	A	5	0
9	Civil society representation in national tobacco control advisory committees	A	5	0
10	Health promotion fund for, or including, tobacco control	A	5	0
11	National policy against tobacco industry corporate social responsibility	A	5	0
12	Tobacco-related mortality and morbidity recording system	A	5	0
13	National evaluation framework in place	A	5	0
14	Evaluation built into all major policy implementation plans	A	5	0
15	National tobacco control strategy	A	4	0
16	Tobacco control and non-communicable diseases form part of national health policy	P	4	4
17	Tobacco control forms part of national development plan	A	4	0
18	Human resource for implementation (national)	P	4	4
19	Global Tobacco Surveillance System surveys	P	4	4
20	Intergovernmental coordination mechanism	A	3	0
21	Capacity building plan for tobacco control personnel	A	3	0
22	Developmental assistance funding includes tobacco control	A	3	0
23	Code of conduct for government officials and staff	A	3	0
24	Ministry of health WHO FCTC Article 5.3 policy	A	3	0
25	WHO FCTC Article 5.3 policy across all ministries	A	3	0
26	Economic and social tobacco costs data	A	3	0
27	National focal point post	P	3	3
28	National advisory committee	A	2	0
29	Capacity building plans on research and evaluation	A	2	0
30	Mass media campaigns funded	A	1	0
31	Capacity building plan for non tobacco control specific personnel	A	1	0
Total Score			130	27

Explanation of the scores:

1. Pre-requisite Indicator: >4 MPOWER policies in place: As per the 2021 WHO Report on the Global Tobacco Epidemic, Poland has three out of six of the MPOWER measures rated as highest level, including M, W and R. O and E are rated as moderate and P as minimal.
2. National tobacco control budget (annual): A limited budget is allocated to the Bureau for Chemical Substances for the purpose of operating the tobacco products registry and conducting an annual survey on nicotine product use among Polish adults. However, no specific budget is currently designated for tobacco control that can be set annually. The Ministry of Health does not have an annual budget specifically allocated for health issues related to tobacco control.
3. National tobacco control law: The Act of 9 November 1995 regulates public smoking and mandates warnings on tobacco packaging. Additionally, the Protection of Health Act prohibits advertising or promotion of tobacco products, accessories, imitations, and related symbols.
4. National budget allocation for tobacco control capacity building: Poland lacks a dedicated budget for national tobacco control capacity building. Although the 2021–2025 National Health Program mandates tobacco control funding, annual allocation isn't guaranteed. Currently, the Ministry of Health funds the national quit line and smoking cessation training, using the state budget and the Gambling Fund.
5. Tobacco taxation >75% of retail sales price: According to the 2021 WHO report, total taxes of most sold brand of cigarettes in Poland is 78.4%, higher than the WHO recommended level.
6. Tobacco taxation increases faster than inflation plus gross domestic product growth: According to a recent study, cigarette prices increased more slowly than the average growth rate of consumer prices between 2016 and 2021, and cigarettes have become more affordable (Source: https://www.ipag.org.pl/Content/Uploaded/files/IPAG_Ceny_papierosow_2016-2021_raport.pdf).
7. National tobacco control unit: There is currently no national tobacco control unit in place, despite the 2021 WHO report's indication that Poland has a national agency or technical unit.
8. Civil society tobacco control network: Poland currently has no civil society tobacco control network.
9. Civil society representation in national tobacco control advisory committees: There is currently no national advisory committee on tobacco control and thus no civil society representation.
10. Health promotion fund for, or including, tobacco control: Currently, Poland lacks a dedicated health promotion fund specifically aimed at tobacco control. The 2015 WHO report noted that 0.5% of the excise duty collected was allocated towards a program aimed at reducing tobacco consumption in the country. However, the report does not mention any specific allocation of tobacco taxes toward health initiatives in Poland.
11. National policy against tobacco industry corporate social responsibility: Currently there is no national policy against tobacco industry corporate social responsibility activities in the country.
12. Tobacco-related mortality and morbidity recording system: Poland currently lacks a comprehensive mortality and morbidity recording system. However, the incidence of lung cancer deaths is a significant indicator of the overall health situation in the country. It is worth noting that Poland is an active participant in the GDB initiative, which involves providing data to evaluate the proportion of DALY lost due to tobacco consumption. The most recent data, from 2019, can be found via the link: <https://www.aotm.gov.pl/en/projects/aotmits-projects/gbd-research-centre/>.

13. National evaluation framework in place: There is currently no national evaluation framework in place in Poland.
14. Evaluation built into all major policy implementation plans: Evaluation is not built into all major policy implementation plans in Poland.
15. National tobacco control strategy: At present, Poland lacks a specifically designated national tobacco control strategy. Although the National Health Program for 2021–2025 and the National Oncological Strategy do incorporate certain elements pertaining to education and therapy, these actions constitute a small proportion of the overall strategic options.
16. Tobacco control and noncommunicable diseases form part of national health policy: Operational Objective 2 of the National Health Program for 2021–2025 aims to prevent addictions, particularly nicotine addiction. It includes tasks such as monitoring tobacco prevalence, reducing product availability, training medical staff in nicotine addiction treatment, providing phone assistance, offering access to recovery specialists, conducting international policy cooperation, monitoring product content, and ensuring law compliance.
17. Tobacco control forms part of national development plan: The country has a National Development Strategy, but health is not part of it.
18. Human resource for implementation (national): Human resources have been allocated to facilitate the implementation of tobacco control initiatives within the country. Specifically, the Department of Public Health, operating under the Ministry of Health, has appointed a part-time designated permanent government staff member to serve as the focal point for tobacco control efforts, which are financed through the government's health budget.
19. Global Tobacco Surveillance System surveys: Poland conducted the GATS in 2009 and the GYTS in 1999, 2003, 2009, 2016, and 2022. Smoking prevalence data was also collected through the nationwide GIS survey and the 2019 ESPAD survey. However, the government currently has no specific plans to repeat these surveys in the future.
20. Intergovernmental coordination mechanism: The intergovernmental coordination mechanism is currently absent in Poland.
21. Capacity building plan for tobacco control personnel: There is currently no capacity building plan for tobacco control personnel in Poland.
22. Developmental assistance funding includes tobacco control: Poland is a developed nation and does not rely on external institutions for financial support. It holds membership in the Development Assistance Committee of the OCED. Through this membership, Poland actively contributes to development cooperation efforts, with a particular focus on its Eastern European partner countries, as well as select partner countries in Africa and the Middle East.
23. Code of conduct for government officials and staff: General policies are in place to regulate the duties and performance of government employees. These policies aim to ensure that government officials refrain from engaging in any activities that may be contradictory to their responsibilities or could potentially raise concerns of bias or personal gain.
24. Ministry of Health WHO FCTC Article 5.3 policy: The Ministry of Health has not yet adopted any policy in accordance with the WHO FCTC Article 5.3. However, the ministry refrains from engaging in meetings with the tobacco industry as part of its routine operations.
25. WHO FCTC Article 5.3 policy across all ministries: Currently no WHO FCTC Article 5.3 policy has been adopted across all ministries.

26. Economic and social tobacco costs data: Currently there is no data on the economic and social costs associated with tobacco use.
27. National focal point post: A Ministry of Health staff member serves as the national tobacco control focal point in Poland.
28. National advisory committee: Currently there is no national advisory committee on tobacco control in Poland.
29. Capacity building plans on research and evaluation: The country currently has no capacity building plan on research and evaluation.
30. Mass media campaigns funded: Poland has conducted government-funded campaigns focusing on tobacco control, including “Cigarettes are eating you alive” and “I plan for a long life,” which included anti-smoking messages. However, these were mostly one-off events, and there are currently no plans for annual campaigns.
31. Capacity building plan for non-tobacco-control-specific personnel: The country does not currently have a capacity building plan for non-tobacco-control-specific personnel.

Main findings:

Progress in tobacco control sustainability since 2016

Poland has made progress in the implementation of the GTSS surveys, with the most recent GYTS being conducted in 2022. Furthermore, tobacco control remains an integral component of the national health policy, as evidenced by its inclusion in the National Health Program for 2021–2025. This program assigns responsibilities to government agencies and public institutions, empowering them to combat smoking and nicotine addiction.

Changes in scores from the 2016 survey:

With a current score of 27/130, Poland is facing greater challenges in tobacco control sustainability compared to 2016, when it scored 36/130. The main progress made during this period was the implementation of the GTSS surveys, which contributed four points to the “Global Tobacco Surveillance System surveys” indicator.

However, the indicator “Tobacco taxation increases faster than inflation plus gross domestic product growth,” which was present in the 2016 ITCS, was scored as absent in the current ITCS. This was due to changes in the country’s economic status, resulting in a deduction of six points. Furthermore, the 2021 WHO report highlighted that cigarettes did not become less affordable in Poland.

Experts and stakeholders deducted four points for the indicator “National Tobacco Control Strategy” and three points for the indicator “Intergovernmental coordination mechanism.” These deductions were made because Poland currently lacks these items.

Remaining gaps in tobacco control sustainability

Among the identified areas of improvement, it is crucial for the country to allocate dedicated annual government funding to support the implementation of tobacco control strategies and activities. This includes providing resources

for capacity building initiatives, as well as addressing the remaining gaps in the MPOWER policies.

Poland previously had a commendable strategy in which a percentage of tax revenue was allocated toward a program aimed at reducing tobacco consumption. This approach ensured sustainable funding for tobacco control efforts. Currently, however, there is no specifically designated funding for tobacco control in the country.

To further enhance the effectiveness of tobacco control measures, Poland should consider strengthening its civil society community. This can be achieved by establishing a national advisory committee comprised of representatives from civil society. Their involvement and support would greatly contribute to the successful implementation of the tobacco control strategy and associated programs.

Furthermore, it is recommended that Poland establishes a dedicated tobacco control unit, which would serve as a central coordinator for all national tobacco control activities. By consolidating efforts and resources, the unit would ensure a more efficient and cohesive approach to tobacco control.